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# BMJ Open

## Cohort Profile: The Australian Genetics of Depression Study

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## Cohort Profile: The Australian Genetics of Depression Study

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## Abstract

**Purpose:** Depression is the most common psychiatric disorder and the largest contributor to global disability. The Australian Genetics of Depression study was established to recruit a large cohort of individuals who have been diagnosed with depression at some point in their lifetime. The purpose of establishing this cohort is to investigate genetic and environmental risk factors for depression and response to commonly prescribed antidepressants.

**Participants:** A total of 20,689 participants were recruited through traditional and social media, 75% of whom were female. The average age of participants was 43 years  $\pm$  15 years. Participants completed an online questionnaire that consisted of a compulsory module that assessed self-reported psychiatric history, clinical depression using the Composite Interview Diagnostic Interview Short Form, and experiences of using commonly prescribed antidepressants. Further voluntary modules assessed a wide range of traits of relevance to psychopathology. Participants who reported they were willing to provide a DNA sample were sent a saliva kit in the mail.

**Findings to date:** The overwhelming majority of participants reported being given a diagnosis of depression by a medical practitioner and 88% met the criteria for a lifetime depressive episode. Rates of comorbidity with other psychiatric disorders were high. Two-thirds of the sample reported having taken more than one type of antidepressant during treatment for their depression.

**Future plans:** A number of analyses to investigate the genetic architecture of depression and common comorbidities will be conducted. The cohort will contribute to the global effort to identify genetic variants that increase risk to depression. Furthermore, a thorough investigation of genetic and psychosocial predictors of antidepressant response and side-effects is planned.

## Strengths and Limitations

- One of the largest cohorts in the world for studying genetic and psychosocial risk factors for depression and response to antidepressants.
- Wide range of measures collected using the online instrument including diagnostic screening questionnaires for depression and anxiety disorders.
- Access to government medical and pharmaceutical records.
- An online study and social media-based recruitment led to the sample being mostly younger people with higher levels of education and thus may not capture the experiences of older adults with depression as reliably as in younger people.
- Online assessment allowed for recruitment of a large sample but there may be biases attributable to self-report measures and it was not possible to clarify with participants if there were inconsistencies in their responses.

## Introduction

Approximately 20% of Australians will be diagnosed with a depressive disorder in their lifetime. As a consequence of this high prevalence, impact on function and risk to later ill-health and premature death, depressive disorders contribute the largest burden of disease due to common mental disorders (Whiteford et al., 2013; Ferrari et al., 2013) and place a substantial burden on the economy in terms of days lost to disability.

Among psychiatric disorders, depression is moderately heritable, with approximately 40% of the variance in liability to depression attributable to genetic factors (Sullivan et al., 2000). Initial efforts to identify depression risk variants using genome-wide association studies (GWAS) did not bear fruit due to insufficient power (Wray et al., 2012). Common genetic variants for psychiatric disorders have small effect sizes and hence sample sizes in the tens of thousands of individuals are needed in order to robustly to detect them (Sullivan et al., 2018). Substantial progress has been made in the last few years in identifying genetic variants that increase risk to depressive symptoms and major depression (Wray et al., 2018; Howard et al., 2018; Converge consortium, 2015). These discoveries have been facilitated by the collaboration of researchers worldwide in the Psychiatric Genomics Consortium (PGC). The most recent GWAS for depression which included data from the PGC, the personal genetics company 23andMe, the UK Biobank, and DeCODE, identified 102 independent genetic variants that increase risk of depression (Howard et al., 2019). The identified variants explain only a fraction of the overall liability and larger studies are needed to identify more individual variants and to improve the predictive power of polygenic risk scores, a measure of the genetic vulnerability that an individual possesses. Thus, the psychiatric genomics community aims to collect data on 1 million cases with depression in order to elucidate the genetics of this disorder (Sullivan et al., 2018)

Antidepressants are a frontline treatment for moderate to severe depression, but do not provide benefit for all patients and have side effects, leading to poor adherence and reduced quality of life. Variability in response to antidepressants and experiencing side effects have a poorly understood genetic component (Tansey et al., 2013; Hodgson et al., 2014). As they are one of the most commonly prescribed medications and many individuals are exposed to several different drugs, or drug classes, before symptoms improve, there is an urgent need to understand the reasons for such wide individual variability in therapeutic response and the experience of side effects. Results from pharmacogenetic studies of response and side effects have been mixed, likely because of insufficient sample sizes (Biernacka et al., 2016; Uher et al., 2010; Gendep Investigators et al., 2013; Tansey et al., 2012; Li et al., 2016).

To identify genetic and non-genetic risk factors for depression risk, antidepressant response, and side-effects, we established the Australian Genetics of Depression Study (AGDS). By approaching those using antidepressants through the Australian Pharmaceutical Benefits Scheme and those who have been treated for depression through a media campaign, we aimed to recruit 10,000 cases with depression in Australia. Participants were invited to complete an online study and donate a DNA sample using a saliva kit. Our aim was to contribute to the wider PGC effort by increasing the sample size of cases of depression in order to identify genetic variants that increase risk to the disorder, as well as antidepressant response. Here we describe the aims of the study, the genetic and phenotype data collection procedures and the characteristics of the sample.

## Cohort Description

### Participant Recruitment

Participants were recruited to the Australian Genetics of Depression Study ([www.geneticsofdepression.org.au](http://www.geneticsofdepression.org.au)) using two separate approaches: (i) recruitment based on nationwide, pharmaceutical prescription history in the last 4.5 years and (ii) a media publicity campaign throughout Australia. A schematic of the design and aims of the study is shown in Figure 1.

#### *Recruitment via pharmaceutical prescription history*

The Australian Government subsidises certain healthcare services through the Medicare Benefits Scheme (MBS) and prescription medications through the Pharmaceutical Benefits Scheme (PBS). Records for the most recent 4.5 years' services provided are retained by the Australian Government Department of Human Services (DHS). While these records are not accessible to researchers for the purposes of identifying potential research study participants, DHS is able to send invitations on behalf of researchers to individuals meeting specific selection criteria to invite them to participate in relevant research studies.

After receiving approval from the DHS research ethics committee, two waves of recruitment were undertaken using this method. A pilot study in which DHS sent 10,000 invitation letters to Australian residents aged 18-30 who had received four or more prescriptions in the previous 4.5 years for any of the 10 most commonly prescribed antidepressant medications (single medication or a combination) was initiated in September 2016. Only community patients were selected; individuals with residential locations in the PBS database corresponding to hospitals, aged-care facilities and correctional facilities were excluded. This group of invitees was 65% female, reflecting the higher prevalence of depression in women. Potential participants were sent a letter by the DHS explaining that were being contacted on behalf of researchers at QIMR Berghofer to invite them to participate in a study of the genetics of depression. The letter provided details of the study website and also a phone number that they could contact for more information. A total of 294 individuals responded to this invitation and enrolled in the study.

The second DHS-based recruitment wave started in April 2017 and involved sending 100,000 invitation letters using similar selection criteria to the pilot study, except that the upper age restriction for participants was removed.

#### *Recruitment through Media Publicity Campaign*

A Sydney-based public relations company specialising in health sector campaigns (VIVA! Communications) was contracted to manage the media campaign, which was launched on April 4 2017 and utilised a combination of national broadcast, print, and social media to promote knowledge of and interest in the study among the general community. This coincided with the second wave of recruitment through DHS. The campaign encouraged participation among "Australian adults who have, or are continuing to be treated for clinical depression by a doctor, psychologist, or psychiatrist". A second wave of the media campaign was initiated 6 months after the initial one in September 2017 using similar procedures.

## Participant and Patient Involvement

Patients were not consulted directly about the design of the study but a number of psychiatrists were consulted to ensure that the outcome measures reflect the variety of patient experiences seen in clinical practice. Two participants were featured in the promotional material and press conference for the study to encourage others with a history of clinical depression to enrol in the study. All papers including data from the cohort will be sent via email to participants.

## Study Design

### *Enrolment*

In both the DHS recruitment letter and the media public appeal, potential participants were asked to go to the study website which was hosted on the secure QIMR Berghofer server. Upon going to the website, the information sheet which provided details of the aims of the study as well as a consent form were available for viewing. The information sheet provided telephone and e-mail contact details for the study co-ordinator and institute ethics committee in case participants had any questions. Those not interested in participating were provided with simple instructions on how to exit the website. The identity of potential participants was not known to the researchers prior to their decision to enrol in the study. The DHS did not provide identifying information to the research team on who was mailed. Before being asked to provide any identifying information, prospective participants were asked to confirm that they had read and understood the information sheet, to confirm that they would be willing to provide a saliva sample for genotyping, and to sign the study informed consent.

Upon confirming that they would like to enrol in the study, participants were asked to provide their name, age and contact details which were stored securely on the QIMR server. After providing these details, each participant was assigned a unique link to the questionnaire which was hosted on the Qualtrics website. This transition between websites was seamless to the participant. Participation in this study was not remunerated.

### *Access to Medicare and PBS records*

Participants were also asked to consent to provide access to their list of Medicare and Pharmaceutical Benefits Scheme records for the previous 4.5 years, and approximately 75% of participants did so. This consent process was separate to the overall consent to participate in the study, and participants could still enrol in the study without allowing access to these records. The consent form had to conform to the requirements of the Department of Human Services. Participants were shown an example of what MBS and PBS records look like prior to consenting so they would know what information would be available to researchers. Within the MBS and PBS data, the identifiers for the providing doctor, medical service, or pharmacy are randomised so the provider and location are protected. It is possible to identify repeated claims from the same provider but not who the provider is.



## Questionnaire

The content of the Australian Genetics of Depression Study online questionnaire was developed over a period of 19 months between January 2015 and September 2016. The object was to maximise the amount of clinically relevant information collected with the shortest time commitment required of participants. To this end, we utilised a modular structure (Figure 2), with a core module eliciting essential information on self-report mental health diagnoses, medication response and side effects, depression diagnosis using the relevant section from the Composite International Diagnostic Interview (CIDI), screens for suicidality, mania and psychosis, and a question about family history of psychiatric disorders. Several psychiatrists in Australia and internationally with expertise in gene mapping studies and in studies of antidepressant response were consulted about the content of the questionnaire.

Ten additional “satellite” modules assessed a range of complex traits of relevance to mental health using a variety of scales and questionnaires (Figure 2). One module screened for clinical anxiety using the CIDI. The questionnaire was administered online using the Qualtrics™ software. Responses to individual questionnaire items were only required for items critical to phrasing of future questionnaire items and skip functionality (e.g. age, sex, number of children). The satellite modules could be completed in any order the participant chose once they had completed the core module. Participants were able to leave the survey and return at their convenience.

Extensive beta testing was conducted by research staff at QIMR Berghofer and external consultants to ensure that there were no inconsistencies in the questionnaire and that the appropriate question skips were in place.

## Saliva collection and DNA extraction

Several brands of saliva DNA kits were tested for suitability for use, including cost, ease of handling, and yield and quality of extracted DNA. Among those with the best quality reports, the Isohelix GeneFix™ GFX-02 2mL saliva collector was selected due to it being the most compact, reliable, easy to use, lightweight, and therefore the least expensive to mail to participants.

After completing the core module of the questionnaire, participants were emailed to confirm their delivery address and their readiness to receive a saliva DNA kit. Upon confirmation, they were mailed a spit kit, together with a consent form specific to the treatment of genetic information to be signed and returned with the tube. We found that this confirmation step markedly increased compliance. Saliva samples were returned by study participants by pre-paid post. If the kit was not returned after 2 months, study personnel followed up by phone or email in order to maximise return rates. Upon return of the kit, DNA was extracted from the saliva sample and stored in freezers.

Genotyping was conducted using the Illumina Global Screening Array 2.0 (GSA) and is expected to be completed mid 2019. GSA was developed by human genetic disease researchers to maximise utility for gene-mapping. It includes a common variant backbone component that maximises information for imputation of common variants in multiple ethnic populations as well as a suite of common and

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2  
3 rare variants selected for known or likely association with a range of genetic disorders. Importantly  
4 for the purposes of this study, it includes several genetic variants with known pharmacogenetic  
5 associations from the Pharmacogenomics Knowledgebase (PharmGKB,  
6 <https://www.pharmgkb.org/>).  
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### 10 11 12 13 *Controls – the QSkin study*

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15 The primary aim of the AGDS was to recruit as many individuals with depression as possible. There  
16 was no publicity initiated to recruit controls because an appropriate control sample is available at  
17 QIMR Berghofer from the QSkin Sun & Health Study. QSkin was established in 2010 to investigate  
18 risk factors for melanoma and other skin cancers in a randomly sampled cohort of individuals aged  
19 between (40-69 years) from the state of Queensland (Olsen et al., 2012). To date, more than 40,000  
20 participants have enrolled in QSkin. Recently, a genetics arm of the study was initiated following a  
21 similar protocol for collection of DNA using saliva kits returned by mail. At the time of saliva  
22 collection, participants were asked about their medical history, including whether they have ever  
23 been diagnosed with or treated for depression, bipolar disorder, schizophrenia/psychosis, anxiety,  
24 obsessive compulsive disorder, bulimia, anorexia nervosa, autism or ADHD. In addition, women were  
25 asked if they experienced either antenatal or postnatal depression. Moreover, participants were  
26 consented for access to MBS and PBS records which will permit screening for use of antidepressants  
27 in addition to the disease checklist screening items above.  
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33 More than 18,000 participants have been genotyped on the same SNP microarray chip – the Illumina  
34 GSA - and the genotype data will be merged with the AGDS study prior to genome-wide imputation.  
35 The QSkin study thus provides a large sample of Australian controls selected at random from the  
36 population and genotyped on the same SNP chip.  
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### 41 **Study Characteristics**

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43 As of 3 September 2018, questionnaire responses had been received from 20,689 participants, 75%  
44 of whom were female. The age distribution of participants, by sex, is shown for this recruitment  
45 wave in Figure 3. By the same date, saliva samples were returned by 15,807 participants (76% of the  
46 participant group). The average age of participants was 43 years  $\pm$  15 years (range 18 – 90 years),  
47 with the demographic characteristics of the cohort, as a function of recruitment method, being  
48 outlined in Table 1.  
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### 54 **Study measures**

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56 As shown in Figure 2, a wide range of self-report variables of relevance to mental health were  
57 collected. For brevity, we report only on the primary measures of interest.  
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### 60 *History of depression*

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3 Participants were asked “Have you ever been diagnosed with any of the following” and were  
4 presented with a list of mental health disorders with “Depression” as the first response option. We  
5 also evaluated whether participants met the 2013 update to the Diagnostic and Statistical Manual of  
6 Mental Disorders (DSM-5, American Psychiatric Association (2013). Diagnostic and Statistical Manual  
7 of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing. pp. 5–25 ) criteria for  
8 major depressive disorder using the CIDI. The diagnostic questions for depression were focused on  
9 the worst period of depression that a participant had experienced. Age at worst episode as well as  
10 the age at which the participant had first had a 2 week period of dysphoria or anhedonia as well as  
11 age at most recent episode were assessed. Participants were also asked to report the number of  
12 periods of at least 2 weeks of dysphoria or anhedonia they had ever had.  
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### 19 *Antidepressants*

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21 To assess whether participants had taken antidepressants to treat depression, the question “Have  
22 you ever taken any of the following antidepressants (even if it wasn’t for depression or anxiety)?”  
23 was presented with a list of the 20 most commonly used antidepressants in Australia in addition to  
24 their common trade names. If they had taken one or more of the 10 most frequently prescribed  
25 antidepressants in Australia according to PBS records (sertraline, escitalopram, venlafaxine,  
26 fluoxetine, citalopram, desvenlafaxine, duloxetine, mirtazapine, amitriptyline and paroxetine), they  
27 were then asked “Why were you prescribed [name of antidepressant]”.  
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### 33 *Benefits and Side-Effects of 10 most common antidepressants*

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35 Perceived effectiveness of each antidepressant medication was assessed by asking participants “How  
36 well does/did [name of antidepressant] work for you?”, with response options of “very well”,  
37 “moderately well”, “not at all well” and “don’t know”. Participants were also asked to select from a  
38 list of all side-effects that they experienced from taking each antidepressant. The list of side effects  
39 was generated from the “very common” (frequency  $\geq 10\%$ ) and “common” (frequency  $\geq 1\%$  and  
40  $<10\%$ ) side effects listed in the Consumer Medication Information for each antidepressant. A total of  
41 24 side-effects were included with an “other” option also provided. Participants were also asked if  
42 they stopped taking any of the antidepressants because of side effects.  
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### 49 **Findings to date**

#### 50 **Mental Health Disorders**

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52 Among respondents, 98.5% reported having discussed mental health problems with a professional  
53 and 19,803 (93.4%) respondents reported having received a diagnosis of depression. The next most  
54 commonly reported diagnoses were Anxiety Disorder (55.0%), Posttraumatic Stress Disorder (14.0%)  
55 and Social Anxiety Disorder (11.4%). The frequency of all self-reported diagnoses is shown in Table  
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### Depression diagnosed by CIDI

The DSM-5 outlines the following criteria for a depressive episode: dysphoria and/or anhedonia most of the day, nearly every day for at least 2 weeks and experiencing at least 5 out of 9 symptoms (including dysphoria or anhedonia). Consistent with the high rates of self-report diagnosis in the sample, 17,698 out of 20,165 individuals who completed the depression screening section met the criteria for a depressive episode. Additionally, 358 individuals reported not having had a 2-week period of dysphoria or anhedonia; another 1,239 reported that their symptoms persisted for less than half the day and 161 did not endorse at least 5 of the 9 symptoms required.

Mean age at onset was 22. The distribution of age at onset by sex is shown in Figure 4. Consistent with previous studies, the peaks between ages 10-15 and 16-20 highlight that adolescence is a peak time for developing depression. The proportion of men in each category increases with increasing age, highlighting that men are more at risk to develop depression later in life.

The median number of episodes reported was 6, with the most commonly reported number of periods of at least 2 weeks with depression being 13+. Only 4% of the sample report experiencing only one depressive episode (Figure 5), indicating that the sample is enriched for severe, recurrent depression.

The median duration of the worst episode was 12 weeks. More than 10% of the sample reported that the worst episode that they experienced was longer than a year in duration (Figure 6).

### Family History

Out of 19,400 individuals who responded to the question about family history, 13,505 (70%) reported that a first-degree relative (parent, sibling or child) had been diagnosed with a mental health disorder. The most commonly reported diagnosis in relatives was depression, (with 11,929 individuals), followed by generalised anxiety disorder (GAD) and bipolar disorder (Figure 7).

### Antidepressant Usage

A total of 95% of the sample (n = 19,585) reported taking an antidepressant. Of those reporting antidepressant use, 93% (n = 18,174) reported taking the antidepressant for depression and 51% reported taking for anxiety.

Among those taking antidepressants, the mean number of antidepressants taken was 2.75 (S.D. = 2.05, range = 1-14). Only 33% of the sample had ever taken only one antidepressant, with 42% reporting having taken 3 or more different antidepressants (Figure 8).

For the 10 most common antidepressants listed, the number and percentage of participants with experiences of each medication are shown in Table 3. Reported effectiveness of the 10 most common antidepressants is shown in Figure 9. The rates of endorsement of the most common side-effects across the 10 most common antidepressants are shown in Table 4. More detailed analyses on

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3 the therapeutic benefits and side-effects of different antidepressants will follow in subsequent  
4 papers.  
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### 13 **Discussion**

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15 The Australian Genetics of Depression Study was established to recruit a large sample of participants  
16 in Australia who have experienced depression and were willing to provide extensive information on  
17 their experience and a saliva sample for genotyping in order to better understand risk factors for  
18 depression, treatment response, and side-effects. Through two modes of recruitment – government  
19 medical and pharmaceutical records and a large media campaign – more than 20,000 individuals  
20 were recruited to participate over a 2 year period. With extensive follow-up through email and, at  
21 the stage of getting saliva samples returned, phone follow-up by experienced interviewers, 76% of  
22 those enrolled returned a saliva sample.  
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26 Nearly all of the study participants reported having been diagnosed or treated for depression. Using  
27 the CIDI structured interview to assess history of depression, we found that the majority of those  
28 who reported being treated for depression also meet the DSM-5 diagnostic criteria for a depressive  
29 episode.  
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32 The mean age among those recruited through the media was lower than through the PBS scheme  
33 and had higher rates of university completion. This suggests that the former may be closer to a  
34 random sample from the population. It is of course unlikely that the recruitment efforts described  
35 above will generate representative samples of patients, given that they rely on volunteering by as  
36 few as 5% of those asked. For studies analysing common genetic variation it is important that cases  
37 and controls be matched for ethnicity, and in our case this has been confirmed with the genotypic  
38 information.  
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42 Our results highlight the high rate of comorbidities with depressive disorders in real-world settings  
43 (Plana-Ripoll et al., 2019). More than 60% of the sample reported having an anxiety disorder and  
44 nearly 10% reported having been diagnosed or treated for bipolar. Understanding the pattern of  
45 comorbidities and how it relates to response to treatment, emergence of side-effects (e.g greater  
46 anxiety or agitation in those with comorbid anxiety disorders), and underlying genetic variations are  
47 aspects of the disorder that this scale of study can address. Specifically it will be of interest to test if  
48 there are different genetic or environmental risk factors to onset, course of illness, response to  
49 pharmacological treatment or emergence of specific side-effects for those with depression and  
50 comorbid anxiety compared to depression without anxiety. In addition, we will test specific  
51 proposed subtypes of depression (e.g perinatal depression, atypical depression, chronic depression,  
52 early-onset vs late-onset depression or depression with hypomanic or brief manic features) that may  
53 show evidence of distinct genetic risk factors for onset or treatment response).  
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58 Participants reported high rates of mental disorders in their first-degree relatives, highlighting the  
59 well-established genetic component of and the covariance between psychiatric disorders (Cross-  
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3 Disorder Group of the Psychiatric Genomics Consortium et al., 2013). High rates of familial disorders  
4 may reflect that participants were more likely to participate in a genetic study if they have a family  
5 history or that participants shared details of the study with family members. Familial relationships  
6 within the participants will be controlled for in future genetic analyses.  
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9 Nearly half of participants reported taking 3 or more antidepressants to treat depression and thus  
10 having considerable time to improvement in symptoms. Moreover, side-effects are common and in  
11 many cases cause individuals to stop taking a drug. These results confirm the urgent need to identify  
12 risk factors for non-response to certain drugs and to reduce side effects. Not only will such advances  
13 improve the lives of patients but will also assist to reduce costs attributable to delays in achieving  
14 illness remission. Future analyses will include finer grained analyses of response to specific  
15 antidepressants and their profile of side effects in addition to genetic analyses of depression risk. In  
16 collecting a wide range of environmental, social and genetic data, AGDS will make a significant  
17 contribution to our understanding of variability in response and side effects.  
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22

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### 41 **Author Contributions**

42 EMB, KK, SEM, JJM, RP, NRW, IBH and NGM designed the AGDS study. DFL, SC, DJS, LS, JL revised and  
43 tested the online questionnaire and provided intellectual input into the content. EMB and KK  
44 analysed the data. EMB, KK and NGM drafted the manuscript. SEM, LCC, JJM, NRW, IBH, RP, LS and  
45 DJS revised the article for intellectual content. All authors have read and approve of the final  
46 version.  
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51

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### Competing Interests

The Authors declare that there are no relevant competing interests.

### Patient Consent

Obtained

### Ethics Approval

All study protocols were approved by the QIMR Berghofer Medical Research Institute Human Research Ethics Committee. The protocol for approaching participants through the DHS, enrolling them in the study, and consenting for all phases of the study (including invitation to future related studies) and accessing MBS and PBS records was approved by the Ethics Department of the Department of Human Services.

### Data sharing statement

Data used in this analysis and described in this article are available to all interested researchers through collaboration. Please contact NGM ([Nick.Martin@qimrberghofer.edu.au](mailto:Nick.Martin@qimrberghofer.edu.au)).

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3 **Figure 1.** Schematic of the Australian Genetics of Depression Study  
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5 **Figure 2.** Overview of the structure and content of the AGDS questionnaire with median amount of  
6 time taken to complete each module\*.  
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8 \* due to an error the timer was not set up properly for the Anxieties and Phobias module and the  
9 General Physical and Mental health module  
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12 **Figure 3.** Age distribution by sex of participants in AGDS  
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14 **Figure 4.** Age at onset of depression by sex  
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16 **Figure 5.** Number of reported depressive episodes among those meeting criteria for Major  
17 Depressive Disorder  
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19 **Figure 6.** Duration of worst depressive episode  
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21 **Figure 7.** Frequency of reported diagnoses in first-degree relatives of participants  
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23 **Figure 8.** Distribution of the number of prescribed antidepressants taken by participants  
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25 **Figure 9.** Reported efficacy of the most commonly prescribed antidepressants (numbers with each  
26 response are shown inside the bar)  
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Table 1. Demographic and study participation characteristics of study sample

	Prescription History Invitation	Public Appeal	Total
Number of participants	2,963	17,726	20,689
Age in years			
Mean (SD)	45.5 (16.3)	42.3 (15.1)	42.8 (15.3)
Range	18 - 89	18 - 90	18 - 90
Sex			
Female	2,192(74%)	13,323(75%)	15,515 (75%)
Male	771 (26%)	4,376 (25%)	5,147 (25%)
Unspecified	0 (0%)	27 (0.2%)	27 (0.1%)
Marital status			
Never married	788 (27%)	5,604 (32%)	6,392 (31%)
Married/de facto relationship	1,678 (57%)	9,079 (51%)	10,757 (52%)
Separated/divorced	423 (14%)	2,733 (15%)	3,156 (15%)
Widowed	64 (2%)	276 (1.5%)	340 (1.6%)
Information not provided	10 (0.3%)	34 (0.2%)	44 (0.2%)
Education (completed or partially completed)			
Junior high school or less	286 (9%)	842 (5%)	1,118 (5.4%)
Senior high school	318 (11%)	1,283 (7%)	1,601 (7.7%)
Certificate or diploma	819 (28%)	3,653 (21%)	4,472 (22%)
Degree	772 (26%)	5,837 (33%)	6,609 (32%)
Postgraduate	556 (19%)	4,448 (25%)	5,004 (24%)
Information not provided	212 (7%)	1,663 (9%)	1,885 (10%)
Provided saliva sample	2,217 (75%)	13,339 (76%)	15,616 (76%)
Permitted Medicare and Pharmaceutical Benefits Scheme data access	2,637 (89%)	13,117 (74%)	15,754 (76%)

Table 2. Self-reported mental health diagnostic history of study sample. Participants may report more than one diagnosis.

Disorder	Count	Percentage of sample endorsing
<b>Depression</b>	19603	94.7
<b>Anxiety Disorder</b>	11375	55.0
<b>PTSD</b>	2900	14.0
<b>Social Anxiety Disorder</b>	2359	11.4
<b>Panic Disorder</b>	1960	9.5
<b>Bipolar</b>	1943	9.4
<b>Personality Disorder</b>	1200	5.9
<b>Obsessive Compulsive Disorder</b>	1175	5.8
<b>ADD/ADHD</b>	847	4.1
<b>Substance Use Disorder</b>	764	3.7
<b>Anorexia Nervosa</b>	731	3.6
<b>Specific Phobia</b>	724	3.6
<b>Bulimia Nervosa</b>	638	3.1
<b>Seasonal Affective Disorder</b>	582	2.8
<b>Agoraphobia</b>	448	2.2
<b>Autism</b>	331	1.6
<b>Schizophrenia</b>	184	0.9
<b>Hoarding Disorder</b>	100	0.5
<b>Tourette's</b>	27	0.1

Table 3. Frequency of antidepressant taken in AGDS. Participants may report taking more than one antidepressant

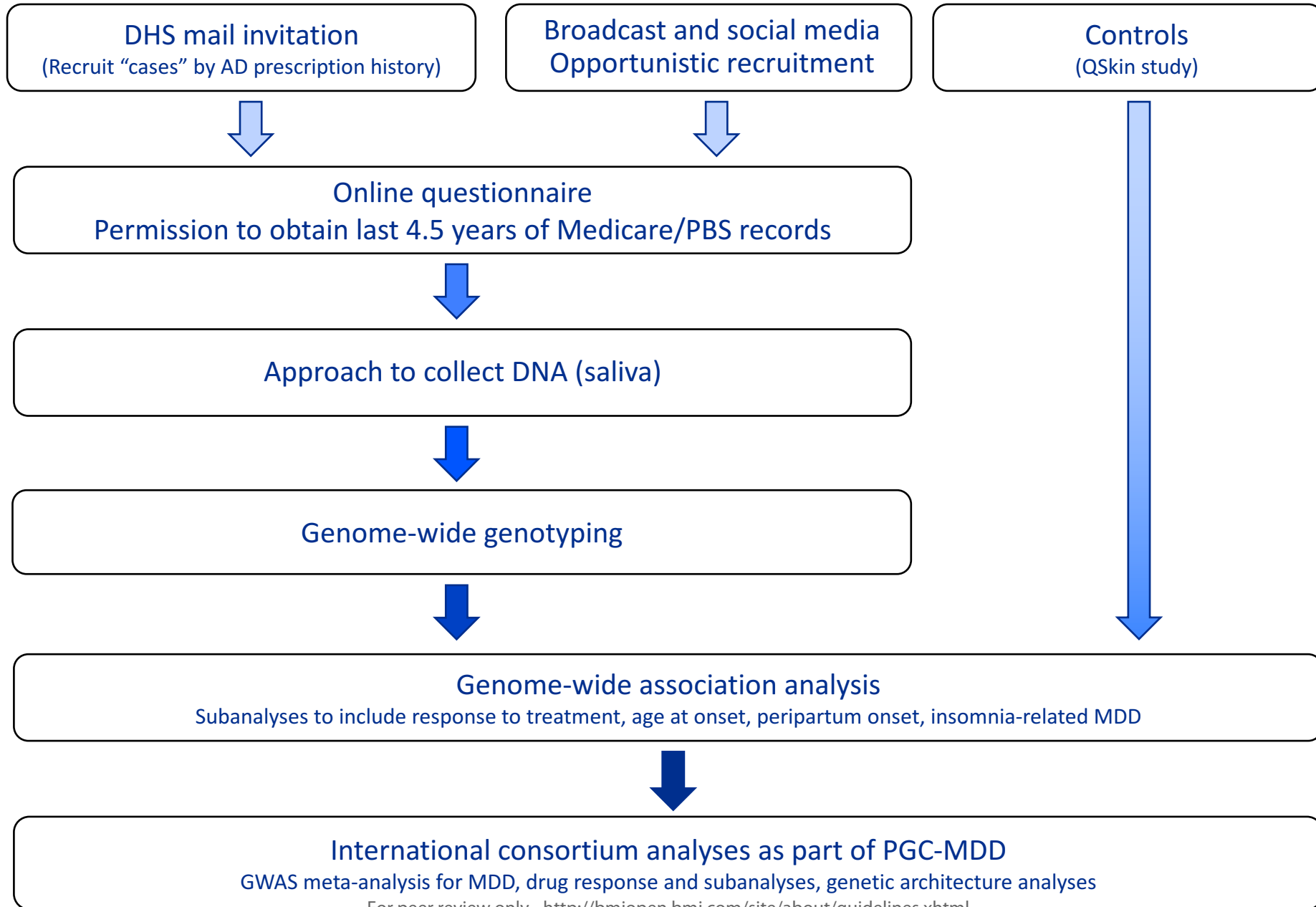
Antidepressant	Count	Percentage of sample endorsing
<b>Sertraline</b>	9132	44.12
<b>Escitalopram</b>	7076	34.19
<b>Venlafaxine</b>	6287	30.38
<b>Fluoxetine</b>	5823	28.14
<b>Citalopram</b>	4060	19.62
<b>Desvenlafaxine</b>	4042	19.53
<b>Duloxetine</b>	3168	15.31
<b>Mirtazapine</b>	3134	15.14
<b>Amitriptyline</b>	2593	12.53
<b>Paroxetine</b>	2471	11.94
<b>Other</b>	2212	10.69
<b>Fluvoxamine</b>	793	3.83
<b>Moclobemide</b>	491	2.37
<b>Dothiepin</b>	448	2.16
<b>Nortriptyline</b>	345	1.67
<b>Reboxetine</b>	341	1.65
<b>Imipramine</b>	322	1.56
<b>Doxepin</b>	287	1.39
<b>Clomipramine</b>	228	1.1
<b>Tranylcypromine</b>	212	1.02
<b>Phenelzine</b>	146	0.71
<b>Mianserin</b>	86	0.42
<b>Never taken antidepressants</b>	976	4.72

Table 4. Proportion of all individuals who endorse the most common side-effects of antidepressants.

Side Effect	Percentage of sample endorsing
Reduced sex drive	35.0
Weight gain	26.3
Dry mouth	21.6
Nausea	17.6
Drowsiness	16.1
Insomnia	16.0
Dizziness	15.6
Fatigue	14.4
Sweating	14.0
Headache	14.0
Suicidal thoughts	12.3
Anxiety	11.6
Agitation	11.4
Shaking	9.3
Constipation	6.6
Diarrhoea	4.7
Suicide attempt	4.3
Blurred vision	3.9
Muscle pain	3.4
Vomiting	2.7
Weight loss	2.4
Runny nose	1.3
Rash	1.0

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# General Physical and Mental Health

## Anxieties and Phobias

Generalised anxiety disorder  
 Panic disorder  
 Specific phobia  
 Agoraphobia  
 Social phobia  
 (all based on DSM-5 criteria)

Current physical health  
 Current mental health  
 SPHERE-12  
 Kessler-10  
 Days out of role

## Substance Use

<b>Substances</b>	<b>Measures</b>	<b>9 mins</b>
<ul style="list-style-type: none"> <li>Alcohol</li> <li>Tobacco</li> <li>E-cigarettes</li> <li>Illegal drugs</li> <li>Prescription medication</li> <li>Over-the-counter medication</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime use</li> <li>Age of first use</li> <li>Maximum use frequency</li> <li>Pattern of use with/without antidepressants</li> <li>Lifetime substance use disorder (based on DSM 5)</li> </ul>	

## Family

Parents, siblings, children  
 Age / age at death  
 Cause of death  
 Siblings and children  
 Relationship (biological, step, adopted)  
 Sex  
 Year of birth, age at death

**2 mins**

## Genetics of Depression Core Module

Demographic information Mental health diagnostic history Antidepressants <ul style="list-style-type: none"> <li>Prescription history</li> <li>Effectiveness and side-effects</li> <li>Concurrent medications</li> </ul> Mental health disorder screening <ul style="list-style-type: none"> <li>Depression (based on DSM 5 criteria), age of onset</li> </ul>	Pregnancy and parenting (women) <ul style="list-style-type: none"> <li>Morning sickness</li> <li>Breastfeeding</li> <li>Peripartum depression</li> </ul> Self-harm Suicidality (SIDAS) Mania (adapted from ASRM) Psychosis (adapted from CAPE)
---	--

**21 mins median**

## Health Care

Focus on mental health or behavioural problems  
 Reasons for avoiding / delaying seeking care  
 Sources of help / information

- Health care professionals
- Family / friends
- Self-help
- Other

Effectiveness of help

**3 mins**

## Migraine

IHS Classification ICHD-II  
 Migraine without aura  
 Migraine with aura  
 Pure menstrual migraine  
 Menstrually-related migraine

**3 mins**

## Personality and Mental Health

Personality measures

- EPQ Extraversion and Neuroticism
- Loneliness (Three-Item Loneliness Scale)

Supplementary mental health disorder screening

- OCD (OCI-R)
- Borderline personality (PAI-BOR)
- ADHD (ASRS-v1.1)

**8 mins**

## Gambling

Gambling participation and frequency  
 Online gambling participation  
 Problem gambling severity (PGSI modified for lifetime)  
 Screen for gambling problems (NODS)

**2 mins**

## Life Events

12-month serious problems getting along with others  
 Intimate Bond Measure (short form)  
 Social attachments  
 Conflictual relationships  
 Duke Social Support Index  
 12-month Serious Life E vents  
 PTSD screen, including LEC-5 and age of exposure  
 Age at first consensual sex  
 Sexual preference

**11 mins**

## General Health

Asthma and allergic disease Sun exposure Women's reproductive health Pain Hearing loss	Disease checklist and age of onset <ul style="list-style-type: none"> <li>Autoimmune diseases</li> <li>Cancer</li> <li>Cardiovascular disease</li> <li>Diabetes</li> <li>Eye health</li> <li>Musculoskeletal conditions</li> <li>Respiratory diseases</li> </ul>
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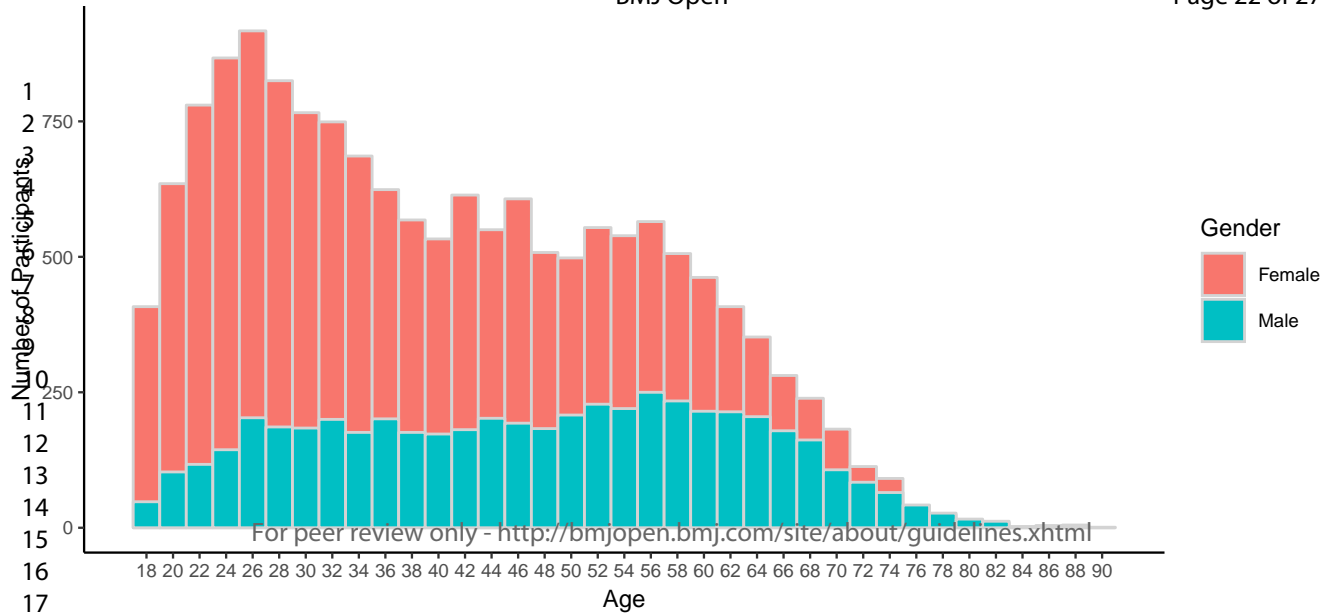
**10 mins**

## Work and Sleep

Work schedule (shiftwork, on-call, overtime, FIFO)  
 Average work days per week  
 Sleep

- Sleep quality (ISI with supplementary PSQI items)
- Epworth Sleepiness Scale
- Sleep apnea
- Chronotype (MEQ)
- Caffeine consumption
- Seasonal effects (SPAQ)

**10 mins**



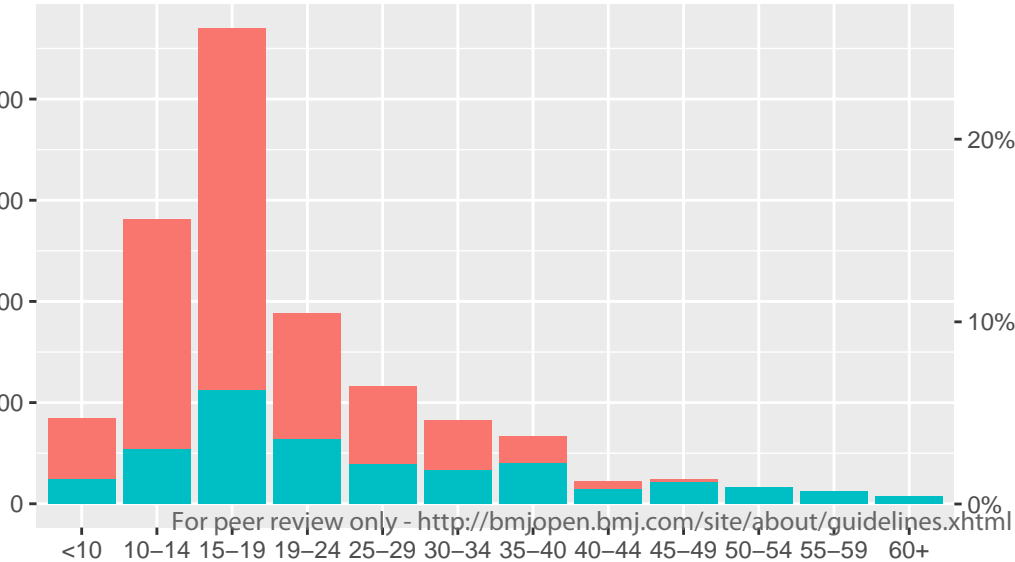
For peer review only - <http://bmjopen.bmj.com/site/about/guidelines.xhtml>



# Age at Onset by Sex

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Percentage of participants with depression

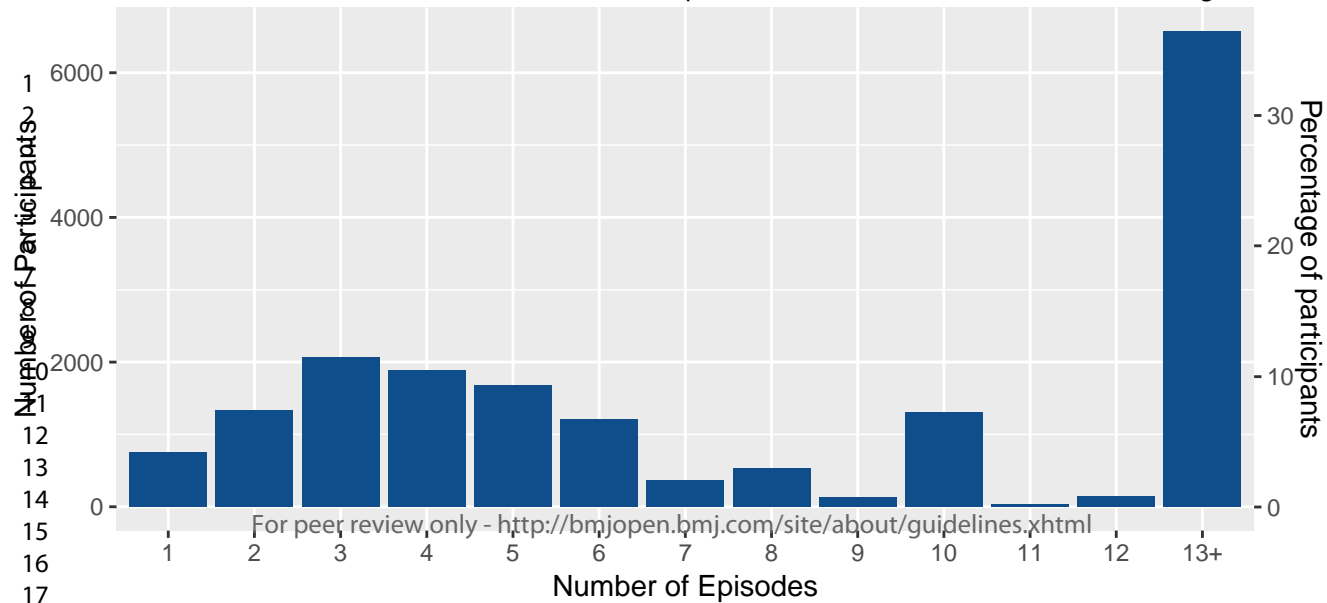
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Age at Onset

# Number of Depressive Episodes

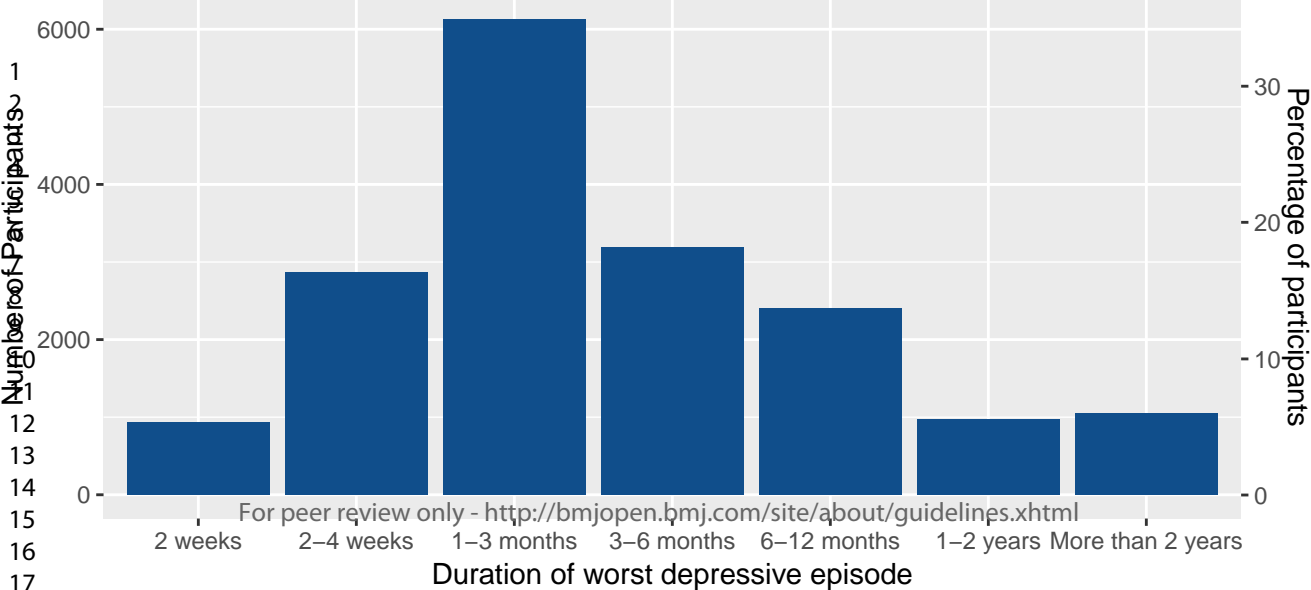
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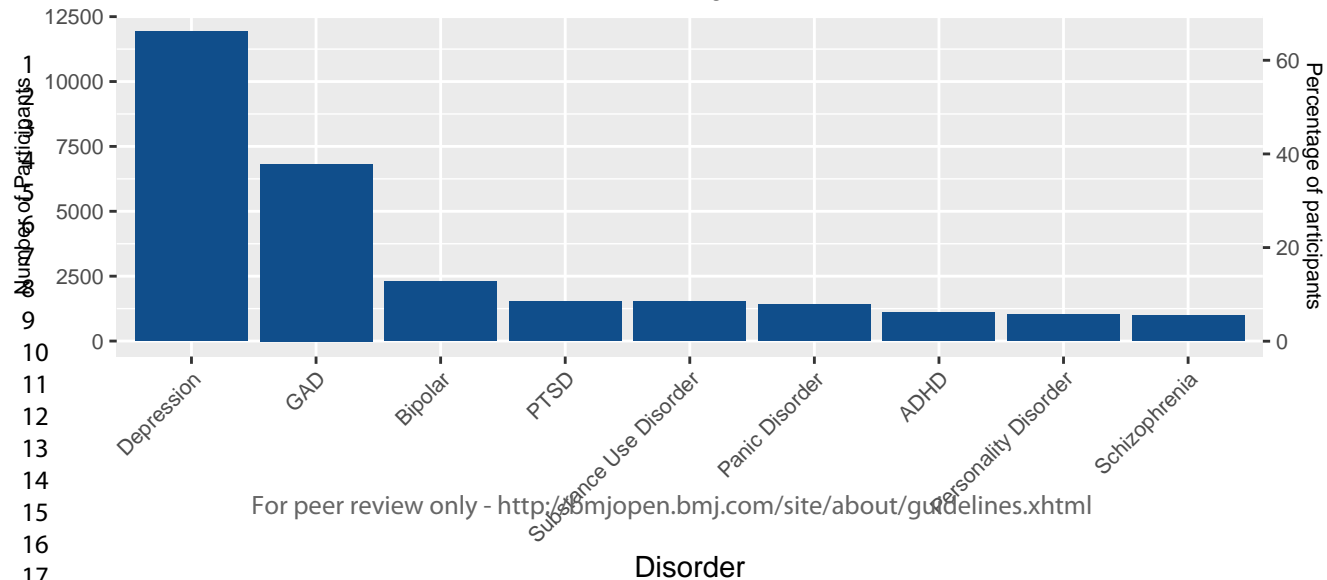
# Duration of worst depressive episode in AGDS sample

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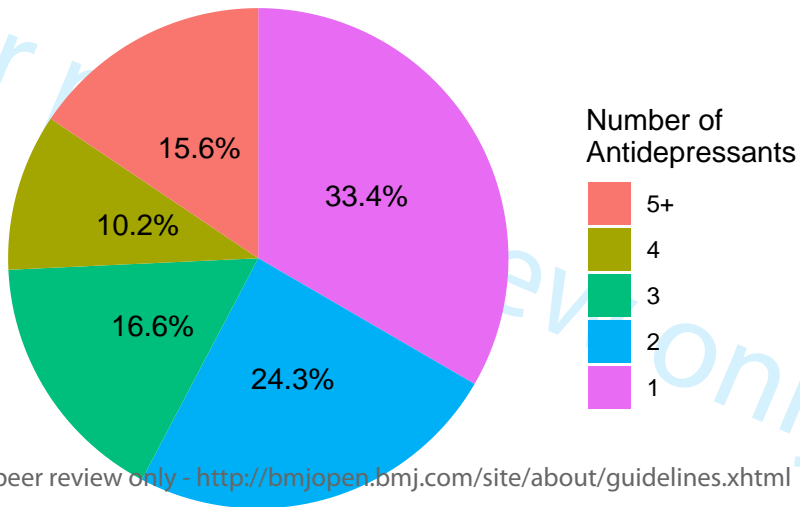
# Frequency of Reported Diagnoses in First-Degree Relatives



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# Number of Antidepressants Taken per individual

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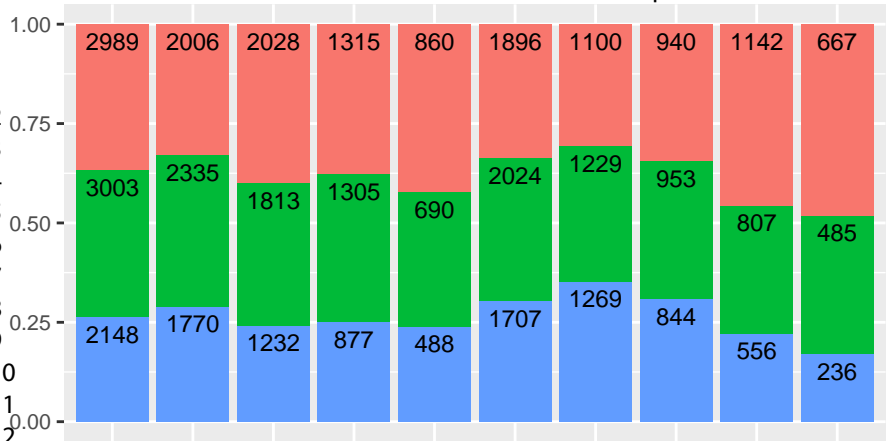
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# Efficacy of 10 most commonly used Antidepressants

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## Reported Efficacy for Depression

- Not at all well
- Moderately well
- Very well

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Antidepressant

# BMJ Open

## Cohort Profile: The Australian Genetics of Depression Study

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2019-032580.R1
Article Type:	Cohort profile
Date Submitted by the Author:	03-Jan-2020
Complete List of Authors:	Byrne, Enda; University of Queensland, Institute for Molecular Bioscience; Kirk, Katherine; QIMR Berghofer Medical Research Institute Medland, Sarah; QIMR Berghofer Medical Research Institute McGrath, John; The University of Queensland, Queensland Brain Institute Colodro-Conde, Lucia; QIMR Berghofer Medical Research Institute Parker, Richard; QIMR Berghofer Medical Research Institute, Genetic Epidemiology Cross, Simone; QIMR Berghofer Medical Research Institute Sullivan, Lenore; QIMR Berghofer Medical Research Institute Statham, Dixie; Federation University Australia Levinson, Douglas; Stanford University, Dept of Psychiatry and Behavioural Sciences Licinio, Julio; State University of New York Upstate Medical University, Department of Psychiatry Wray, Naomi; University of Queensland, Institute for Molecular Bioscience; University of Queensland, Queensland Brain Institute Hickie, Ian; The University of Sydney, Brain and Mind Centre Martin, Nicholas; QIMR Berghofer Medical Research Institute
<b>Primary Subject Heading</b>:	Mental health
Secondary Subject Heading:	Genetics and genomics
Keywords:	Depression & mood disorders < PSYCHIATRY, GENETICS, Anxiety disorders < PSYCHIATRY

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## Cohort Profile: The Australian Genetics of Depression Study

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**Keywords:** depression; genetics; GWAS; antidepressants;

Word Count: 4,097

## Abstract

**Purpose:** Depression is the most common psychiatric disorder and the largest contributor to global disability. The Australian Genetics of Depression study was established to recruit a large cohort of individuals who have been diagnosed with depression at some point in their lifetime. The purpose of establishing this cohort is to investigate genetic and environmental risk factors for depression and response to commonly prescribed antidepressants.

**Participants:** A total of 20,689 participants were recruited through through the Australian Department of Human Services and a media campaign, 75% of whom were female. The average age of participants was 43 years  $\pm$  15 years. Participants completed an online questionnaire that consisted of a compulsory module that assessed self-reported psychiatric history, clinical depression using the Composite Interview Diagnostic Interview Short Form, and experiences of using commonly prescribed antidepressants. Further voluntary modules assessed a wide range of traits of relevance to psychopathology. Participants who reported they were willing to provide a DNA sample (75%) were sent a saliva kit in the mail.

**Findings to date:** 95% of participants reported being given a diagnosis of depression by a medical practitioner and 88% met the criteria for a lifetime depressive episode. 68% of the sample report having been diagnosed with another psychiatric disorder in addition to depression. In line with findings from clinical trials, only 33% of the sample report responding well to the first antidepressant they were prescribed.

**Future plans:** A number of analyses to investigate the genetic architecture of depression and common comorbidities will be conducted. The cohort will contribute to the global effort to identify genetic variants that increase risk to depression. Furthermore, a thorough investigation of genetic and psychosocial predictors of antidepressant response and side-effects is planned.

## Strengths and Limitations

- One of the largest cohorts in the world for studying genetic and psychosocial risk factors for depression and response to antidepressants.
- Wide range of measures collected using the online instrument including diagnostic screening questionnaires for depression and anxiety disorders.
- Access to government medical and pharmaceutical records.
- Low rates of response to the letters recruited pharmaceutical benefits scheme and self-selection may
- Online assessment allowed for recruitment of a large sample but there may be biases attributable to self-report measures and it was not possible to clarify with participants if there were inconsistencies in their responses.

## Introduction

Approximately 20% of Australians will be diagnosed with a depressive disorder in their lifetime. As a consequence of this high prevalence, impact on function and risk to later ill-health and premature death, depressive disorders contribute the largest burden of disease due to common mental disorders [1, 2] and place a substantial burden on the economy in terms of days lost to disability.

Among psychiatric disorders, depression is moderately heritable, with approximately 40% of the variance in liability to depression attributable to genetic factors [3]. Initial efforts to identify depression risk variants using genome-wide association studies (GWAS) did not bear fruit due to insufficient power [4]. Common genetic variants for psychiatric disorders have small effect sizes and hence sample sizes in the tens of thousands of individuals are needed in order to robustly to detect them [5]. Substantial progress has been made in the last few years in identifying genetic variants that increase risk to depressive symptoms and major depression [6-8]. These discoveries have been facilitated by the collaboration of researchers worldwide in the Psychiatric Genomics Consortium (PGC). The most recent GWAS for depression which included data from the PGC, the personal genetics company 23andMe, the UK Biobank, and DeCODE, identified 102 independent genetic variants that increase risk of depression [9]. The identified variants explain only a fraction of the overall liability and larger studies are needed to identify more individual variants and to improve the predictive power of polygenic risk scores, a measure of the genetic vulnerability that an individual possesses. Thus, the psychiatric genomics community aims to collect data on 1 million cases with depression in order to elucidate the genetics of this disorder [5]

Antidepressants are a frontline treatment for moderate to severe depression, but do not provide benefit for all patients and have side effects, leading to poor adherence and reduced quality of life. Variability in response to antidepressants and experiencing side effects have a poorly understood genetic component [10, 11]. As they are one of the most commonly prescribed medications and many individuals are exposed to several different drugs, or drug classes, before symptoms improve, there is an urgent need to understand the reasons for such wide individual variability in therapeutic response and the experience of side effects. Results from pharmacogenetic studies of response and side effects have been mixed, likely because of insufficient sample sizes [12-16].

Large studies of deeply-phenotyped patients are needed to reveal the biological underpinnings of this clinically heterogeneous disorder and to better match patients to therapies so as to reduce the time to remission. For these reasons, we established the Australian Genetics of Depression Study.

## Objectives

This study had three primary objectives. The first was to recruit 10,000 cases with depression in Australia to contribute to the global effort to identify genetic variants conferring risk to depression. The second was to further elucidate genetic and non-genetic risk factors for antidepressant response and side-effects. The third was to dissect genetic heterogeneity in depression by leveraging existing GWAS results for depression to investigate whether there are differences among subtypes of depression. Our aim was to contribute to the wider PGC effort by increasing the sample size of cases of depression in order to identify genetic variants that increase risk to the disorder, as well as

antidepressant response. Here we describe the aims of the study, the genetic and phenotype data collection procedures and the characteristics of the sample.

## Cohort Description

### Participant Recruitment

Participants were recruited to the Australian Genetics of Depression Study ([www.geneticsofdepression.org.au](http://www.geneticsofdepression.org.au)) using two separate approaches: (i) recruitment based on nationwide, pharmaceutical prescription history in the last 4.5 years and (ii) a media publicity campaign throughout Australia. A schematic of the design and aims of the study is shown in Figure 1.

#### *Recruitment via pharmaceutical prescription history*

The Australian Government subsidises certain healthcare services through the Medicare Benefits Scheme (MBS) and prescription medications through the Pharmaceutical Benefits Scheme (PBS). Records for the most recent 4.5 years' services provided are retained by the Australian Government Department of Human Services (DHS). While these records are not accessible to researchers for the purposes of identifying potential research study participants, DHS is able to send invitations on behalf of researchers to individuals meeting specific selection criteria to invite them to participate in relevant research studies.

After receiving approval from the DHS research ethics committee, two waves of recruitment were undertaken using this method. A pilot study in which DHS sent 10,000 invitation letters to Australian residents aged 18-30 who had received four or more prescriptions in the previous 4.5 years for any of the 10 most commonly prescribed antidepressant medications (single medication or a combination) was initiated in September 2016. Only community patients were selected; individuals with residential locations in the PBS database corresponding to hospitals, aged-care facilities and correctional facilities were excluded. This group of invitees was 65% female, reflecting the higher prevalence of depression in women. Potential participants were sent a letter by the DHS explaining that were being contacted on behalf of researchers at QIMR Berghofer to invite them to participate in a study of the genetics of depression. The letter provided details of the study website and also a phone number that they could contact for more information. A total of 294 individuals responded to this invitation over a six month period and enrolled in the study.

The second DHS-based recruitment wave started in April 2017 and involved sending 100,000 invitation letters using similar selection criteria to the pilot study, except that the upper age restriction for participants was removed.

#### *Recruitment through Media Publicity Campaign*

A Sydney-based public relations company specialising in health sector campaigns (VIVA! Communications) was contracted to manage the media campaign, which was launched on April 4 2017 and utilised a combination of national broadcast, print, and social media to promote knowledge of and interest in the study among the general community. This coincided with the

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3 second wave of recruitment through DHS. The campaign encouraged participation among  
4 “Australian adults who have been, or are continuing to be treated for clinical depression by a doctor,  
5 psychologist, or psychiatrist”. A second wave of the media campaign was initiated 6 months after  
6 the initial one in September 2017 using similar procedures.  
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### 9 **Participant and Patient Involvement**

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11 Patients were not consulted directly about the design of the study but a number of psychiatrists  
12 were consulted to ensure that the outcome measures reflect the variety of patient experiences seen  
13 in clinical practice. Two participants were featured in the promotional material and press conference  
14 for the study to encourage others with a history of clinical depression to enrol in the study. All  
15 papers that include data from the cohort will be sent to participants via email.  
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### 19 **Study Design**

#### 20 *Enrolment*

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22 In both the DHS recruitment letter and the media public appeal, potential participants were asked to  
23 go to the study website which was hosted on the secure QIMR Berghofer server. Upon going to the  
24 website, the information sheet which provided details of the aims of the study as well as a consent  
25 form were available for viewing. The information sheet provided telephone and e-mail contact  
26 details for the study co-ordinator and institute ethics committee in case participants had any  
27 questions. Those not interested in participating were provided with simple instructions on how to  
28 exit the website. The identity of potential participants was not known to the researchers prior to  
29 their decision to enrol in the study. The DHS did not provide identifying information to the research  
30 team on who was mailed. Before being asked to provide any identifying information, prospective  
31 participants were asked to confirm that they had read and understood the information sheet, to  
32 confirm that they would be willing to provide a saliva sample for genotyping, and to sign the study  
33 informed consent.  
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41 Upon confirming that they would like to enrol in the study, participants were asked to provide their  
42 name, age and contact details which were stored securely on the QIMR server. After providing these  
43 details, each participant was assigned a unique link to the questionnaire which was hosted on the  
44 Qualtrics website. This transition between websites was seamless to the participant. Participation in  
45 this study was not remunerated.  
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#### 50 *Access to Medicare and PBS records*

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52 Participants were also asked to consent to provide access to their list of Medicare and  
53 Pharmaceutical Benefits Scheme records for the previous 4.5 years, and approximately 75% of  
54 participants did so. This consent process was separate to the overall consent to participate in the  
55 study, and participants could still enrol in the study without allowing access to these records. The  
56 consent form had to conform to the requirements of the Department of Human Services.  
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58 Participants were shown an example of what MBS and PBS records look like prior to consenting so  
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3 they would know what information would be available to researchers. Within the MBS and PBS data,  
4 the identifiers for the providing doctor, medical service, or pharmacy are randomised so the  
5 provider and location are protected. It is possible to identify repeated claims from the same provider  
6 but not who the provider is.  
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### 10 11 *Questionnaire*

12  
13 The content of the Australian Genetics of Depression Study online questionnaire was developed over  
14 a period of 19 months between January 2015 and September 2016. The object was to maximise the  
15 amount of clinically relevant information collected with the shortest time commitment required of  
16 participants. To this end, we utilised a modular structure (Figure 2), with a core module eliciting  
17 essential information on self-report mental health diagnoses, medication response and side effects,  
18 depression diagnosis using the relevant section from the Composite International Diagnostic  
19 Interview (CIDI), screens for suicidality, mania and psychosis, and a question about family history of  
20 psychiatric disorders. Several psychiatrists in Australia and internationally with expertise in gene  
21 mapping studies and in studies of antidepressant response were consulted about the content of the  
22 questionnaire.  
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26  
27 Ten additional “satellite” modules assessed a range of complex traits of relevance to mental health  
28 using a variety of scales and questionnaires (Figure 2). One module screened for clinical anxiety  
29 using the CIDI. The questionnaire was administered online using the Qualtrics™ software. Responses  
30 to individual questionnaire items were only required for items critical to phrasing of future  
31 questionnaire items and skip functionality (e.g. age, sex, number of children). The satellite modules  
32 could be completed in any order the participant chose once they had completed the core module.  
33 Participants were able to leave the survey and return at their convenience. Rates of completion of  
34 the satellite modules are show in Supplementary Table 1. They ranged from 58% for the Games and  
35 Gambling module to 76% for the Experiences of Healthcare module.  
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40 Extensive beta testing was conducted by research staff at QIMR Berghofer and external consultants  
41 to ensure that there were no inconsistencies in the questionnaire and that the appropriate question  
42 skips were in place.  
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45 Screenshots of the title page, sections of the questionnaire and the module selection page are  
46 shown in Supplementary Figure 1a-d.  
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### 50 51 *Saliva collection and DNA extraction*

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53 Several brands of saliva DNA kits were tested for suitability for use, including cost, ease of handling,  
54 and yield and quality of extracted DNA. Among those with the best quality reports, the Isohelix  
55 GeneFix™ GFX-02 2mL saliva collector was selected due it being the most compact, reliable, easy to  
56 use, lightweight, and therefore the least expensive to mail to participants.  
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59 After completing the core module of the questionnaire, participants were emailed to confirm their  
60 delivery address and their readiness to receive a saliva DNA kit. Upon confirmation, they were

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3 mailed a spit kit, together with a consent form specific to the treatment of genetic information to be  
4 signed and returned with the tube. We found that this confirmation step markedly increased  
5 compliance. Saliva samples were returned by study participants by pre-paid post. If the kit was not  
6 returned after 2 months, study personnel followed up by phone or email in order to maximise return  
7 rates. Upon return of the kit, DNA was extracted from the saliva sample and stored in freezers.  
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10 Genotyping was conducted using the Illumina Global Screening Array 2.0 (GSA) and is now ready for  
11 analysis. GSA was developed by human genetic disease researchers to maximise utility for gene-  
12 mapping. It includes a common variant backbone component that maximises information for  
13 imputation of common variants in multiple ethnic populations as well as a suite of common and rare  
14 variants selected for known or likely association with a range of genetic disorders. Importantly for  
15 the purposes of this study, it includes several genetic variants with known pharmacogenetic  
16 associations from the Pharmacogenomics Knowledgebase (PharmGKB,  
17 <https://www.pharmgkb.org/>).  
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### 24 *Controls – the QSkin study*

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26 The primary aim of the AGDS was to recruit as many individuals with depression as possible. There  
27 was no publicity initiated to recruit controls because an appropriate control sample is available at  
28 QIMR Berghofer from the QSkin Sun & Health Study. QSkin was established in 2010 to investigate  
29 risk factors for melanoma and other skin cancers in a randomly sampled cohort of individuals aged  
30 between (40-69 years) from the state of Queensland [17]. To date, more than 40,000 participants  
31 have enrolled in QSkin. Recently, a genetics arm of the study was initiated following a similar  
32 protocol for collection of DNA using saliva kits returned by mail. At the time of saliva collection,  
33 participants were asked about their medical history, including whether they have ever been  
34 diagnosed with or treated for depression, bipolar disorder, schizophrenia/psychosis, anxiety,  
35 obsessive compulsive disorder, bulimia, anorexia nervosa, autism or ADHD. In addition, women were  
36 asked if they experienced either antenatal or postnatal depression. Moreover, participants were  
37 consented for access to MBS and PBS records which will permit screening for use of antidepressants  
38 in addition to the disease checklist screening items above. QSkin is a separate study to the AGDS and  
39 hence the Qskin participants did not complete the detailed questionnaire used in the AGDS.  
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44 More than 18,000 participants have been genotyped on the same SNP microarray chip – the Illumina  
45 GSA - and the genotype data will be merged with the AGDS study prior to genome-wide imputation.  
46 The QSkin study thus provides a large sample of Australian controls selected at random from the  
47 population and genotyped on the same SNP chip.  
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### 53 **Study Characteristics**

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55 As of 3 September 2018, questionnaire responses had been received from 20,689 participants, 75%  
56 of whom were female. The age distribution of participants, by sex, is shown for this recruitment  
57 wave in Figure 3. By the same date, saliva samples were returned by 15,807 participants (76% of the  
58 participant group). The average age of participants was 43 years  $\pm$  15 years (range 18 – 90 years),  
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3 with the demographic characteristics of the cohort, as a function of recruitment method, being  
4 outlined in Table 1.  
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## 8 **Study measures**

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10 As shown in Figure 2, a wide range of self-report variables of relevance to mental health were  
11 collected. For brevity, we report only on the primary measures of interest. The full questionnaire is  
12 available as a Supplementary Appendix.  
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### 15 *History of depression*

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17 Participants were asked “Have you ever been diagnosed with any of the following” and were  
18 presented with a list of mental health disorders with “Depression” as the first response option. We  
19 also evaluated whether participants met the 2013 update to the Diagnostic and Statistical Manual of  
20 Mental Disorders (DSM-5, American Psychiatric Association (2013). Diagnostic and Statistical Manual  
21 of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing. pp. 5–25 ) criteria for  
22 major depressive disorder using the CIDI. The diagnostic questions for depression were focused on  
23 the worst period of depression that a participant had experienced. Age at worst episode as well as  
24 the age at which the participant had first had a 2 week period of dysphoria or anhedonia as well as  
25 age at most recent episode were assessed. Participants were also asked to report the number of  
26 periods of at least 2 weeks of dysphoria or anhedonia they had ever had.  
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### 33 *Antidepressants*

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35 To assess whether participants had taken antidepressants to treat depression, the question “Have  
36 you ever taken any of the following antidepressants (even if it wasn’t for depression or anxiety)?”  
37 was presented with a list of the 20 most commonly used antidepressants in Australia in addition to  
38 their common trade names. If they had taken one or more of the 10 most frequently prescribed  
39 antidepressants in Australia according to PBS records (sertraline, escitalopram, venlafaxine,  
40 fluoxetine, citalopram, desvenlafaxine, duloxetine, mirtazapine, amitriptyline and paroxetine), they  
41 were then asked “Why were you prescribed [name of antidepressant]”. The focus on collecting more  
42 detailed information on the 10 most common antidepressants was so as to align with the  
43 recruitment criteria from the PBS.  
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### 50 *Benefits and Side-Effects of 10 most common antidepressants*

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52 Perceived effectiveness of each antidepressant medication was assessed by asking participants “How  
53 well does/did [name of antidepressant] work for you?”, with response options of “very well”,  
54 “moderately well”, “not at all well” and “don’t know”. Participants were also asked to select from a  
55 list of all side-effects that they experienced from taking each antidepressant. The list of side effects  
56 was generated from the “very common” (frequency  $\geq 10\%$ ) and “common” (frequency  $\geq 1\%$  and  
57  $<10\%$ ) side effects listed in the Consumer Medication Information for each antidepressant. A total of  
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24 side-effects were included with an “other” option also provided. Participants were also asked if they stopped taking any of the antidepressants because of side effects.

## Findings to date

### Mental Health Disorders

Among respondents, 98.5% reported having discussed mental health problems with a professional and 19,803 (93.4%) respondents reported having received a diagnosis of depression. The next most commonly reported diagnoses were Anxiety Disorder (55.0%), Posttraumatic Stress Disorder (14.0%) and Social Anxiety Disorder (11.4%). The frequency of all self-reported diagnoses is shown in Table 2.

### Depression diagnosed by CIDI

The DSM-5 outlines the following criteria for a depressive episode: dysphoria and/or anhedonia most of the day, nearly every day for at least 2 weeks and experiencing at least 5 out of 9 symptoms (including dysphoria or anhedonia). Consistent with the high rates of self-report diagnosis in the sample, 17,698 out of 20,165 individuals who completed the depression screening section met the criteria for a depressive episode. Additionally, 358 individuals reported not having had a 2-week period of dysphoria or anhedonia; another 1,239 reported that their symptoms persisted for less than half the day and 161 did not endorse at least 5 of the 9 symptoms required.

Mean age at onset was 22. The distribution of age at onset by sex is shown in Figure 4. Consistent with previous studies, the peaks between ages 10-15 and 16-20 highlight that adolescence is a peak time for developing depression. The proportion of men in each category increases with increasing age, highlighting that men are more at risk to develop depression later in life.

The median number of episodes reported was 6, with the most commonly reported number of periods of at least 2 weeks with depression being 13+. Only 4% of the sample report experiencing only one depressive episode (Figure 5), indicating that the sample is enriched for severe, recurrent depression.

The median duration of the worst episode was 12 weeks. More than 10% of the sample reported that the worst episode that they experienced was longer than a year in duration (Figure 6).

### Family History

Out of 19,400 individuals who responded to the question about family history, 13,505 (70%) reported that a first-degree relative (parent, sibling or child) had been diagnosed with a mental health disorder. The most commonly reported diagnosis in relatives was depression, (with 11,929 individuals), followed by generalised anxiety disorder (GAD) and bipolar disorder (Figure 7).

## Antidepressant Usage

A total of 95% of the sample (n = 19,585) reported taking an antidepressant. Of those reporting antidepressant use, 93% (n = 18,174) reported taking the antidepressant for depression and 51% reported taking for anxiety.

Among those taking antidepressants, the mean number of antidepressants taken was 2.75 (S.D. = 2.05, range = 1-14). Only 33% of the sample had ever taken only one antidepressant, with 42% reporting having taken 3 or more different antidepressants (Figure 8).

For the 10 most common antidepressants listed, the number and percentage of participants with experiences of each medication are shown in Table 3. Reported effectiveness of the 10 most common antidepressants is shown in Figure 9. The rates of endorsement of the most common side-effects across the 10 most common antidepressants are shown in Table 4. More detailed analyses on the therapeutic benefits and side-effects of different antidepressants will follow in subsequent papers.

## Discussion

The Australian Genetics of Depression Study was established to recruit a large sample of participants in Australia who have experienced depression in order to better understand risk factors for depression, treatment response, and side-effects. Participants provided extensive information on their experience with depression through a web-based questionnaire and the majority provided a saliva sample for genotyping. Through two modes of recruitment – government medical and pharmaceutical records and a large media campaign – more than 20,000 individuals were recruited to participate over a 2 year period. With extensive follow-up through email and, at the stage of getting saliva samples returned, phone follow-up by experienced interviewers, 76% of those enrolled returned a saliva sample.

The media campaign was the more successful of the two methods as more than 80% of the sample was recruited in this way. Approximately 2.5% of those sent letters by the Department of Human Services enrolled in the study. There may be several reasons for the low rate of participation from this method. Firstly, as antidepressants are prescribed for a range of conditions, many of those sent letters may not have had depression and hence decided not to participate. Secondly, letters may be easily discarded by recipients as unsolicited mail may not be well received. Lastly, the media campaign included interviews with both study investigators and individuals with lived experience of depression who encouraged others to participate. As more information can be conveyed about the importance of the research through a TV or radio interview, it likely had a bigger impact on potential participants.

While the media campaign was more effective for this study, depression is a relatively common disorder and therefore amenable to a media campaign that reaches a substantial proportion of the population. For rarer disorders, recruitment through the Pharmaceutical Benefits Scheme could be an efficient method of reaching potential participants, particularly when a drug is used to treat only one disorder and so all those prescribed it will have a diagnosis.

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3 The mean age among those recruited through the media was lower than through the PBS scheme  
4 and had higher rates of university completion. This suggests that the former may be closer to a  
5 random sample from the population. Owing to self-selection into the study, there may be a response  
6 bias whereby those with less severe depression are more likely to enrol. Any study with volunteer  
7 participation may be susceptible to such biases. These response biases are unlikely to affect gene-  
8 mapping efforts. For studies analysing common genetic variation it is important that cases and  
9 controls be matched for ethnicity, and in our case this has been confirmed with the genotypic  
10 information. We will endeavour to investigate response bias by comparing results from our analyses  
11 with those from smaller datasets recruited in clinical settings. Our initial analyses suggest that many  
12 of the participants have had severe depression as they report large numbers of episodes and nearly  
13 50% report having had symptoms in the past 4 weeks. Likewise, the reported rates of response to  
14 the first prescribed antidepressant are nearly identical to those from the STAR\*D clinical trial (33%)  
15 [18].  
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21 Our results highlight the high rate of comorbidities with depressive disorders in real-world settings  
22 [19]. Understanding the pattern of comorbidities and how it relates to response to treatment,  
23 emergence of side-effects (e.g greater anxiety or agitation in those with comorbid anxiety disorders),  
24 and underlying genetic variations are aspects of the disorder that this scale of study can address.  
25 Specifically it will be of interest to test if there are different genetic or environmental risk factors to  
26 onset, course of illness, response to pharmacological treatment or emergence of specific side-effects  
27 for those with depression and comorbid anxiety compared to depression without anxiety. In  
28 addition, we will test specific proposed subtypes of depression (e.g perinatal depression, atypical  
29 depression, chronic depression, early-onset vs late-onset depression or depression with hypomanic  
30 or brief manic features) that may show evidence of distinct genetic risk factors for onset or  
31 treatment response).  
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36 Participants reported high rates of mental disorders in their first-degree relatives, highlighting the  
37 well-established genetic component of and the covariance between psychiatric disorders [20]. High  
38 rates of familial disorders may reflect that participants were more likely to participate in a genetic  
39 study if they have a family history or that participants shared details of the study with family  
40 members. Familial relationships within the participants will be controlled for in future genetic  
41 analyses.  
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44 Nearly half of participants reported taking 3 or more antidepressants to treat depression and thus  
45 having considerable time to improvement in symptoms. Moreover, side-effects are common and in  
46 many cases cause individuals to stop taking a drug. These results confirm the urgent need to identify  
47 risk factors for non-response to certain drugs and to reduce side effects. Not only will such advances  
48 improve the lives of patients but they will also assist to reduce costs attributable to delays in  
49 achieving illness remission. In collecting a wide range of environmental, social and genetic data,  
50 AGDS will make a significant contribution to our understanding of variability in response and side  
51 effects.  
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## Acknowledgments

We are indebted to all of the participants for giving their time to contribute to this study. We wish to thank all the people who helped in the conception, implementation, beta testing, media campaign and data cleaning. We would specifically like to acknowledge Dale Nyholt for advice on using the PBS for research; Ken Kendler, Patrick Sullivan, Andrew McIntosh, and Cathryn Lewis for input on the questionnaire; Lorelle Nunn, Mary Ferguson, Lucy Winkler, and Natalie Garden for data and sample collection; Natalia Zmicerevska, Alissa Nichles, and Candace Brennan for participant recruitment support; Jonathan Davies, Luke Lowrey, and Valeriano Antonini for support with IT aspects; Vera Morgan and Ken Kirkby for help with the media campaign. We would like to thank VIVA! Communications for their effort in promoting the study. We also acknowledge David Whiteman and Catherine Olsen from Qskin.

## Author Contributions

EMB, KK, SEM, JJM, RP, NRW, IBH and NGM designed the AGDS study. DFL, SC, DJS, LS, JL revised and tested the online questionnaire and provided intellectual input into the content. EMB and KK analysed the data. EMB, KK and NGM drafted the manuscript. SEM, LCC, JJM, NRW, IBH, RP, LS and DJS revised the article for intellectual content. All authors have read and approve of the final version.

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## Competing Interests

The Authors declare that there are no relevant competing interests.

## Patient Consent

Obtained

## Ethics Approval

All study protocols were approved by the QIMR Berghofer Medical Research Institute Human Research Ethics Committee. The protocol for approaching participants through the DHS, enrolling them in the study, and consenting for all phases of the study (including invitation to future related

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3 studies) and accessing MBS and PBS records was approved by the Ethics Department of the  
4 Department of Human Services.  
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### 8 **Data sharing statement**

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10 Data used in this analysis and described in this article are available to all interested researchers  
11 through collaboration. Please contact NGM ([Nick.Martin@qimrberghofer.edu.au](mailto:Nick.Martin@qimrberghofer.edu.au)).  
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**Figure 1.** Schematic of the Australian Genetics of Depression Study

**Figure 2.** Overview of the structure and content of the AGDS questionnaire with median amount of time taken to complete each module during piloting of the questionnaire.

**Figure 3.** Age distribution by sex of participants in AGDS

**Figure 4.** Age at onset of depression by sex

**Figure 5.** Number of reported depressive episodes among those meeting criteria for Major Depressive Disorder by sex

**Figure 6.** Duration of worst depressive episode by sex

**Figure 7.** Frequency of reported diagnoses in first-degree relatives of participants

**Figure 8.** Distribution of the number of prescribed antidepressants taken by participants

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**Figure 9.** Reported efficacy of the most commonly prescribed antidepressants (numbers with each response are shown inside the bar)

For peer review only

Table 1. Demographic and study participation characteristics of study sample

	Prescription History Invitation	Public Appeal	Total In AGDS	QSKIN (genotyped sample)
Number of participants	2,963	17,726	20,689	17,218
Age in years				
Mean (SD)	45.5 (16.3)	42.3 (15.1)	42.8 (15.3)	60.8 (8.9)
Range	18 - 89	18 - 90	18 - 90	43 - 87
Sex				
Female	2,192(74%)	13,323(75%)	15,515 (75%)	9469 (55%)
Male	771 (26%)	4,376 (25%)		7749 (45%)
Unspecified	0 (0%)	27 (0.2%)	5,147 (25%) 27 (0.1%)	0 (0%)
Marital status				
Never married	788 (27%)	5,604 (32%)	6,392 (31%)	N/A
Married/de facto relationship	1,678 (57%) 423 (14%)	9,079 (51%) 2,733 (15%)	10,757 (52%)	
Separated/divorced	64 (2%)	276 (1.5%)	3,156 (15%)	
Widowed	10 (0.3%)	34 (0.2%)	340 (1.6%)	
Information not provided			44 (0.2%)	
Education (completed or partially completed)				
Junior high school or less	286 (9%)	842 (5%)	1,118 (5.4%)	1,003 (5.6%)
Senior high school	318 (11%)	1,283 (7%)	1,601 (7.7%)	5,568 (31.5%)
Certificate or diploma	819 (28%)	3,653 (21%)	4,472 (22%)	5,001 (28.3%)
Degree	772 (26%)	5,837 (33%)	6,609 (32%)	4,960 (28.1%)*
Postgraduate	556 (19%)	4,448 (25%)	5,004 (24%)	
Information not provided	212 (7%)	1,663 (9%)	1,885 (10%)	1,104 (6.2%)
Provided saliva sample	2,217 (75%)	13,339 (76%)	15,616 (76%)	17,218 (100%)
Permitted Medicare and Pharmaceutical Benefits Scheme data access	2,637 (89%)	13,117 (74%)	15,754 (76%)	16,482 (95.7%)

\* In the QSKIN sample, participants were not asked whether they had a postgraduate degree. Those with postgraduate degrees will be included in the degree category.

Table 2. Self-reported mental health diagnostic history of study sample. Participants may report more than one diagnosis.

<b>Depression</b>	19603	94.7
<b>Anxiety Disorder</b>	11375	55.0
<b>PTSD</b>	2900	14.0
<b>Social Anxiety Disorder</b>	2359	11.4
<b>Panic Disorder</b>	1960	9.5
<b>Bipolar</b>	1943	9.4
<b>Personality Disorder</b>	1200	5.9
<b>Obsessive Compulsive Disorder</b>	1175	5.8
<b>ADD/ADHD</b>	847	4.1
<b>Substance Use Disorder</b>	764	3.7
<b>Anorexia Nervosa</b>	731	3.6
<b>Specific Phobia</b>	724	3.6
<b>Bulimia Nervosa</b>	638	3.1
<b>Seasonal Affective Disorder</b>	582	2.8
<b>Agoraphobia</b>	448	2.2
<b>Autism</b>	331	1.6
<b>Schizophrenia</b>	184	0.9
<b>Hoarding Disorder</b>	100	0.5
<b>Tourette's</b>	27	0.1



Table 3. Frequency of antidepressant taken in AGDS. Participants may report taking more than one antidepressant

<b>Sertraline</b>	9132	44.12
<b>Escitalopram</b>	7076	34.19
<b>Venlafaxine</b>	6287	30.38
<b>Fluoxetine</b>	5823	28.14
<b>Citalopram</b>	4060	19.62
<b>Desvenlafaxine</b>	4042	19.53
<b>Duloxetine</b>	3168	15.31
<b>Mirtazapine</b>	3134	15.14
<b>Amitriptyline</b>	2593	12.53
<b>Paroxetine</b>	2471	11.94
<b>Other</b>	2212	10.69
<b>Fluvoxamine</b>	793	3.83
<b>Moclobemide</b>	491	2.37
<b>Dothiepin</b>	448	2.16
<b>Nortriptyline</b>	345	1.67
<b>Reboxetine</b>	341	1.65
<b>Imipramine</b>	322	1.56
<b>Doxepin</b>	287	1.39
<b>Clomipramine</b>	228	1.1
<b>Tranlycypromine</b>	212	1.02
<b>Phenelzine</b>	146	0.71
<b>Mianserin</b>	86	0.42
<b>Never taken antidepressants</b>	976	4.72

Table 4. Proportion of all individuals who have taken one of the top 10 most commonly prescribed antidepressants that endorse each side-effect.

Reduced sex drive	35.0
Weight gain	26.3
Dry mouth	21.6
Nausea	17.6
Drowsiness	16.1
Insomnia	16.0
Dizziness	15.6
Fatigue	14.4
Sweating	14.0
Headache	14.0
Suicidal thoughts	12.3
Anxiety	11.6
Agitation	11.4
Shaking	9.3
Constipation	6.6
Diarrhoea	4.7
Suicide attempt	4.3
Blurred vision	3.9
Muscle pain	3.4
Vomiting	2.7
Weight loss	2.4
Runny nose	1.3
Rash	1.0

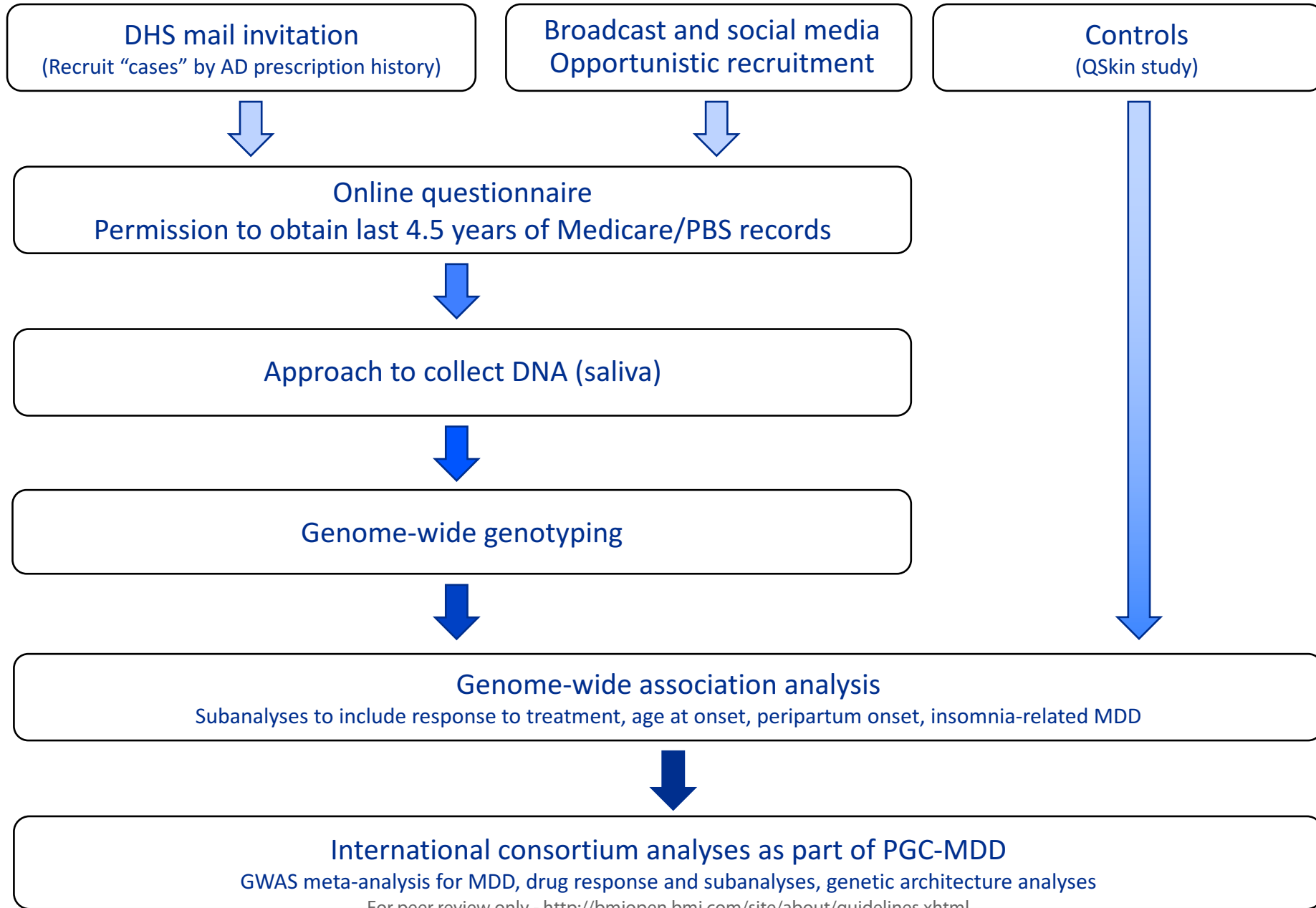
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### Anxieties and Phobias

Generalised anxiety disorder  
 Panic disorder  
 Specific phobia  
 Agoraphobia  
 Social phobia  
 (all based on DSM-5 criteria) **5 mins**

### General Physical and Mental Health

Current physical health  
 Current mental health  
 SPHERE-12  
 Kessler-10  
 Days out of role **3 mins**

### Substance Use

<b>Substances</b>	<b>Measures</b>
<ul style="list-style-type: none"> <li>Alcohol</li> <li>Tobacco</li> <li>E-cigarettes</li> <li>Illegal drugs</li> <li>Prescription medication</li> <li>Over-the-counter medication</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime use <b>9 mins</b></li> <li>Age of first use</li> <li>Maximum use frequency</li> <li>Pattern of use with/without antidepressants</li> <li>Lifetime substance use disorder (based on DSM 5)</li> </ul>

### Family

Parents, siblings, children  
 Age / age at death  
 Cause of death  
 Siblings and children  
 Relationship (biological, step, adopted)  
 Sex  
 Year of birth, age at death **2 mins**

### Genetics of Depression Core Module

Demographic information Mental health diagnostic history Antidepressants • Prescription history • Effectiveness and side-effects • Concurrent medications Mental health disorder screening • Depression (based on DSM 5 criteria), age of onset	Pregnancy and parenting (women) • Morning sickness • Breastfeeding • Peripartum depression Self-harm Suicidality (SIDAS) Mania (adapted from ASRM) Psychosis (adapted from CAPE)
--	---

**21 mins median**

### Health Care

Focus on mental health or behavioural problems  
 Reasons for avoiding / delaying seeking care  
 Sources of help / information  
 • Health care professionals  
 • Family / friends  
 • Self-help  
 • Other  
 Effectiveness of help **3 mins**

### Migraine

IHS Classification ICHD-II  
 Migraine without aura  
 Migraine with aura  
 Pure menstrual migraine  
 Menstrually-related migraine **3 mins**

### Personality and Mental Health

Personality measures  
 • EPQ Extraversion and Neuroticism  
 • Loneliness (Three-Item Loneliness Scale)  
 Supplementary mental health disorder screening  
 • OCD (OCI-R)  
 • Borderline personality (PAI-BOR) **8 mins**  
 • ADHD (ASRS-v1.1)

### Gambling

Gambling participation and frequency  
 Online gambling participation  
 Problem gambling severity (PGSI modified for lifetime) **2 mins**  
 Screen for gambling problems (NODS)

### Life Events

12-month serious problems getting along with others  
 Intimate Bond Measure (short form)  
 Social attachments  
 Conflictual relationships **11 mins**  
 Duke Social Support Index  
 12-month Serious Life E vents  
 PTSD screen, including LEC-5 and age of exposure  
 Age at first consensual sex  
 Sexual preference

### General Health

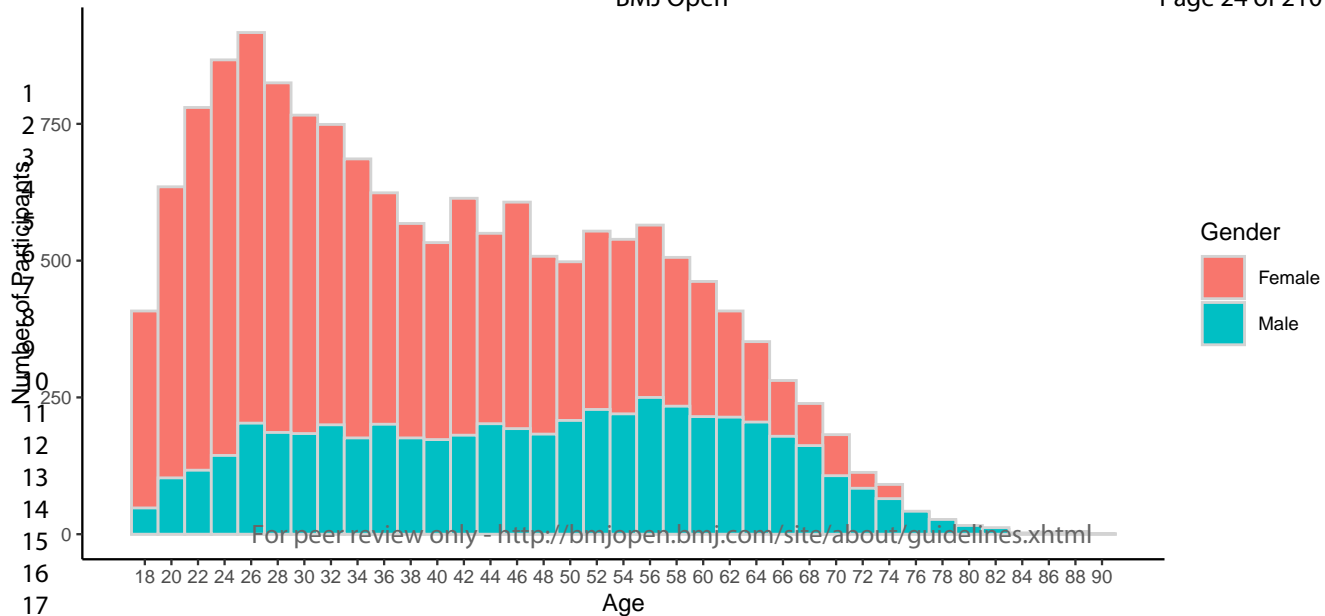
Asthma and allergic disease Sun exposure Women's reproductive health Pain Hearing loss	Disease checklist and age of onset • Autoimmune diseases • Cancer • Cardiovascular disease • Diabetes • Eye health • Musculoskeletal conditions • Respiratory diseases
--	---

**10 mins**

### Work and Sleep

Work schedule (shiftwork, on-call, overtime, FIFO)  
 Average work days per week  
 Sleep  
 • Sleep quality (ISI with supplementary PSQI items)  
 • Epworth Sleepiness Scale  
 • Sleep apnea  
 • Chronotype (MEQ)  
 • Caffeine consumption  
 • Seasonal effects (SPAQ) **10 mins**

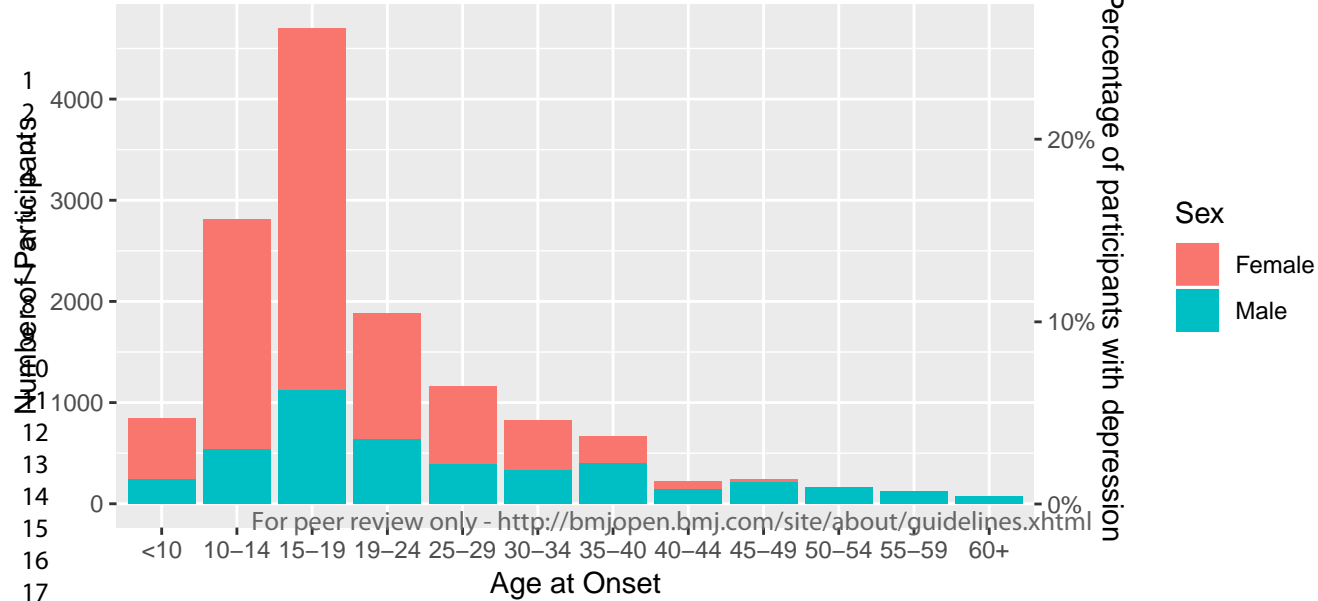
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# Age at Onset by Sex

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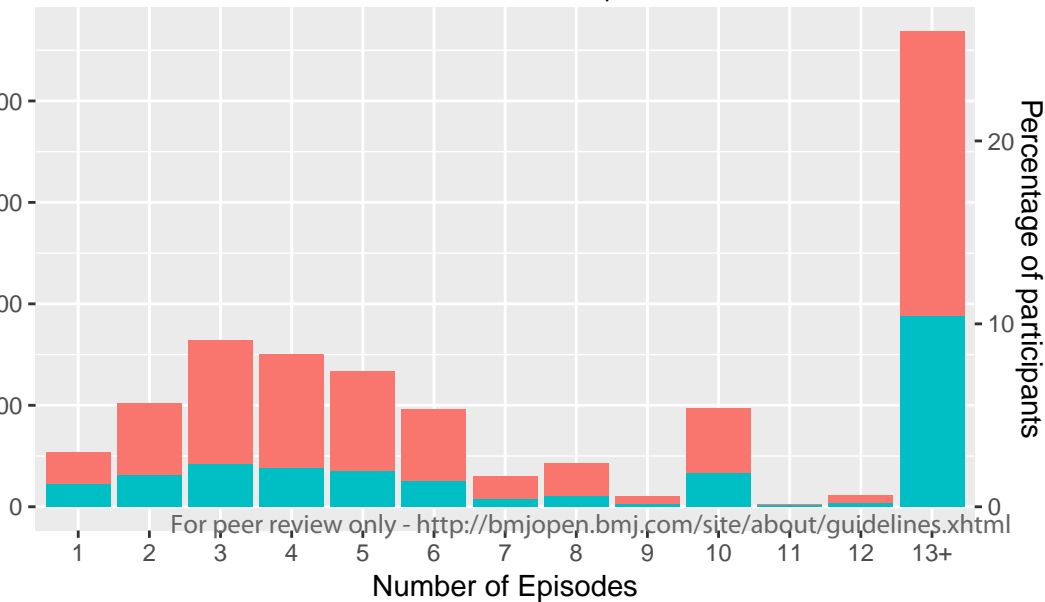




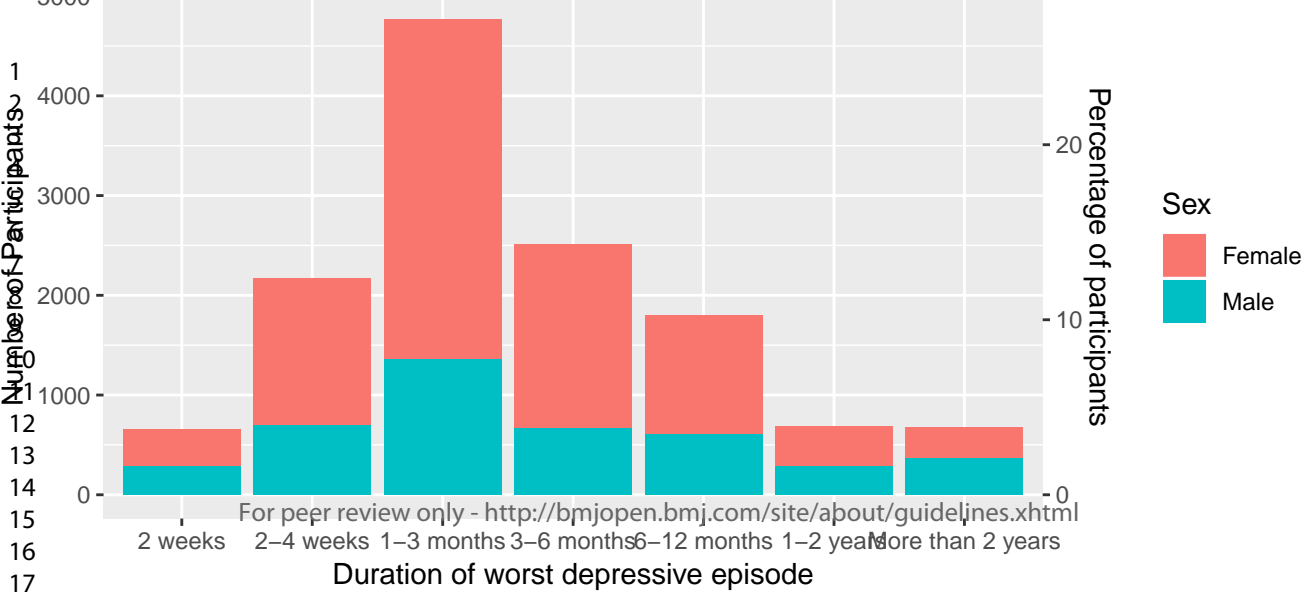
# Number of Depressive Episodes

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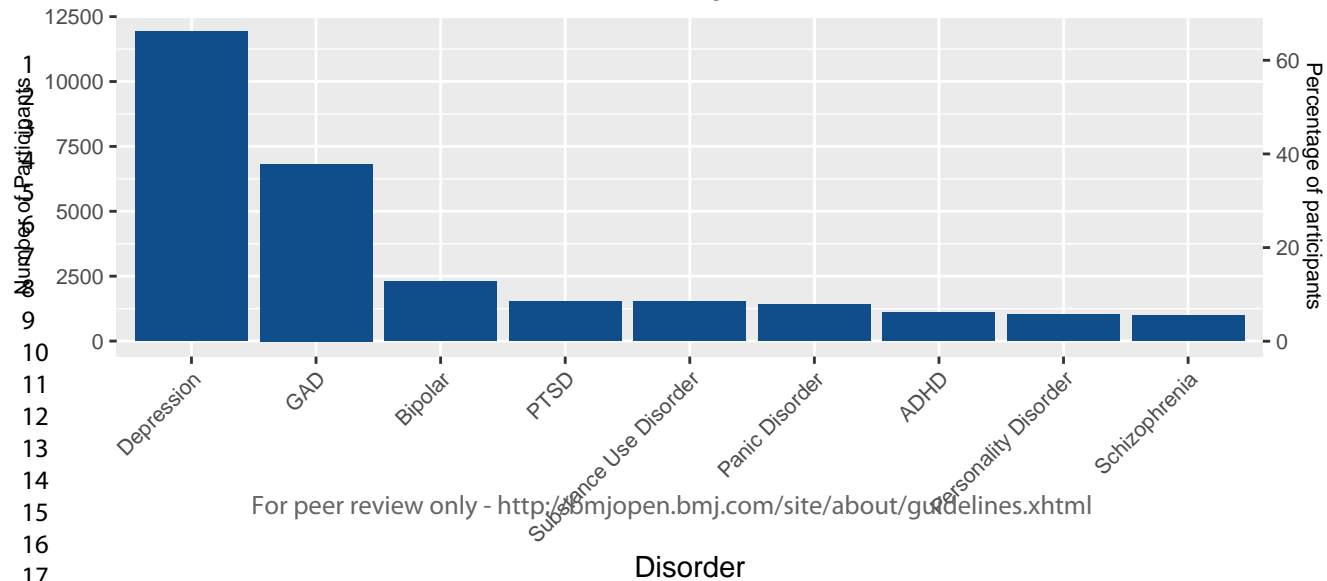
# Duration of worst depressive episode in AGDS sample



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# Frequency of Reported Diagnoses in First-Degree Relatives

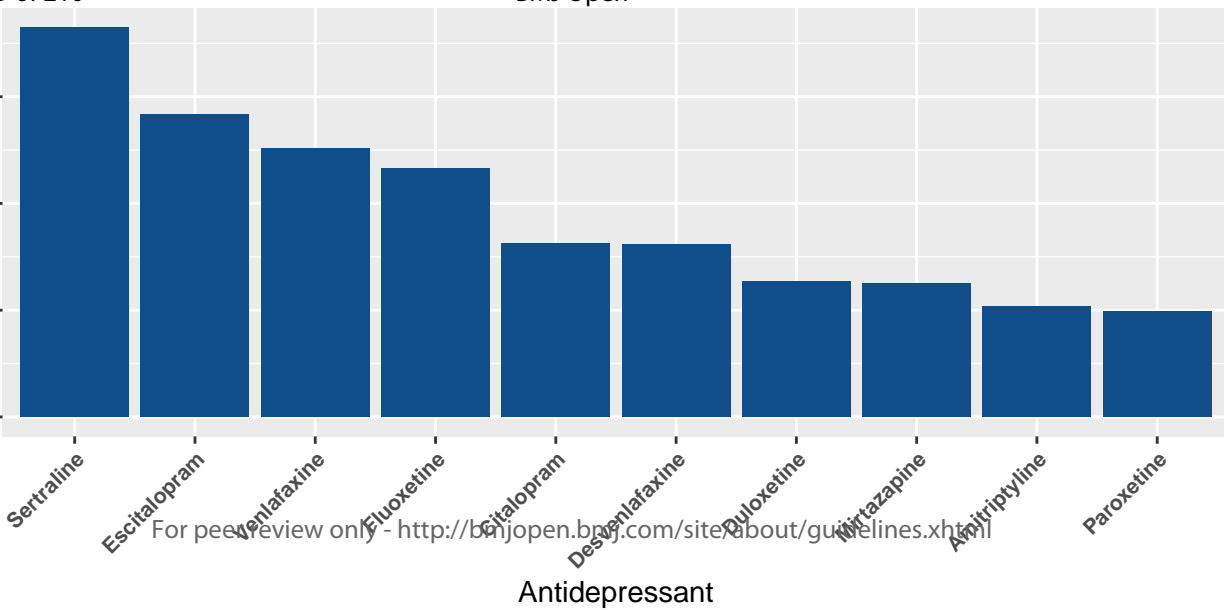


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# Frequency of Antidepressant in AGDS

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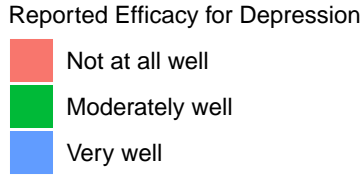
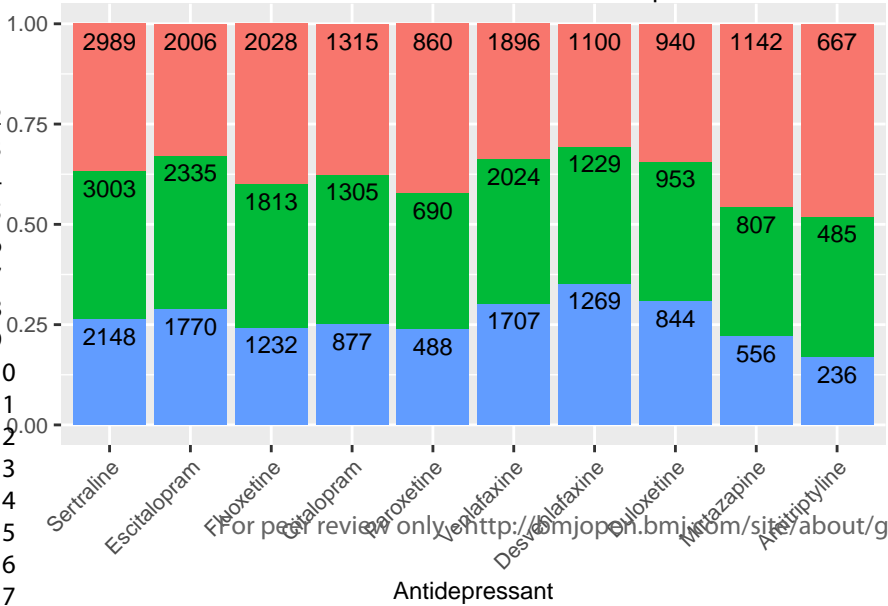


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# Efficacy of 10 most commonly used Antidepressants

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Supplementary Table 1. Rate of completion of satellite modules in Australian Genetics of Depression Study.

Module	Number of Participants	Percentage of Participants Completed
Core Module	20679	100
Module 2	15153	73.2
Module 3	15782	76.3
Module 4	15074	72.9
Module 5	14682	71.0
Module 6	14266	69.0
Module 7	13874	67.1
Module 8	11874	57.4
Module 9	13919	67.3
Module 10	13706	66.2
Module 11	15374	74.3

## Supplementary Figures

### Supp Figure 1a-d.

Screenshots from the Australian Genetics of Depression study



## Genetics of risk and response to treatment of depression

Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression.

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

**Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled.**

Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

Once this core questionnaire is completed you will be presented with a table of contents containing several modules. You may complete the other modules in any order you like. Depending on your answers, the series of modules should take around 60 minutes to complete. Once again, you can start and leave these modules as you please using the questionnaire link we emailed you.

**Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.**

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4  Q9 Have you ever been diagnosed with any of the following? *Please select all that apply.*



Depression



Bipolar disorder

7  Premenstrual dysphoric mood disorder

8  Schizophrenia

9  Anorexia nervosa

10  Bulimia

11  Attention-deficit/hyperactivity disorder (ADD/ADHD)

12  Autism spectrum disorder (Autism, Asperger's disorder)

13  Tourette's disorder

14  Anxiety disorder (Generalised anxiety disorder)

15  Panic disorder

16  Obsessive compulsive disorder

17  Hoarding disorder

18  Posttraumatic stress disorder (PTSD)

19  Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)

20  Seasonal affective disorder (SAD)

21  Social anxiety disorder (also known as Social phobia)

22  Agoraphobia

23  Personality disorder

24  Substance use disorder

25  None of the above


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39 Have you ever taken any of the following antidepressants (even if it wasn't for depression or anxiety)? *Please select all that apply.*


- 40  Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)
- 41  Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)
- 42  Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)
- 43  Amitriptyline (e.g. Endep)
- 44  Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)
- 45  Desvenlafaxine (e.g. Pristiq, Desfax)
- 46  Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)
- 47  Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)
- 48  Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)
- 49  Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)
- 50  A different antidepressant that isn't listed above
- 51  I have never taken antidepressants
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Thank you for completing the Core Module of our online survey. The following sections of the survey may be completed in any order you wish.

If you are completing this survey on a mobile device, you may need to click on the Table of Contents symbol to move between survey modules. It looks like this  and is located at the top left corner of each screen.

When you are finished, select the "Finalise and Submit Survey" link below.

- [Anxieties and Phobias \(approx. 5 minutes\)](#)
- [General Physical and Mental Health \(approx. 3 minutes\)](#)
- [Alcohol, Tobacco and Other Substances \(approx. 10 minutes\)](#)
- [Experiences of Health Care \(approx. 4 minutes\)](#)
- [Thoughts, Feelings and Behaviours \(approx. 10 minutes\)](#)
- [Life Events \(approx. 10 minutes\)](#)
- [Work and Sleep \(approx. 15 minutes\)](#)
- [General Health and Lifestyle \(approx. 15 minutes\)](#)
- [Games and Gambling \(approx. 3 minutes\)](#)
- [Headaches and Migraines \(approx. 5 minutes\)](#)
- [Family \(approx. 2 minutes\)](#)
- [Finalise and Submit Survey](#)

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# MDD PROJECT

## GENETICS OF RISK AND RESPONSE TO TREATMENT OF DEPRESSION

### QUESTIONNAIRE STRUCTURE AND SPSS DATAFILE CODING MANUAL

## Table of Contents

1		
2		
3		
4	How to Use this Manual.....	3
5		
6	Introduction.....	4
7		
8	Module 1 – Core.....	5
9		
10	Module 1b – Anxiety Disorders.....	50
11		
12	Module 12 – General and Physical Health.....	56
13		
14	Module 2 – Alcohol, tobacco and other substances.....	59
15		
16	Module 3 – Experiences of health care.....	93
17		
18	Module 4 – Thoughts, feelings and behaviours.....	97
19		
20	Module 5 – Life Events.....	107
21		
22	Module 6 – Work and Sleep.....	118
23		
24	Module 7 – General health and lifestyle.....	132
25		
26	Module 9 – Games and gambling.....	160
27		
28	Module 10 – Headaches and migraine.....	170
29		
30	Module 11 – Family.....	174
31		
32	Finalise and submit survey.....	177
33		
34		
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## How to Use this Manual

This manual describes the contents of the online questionnaire completed by MDD study participants. It includes:

- Questionnaire structure;
- Item numbers;
- Item text;
- Skip logic; and
- Coding of data in the MDD SPSS data set (after export and recoding)

Item numbers (Qxxx) refer to the question numbers assigned sequentially to the individual questionnaire items in the Qualtrics questionnaire.

Blue text denotes the variable name corresponding to the item in the MDD SPSS data set.

Skip logic instructions are denoted by lines of asterisks (\*\*\*\*\*) above and below. Skip logic algorithms are in magenta text.

## Introduction

Q1 NOT USED FOR PARTICIPANT INPUT Autocoded .....1

---

Q2 Browser Meta Info

Q2_1_TEXT	Browser	_____
Q2_2_TEXT	Browser version	_____
Q2_3_TEXT	Operating system	_____
Q2_4_TEXT	Screen resolution	_____
Q2_5_TEXT	Flash version	_____
Q2_6_TEXT	Java support	_____
Q2_7_TEXT	User agent	_____

---

Q3 Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression. Autocoded .....1

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled. Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

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Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.

Should you have any technical difficulties in completing the questionnaire, please contact the project coordinator at QIMR Berghofer Medical Research Institute, via the contact details in the e-mail we have sent you.

**Module 1 – Core**

**Q4** Are you male or female? Male ..... 1  
 Female ..... 2  
 Unspecified ..... 3

Note: This question refers to biological sex, not gender.  
 Responses to this question are used to select questionnaire items that may be relevant to the medical history of the participant.

**Q5** How old are you now? \_\_\_/\_\_\_/\_\_\_ YEARS

**Q6** What is your marital status? Married ..... 1  
 Separated ..... 2  
 Divorced ..... 3  
 Widowed ..... 4  
 Never married ..... 5  
 Living with partner/defacto (for a period of six months or longer) ..... 6

\*\*\*\*\*  
 IF MALE (Q4 = 1) GO TO Q8 ELSE CONTINUE  
 \*\*\*\*\*

**Q7** Have you ever been pregnant? No ..... 1  
 Yes ..... 2

**Q8** Have you ever talked to a doctor or psychologist about your mental health? No ..... 1  
 Yes ..... 2  
 Don't know ..... 3

\*\*\*\*\*  
 IF NEVER TALKED WITH DOCTOR OR PSYCHOLOGIST (Q8 ≠ 2),  
 GO TO Q10 ELSE CONTINUE  
 \*\*\*\*\*

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2	Q9	Have you ever been diagnosed with any of the following?	
3		Please select all that apply.	
4			
5	Q9_1	Depression	Yes .....1
6	Q9_2	Bipolar disorder	Yes .....1
7	Q9_3	Premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
8	Q9_4	Schizophrenia	Yes .....1
9	Q9_5	Anorexia nervosa	Yes .....1
10	Q9_6	Bulimia	Yes .....1
11	Q9_7	Attention-deficit/hyperactivity disorder (ADD/ADHD)	Yes .....1
12	Q9_8	Autism spectrum disorder (Autism, Asperger's disorder)	Yes .....1
13	Q9_9	Tourette's disorder	Yes .....1
14	Q9_10	Anxiety disorder (Generalised anxiety disorder)	Yes .....1
15	Q9_11	Panic disorder	Yes .....1
16	Q9_12	Obsessive compulsive disorder	Yes .....1
17	Q9_13	Hoarding disorder	Yes .....1
18	Q9_14	Posttraumatic stress disorder (PTSD)	Yes .....1
19	Q9_15	Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)	Yes .....1
20	Q9_16	Seasonal affective disorder (SAD)	Yes .....1
21	Q9_17	Social anxiety disorder (also known as Social phobia)	Yes .....1
22	Q9_18	Agoraphobia	Yes .....1
23	Q9_19	Personality disorder	Yes .....1
24	Q9_20	Substance use disorder	Yes .....1
25	Q9_21	None of the above	Yes .....1

26			
27			
28	Q10	Have you ever taken any of the following antidepressants	
29		(even if it wasn't for depression or anxiety)? Please select	
30		all that apply.	
31			
32	Q10_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	Yes .....1
33	Q10_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	Yes .....1
34	Q10_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	Yes .....1
35	Q10_4	Amitriptyline (e.g. Endep)	Yes .....1
36	Q10_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	Yes .....1
37	Q10_6	Desvenlafaxine (e.g. Pristiq, Desfax)	Yes .....1
38	Q10_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	Yes .....1
39	Q10_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	Yes .....1
40	Q10_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	Yes .....1
41	Q10_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	Yes .....1
42	Q10_11	A different antidepressant that isn't listed above	Yes .....1
43	Q10_12	I have never taken antidepressants	Yes .....1

\*\*\*\*\*  
 IF NEVER TAKEN ANTIDEPRESSANTS (Q10\_12 = 1), GO TO Q30  
 ELSE IF DIFFERENT ANTIDEPRESSANT (Q10\_11 = 1), GO TO Q11  
 ELSE GO TO Q12  
 \*\*\*\*\*

1 Q11 Have you ever taken any of the following antidepressants  
 2 (even if it wasn't for depression or anxiety)? Please select all that apply.  
 3

4 Q11_1	Dothiepin (e.g. Dothep)	Yes .....1
5 Q11_2	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	Yes .....1
6 Q11_3	Doxepin (e.g. Sinequan, Deptran)	Yes .....1
7 Q11_4	Nortriptyline (e.g. Allegron)	Yes .....1
8 Q11_5	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	Yes .....1
9 Q11_6	Clomipramine (e.g. Anafranil, Placil)	Yes .....1
10 Q11_7	Reboxetine (e.g. Edronax)	Yes .....1
11 Q11_8	Mianserin (e.g. Lumin)	Yes .....1
12 Q11_9	Imipramine (e.g. Tofranil, Tolerade)	Yes .....1
13 Q11_10	Tranlycypromine (e.g. Parnate)	Yes .....1
14 Q11_11	Phenelzine (e.g. Nardil)	Yes .....1
15 Q11_12	A different antidepressant that isn't listed above	Yes .....1

16  
 17 \*\*\*\*\*  
 18 IF EVER TAKEN ANY ANTIDEPRESSANTS (ANY OF Q10\_1 TO Q10\_11 = 1  
 19 OR ANY OF Q11\_1 TO Q11\_12 = 1), CONTINUE  
 20 ELSE GO TO Q30  
 21 \*\*\*\*\*  
 22

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23		
24 Q12	When you were taking these antidepressants, were you	No .....1
25	also taking any other prescribed medication?	Yes .....2
26		Don't know .....3

27  
 28 \*\*\*\*\*  
 29 IF TAKING OTHER MEDICATION (Q12 = 2) CONTINUE,  
 30 ELSE GO TO Q14  
 31 \*\*\*\*\*  
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33

34 Q13 Have you ever taken any of the following medications while you were  
 35 also taking antidepressants?

36		
37 Q13_1	Largactil, Modecate, Stelazine or Neulactil	Yes .....1
38 Q13_2	Haloperidol (e.g. Serenace, Haldol decanoate)	Yes .....1
39 Q13_3	Latuda or Zeldox	Yes .....1
40 Q13_4	Fluanxol Depot or Clopixol Depot	Yes .....1
41 Q13_5	Asenapine (e.g. Saphris)	Yes .....1
42 Q13_6	Olanzapine (e.g. Lanzek, Ozin, Zypine, Zyprexa)	Yes .....1
43 Q13_7	Quetiapine (e.g. Delucon, Kaptan, Quetia, Quetiaccord, Seronia, Seroquel, Syquet)	Yes .....1
44 Q13_8	Amisulpride (e.g. Solian, Sulprix)	Yes .....1
45 Q13_9	Aripiprazole (e.g. Abilify)	Yes .....1
46 Q13_10	Paliperidone (e.g. Invega)	Yes .....1
47 Q13_11	Risperidone (e.g. Ozidal, Rispa, Risperdal, Rispericor, Rispernia, Rixadone)	Yes .....1
48		
49 Q13_12	Lithium carbonate (e.g. Lithicarb, Quilonum)	Yes .....1
50 Q13_13	Alprazolam (e.g. Alprax, Kalma)	Yes .....1
51 Q13_14	Diazepam (e.g. Valium, Antenex, Ranzepam, Valpam)	Yes .....1
52 Q13_15	Oxazepam (e.g. Serepax, Alepam, Murelax)	Yes .....1
53 Q13_16	Nitrazepam (e.g. Mogadon, Alodorm)	Yes .....1
54 Q13_17	Temazepam (e.g. Normison, Temaze, Temtabs)	Yes .....1

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56

57 Q14 NOT USED FOR PARTICIPANT INPUT

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59 \*\*\*\*\*  
 60 IF NO ANTIDEPRESSANT SELECTED AT Q10, GO TO Q22

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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_11 = 1), COMPLETE Q15 TO Q21  
\*\*\*\*\*

For peer review only



1	Q15	Why were you prescribed [X FROM Q10]? Please select all that apply.	
2			
3			
4	Q15_1_x1	Sertraline prescribed for depression	Yes .....1
5	Q15_2_x1	Sertraline prescribed for bipolar disorder	Yes .....1
6	Q15_3_x1	Sertraline prescribed for anxiety	Yes .....1
7	Q15_4_x1	Sertraline prescribed for panic disorder	Yes .....1
8	Q15_5_x1	Sertraline prescribed for obsessive compulsive disorder	Yes .....1
9	Q15_6_x1	Sertraline prescribed for specific phobia	Yes .....1
10	Q15_7_x1	Sertraline prescribed for posttraumatic stress disorder	Yes .....1
11	Q15_8_x1	Sertraline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
12			
13	Q15_9_x1	Sertraline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
14			
15	Q15_10_x1	Sertraline prescribed for chronic pain	Yes .....1
16	Q15_11_x1	Sertraline prescribed for quitting smoking	Yes .....1
17	Q15_12_x1	Sertraline prescribed for sleep problems (e.g. insomnia)	Yes .....1
18	Q15_13_x1	Sertraline prescribed for restless legs syndrome	Yes .....1
19	Q15_14_x1	Sertraline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
20	Q15_15_x1	Sertraline prescribed for attention-deficit/hyperactivity disorder	Yes .....1
21			
22	Q15_16_x1	Sertraline prescribed for other reason	Yes .....1
23	Q15_16_TEXT_x1	Other reason Sertraline was prescribed	_____
24	Q15_17_x1	Participant unsure why Sertraline was prescribed	Yes .....1
25			
26	Q15_1_x2	Escitalopram prescribed for depression	Yes .....1
27	Q15_2_x2	Escitalopram prescribed for bipolar disorder	Yes .....1
28	Q15_3_x2	Escitalopram prescribed for anxiety	Yes .....1
29	Q15_4_x2	Escitalopram prescribed for panic disorder	Yes .....1
30	Q15_5_x2	Escitalopram prescribed for obsessive compulsive disorder	Yes .....1
31	Q15_6_x2	Escitalopram prescribed for specific phobia	Yes .....1
32	Q15_7_x2	Escitalopram prescribed for posttraumatic stress disorder	Yes .....1
33	Q15_8_x2	Escitalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
34	Q15_9_x2	Escitalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
35			
36	Q15_10_x2	Escitalopram prescribed for chronic pain	Yes .....1
37	Q15_11_x2	Escitalopram prescribed for quitting smoking	Yes .....1
38	Q15_12_x2	Escitalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
39	Q15_13_x2	Escitalopram prescribed for restless legs syndrome	Yes .....1
40	Q15_14_x2	Escitalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
41			
42	Q15_15_x2	Escitalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
43			
44	Q15_16_x2	Escitalopram prescribed for other reason	Yes .....1
45	Q15_16_TEXT_x2	Other reason Escitalopram was prescribed	_____
46	Q15_17_x2	Participant unsure why Escitalopram was prescribed	Yes .....1
47			
48	Q15_1_x3	Venlafaxine prescribed for depression	Yes .....1
49	Q15_2_x3	Venlafaxine prescribed for bipolar disorder	Yes .....1
50	Q15_3_x3	Venlafaxine prescribed for anxiety	Yes .....1
51	Q15_4_x3	Venlafaxine prescribed for panic disorder	Yes .....1
52	Q15_5_x3	Venlafaxine prescribed for obsessive compulsive disorder	Yes .....1
53	Q15_6_x3	Venlafaxine prescribed for specific phobia	Yes .....1
54	Q15_7_x3	Venlafaxine prescribed for posttraumatic stress disorder	Yes .....1
55	Q15_8_x3	Venlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
56	Q15_9_x3	Venlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
57			
58	Q15_10_x3	Venlafaxine prescribed for chronic pain	Yes .....1
59	Q15_11_x3	Venlafaxine prescribed for quitting smoking	Yes .....1
60	Q15_12_x3	Venlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
	Q15_13_x3	Venlafaxine prescribed for restless legs syndrome	Yes .....1

1			
2	Q15_14_x3	Venlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
3			
4	Q15_15_x3	Venlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
5	Q15_16_x3	Venlafaxine prescribed for other reason	Yes .....1
6	Q15_16_TEXT_x3	Other reason Venlafaxine was prescribed	_____
7	Q15_17_x3	Participant unsure why Venlafaxine was prescribed	Yes .....1
8			
9	Q15_1_x4	Amitriptyline prescribed for depression	Yes .....1
10	Q15_2_x4	Amitriptyline prescribed for bipolar disorder	Yes .....1
11	Q15_3_x4	Amitriptyline prescribed for anxiety	Yes .....1
12	Q15_4_x4	Amitriptyline prescribed for panic disorder	Yes .....1
13	Q15_5_x4	Amitriptyline prescribed for obsessive compulsive disorder	Yes .....1
14	Q15_6_x4	Amitriptyline prescribed for specific phobia	Yes .....1
15	Q15_7_x4	Amitriptyline prescribed for posttraumatic stress disorder	Yes .....1
16	Q15_8_x4	Amitriptyline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
17			
18	Q15_9_x4	Amitriptyline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
19			
20	Q15_10_x4	Amitriptyline prescribed for chronic pain	Yes .....1
21	Q15_11_x4	Amitriptyline prescribed for quitting smoking	Yes .....1
22	Q15_12_x4	Amitriptyline prescribed for sleep problems (e.g. insomnia)	Yes .....1
23	Q15_13_x4	Amitriptyline prescribed for restless legs syndrome	Yes .....1
24	Q15_14_x4	Amitriptyline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
25			
26	Q15_15_x4	Amitriptyline prescribed for attention-deficit/hyperactivity disorder	Yes .....1
27	Q15_16_x4	Amitriptyline prescribed for other reason	Yes .....1
28	Q15_16_TEXT_x4	Other reason Amitriptyline was prescribed	_____
29	Q15_17_x4	Participant unsure why Amitriptyline was prescribed	Yes .....1
30			
31	Q15_1_x5	Mirtazapine prescribed for depression	Yes .....1
32	Q15_2_x5	Mirtazapine prescribed for bipolar disorder	Yes .....1
33	Q15_3_x5	Mirtazapine prescribed for anxiety	Yes .....1
34	Q15_4_x5	Mirtazapine prescribed for panic disorder	Yes .....1
35	Q15_5_x5	Mirtazapine prescribed for obsessive compulsive disorder	Yes .....1
36	Q15_6_x5	Mirtazapine prescribed for specific phobia	Yes .....1
37	Q15_7_x5	Mirtazapine prescribed for posttraumatic stress disorder	Yes .....1
38	Q15_8_x5	Mirtazapine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
39			
40	Q15_9_x5	Mirtazapine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
41			
42	Q15_10_x5	Mirtazapine prescribed for chronic pain	Yes .....1
43	Q15_11_x5	Mirtazapine prescribed for quitting smoking	Yes .....1
44	Q15_12_x5	Mirtazapine prescribed for sleep problems (e.g. insomnia)	Yes .....1
45	Q15_13_x5	Mirtazapine prescribed for restless legs syndrome	Yes .....1
46	Q15_14_x5	Mirtazapine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
47			
48	Q15_15_x5	Mirtazapine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
49	Q15_16_x5	Mirtazapine prescribed for other reason	Yes .....1
50	Q15_16_TEXT_x5	Other reason Mirtazapine was prescribed	_____
51	Q15_17_x5	Participant unsure why Mirtazapine was prescribed	Yes .....1
52			
53	Q15_1_x6	Desvenlafaxine prescribed for depression	Yes .....1
54	Q15_2_x6	Desvenlafaxine prescribed for bipolar disorder	Yes .....1
55	Q15_3_x6	Desvenlafaxine prescribed for anxiety	Yes .....1
56	Q15_4_x6	Desvenlafaxine prescribed for panic disorder	Yes .....1
57	Q15_5_x6	Desvenlafaxine prescribed for obsessive compulsive disorder	Yes .....1
58	Q15_6_x6	Desvenlafaxine prescribed for specific phobia	Yes .....1
59	Q15_7_x6	Desvenlafaxine prescribed for posttraumatic stress disorder	Yes .....1
60	Q15_8_x6	Desvenlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1

1	Q15_9_x6	Desvenlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
2			
3	Q15_10_x6	Desvenlafaxine prescribed for chronic pain	Yes .....1
4	Q15_11_x6	Desvenlafaxine prescribed for quitting smoking	Yes .....1
5	Q15_12_x6	Desvenlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
6	Q15_13_x6	Desvenlafaxine prescribed for restless legs syndrome	Yes .....1
7	Q15_14_x6	Desvenlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
8			
9	Q15_15_x6	Desvenlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
10			
11	Q15_16_x6	Desvenlafaxine prescribed for other reason	Yes .....1
12	Q15_16_TEXT_x6	Other reason Desvenlafaxine was prescribed	_____
13	Q15_17_x6	Participant unsure why Desvenlafaxine was prescribed	Yes .....1
14			
15	Q15_1_x7	Citalopram prescribed for depression	Yes .....1
16	Q15_2_x7	Citalopram prescribed for bipolar disorder	Yes .....1
17	Q15_3_x7	Citalopram prescribed for anxiety	Yes .....1
18	Q15_4_x7	Citalopram prescribed for panic disorder	Yes .....1
19	Q15_5_x7	Citalopram prescribed for obsessive compulsive disorder	Yes .....1
20	Q15_6_x7	Citalopram prescribed for specific phobia	Yes .....1
21	Q15_7_x7	Citalopram prescribed for posttraumatic stress disorder	Yes .....1
22	Q15_8_x7	Citalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
23			
24	Q15_9_x7	Citalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
25			
26	Q15_10_x7	Citalopram prescribed for chronic pain	Yes .....1
27	Q15_11_x7	Citalopram prescribed for quitting smoking	Yes .....1
28	Q15_12_x7	Citalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
29	Q15_13_x7	Citalopram prescribed for restless legs syndrome	Yes .....1
30	Q15_14_x7	Citalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
31	Q15_15_x7	Citalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
32			
33	Q15_16_x7	Citalopram prescribed for other reason	Yes .....1
34	Q15_16_TEXT_x7	Other reason Citalopram was prescribed	_____
35	Q15_17_x7	Participant unsure why Citalopram was prescribed	Yes .....1
36			
37	Q15_1_x8	Fluoxetine prescribed for depression	Yes .....1
38	Q15_2_x8	Fluoxetine prescribed for bipolar disorder	Yes .....1
39	Q15_3_x8	Fluoxetine prescribed for anxiety	Yes .....1
40	Q15_4_x8	Fluoxetine prescribed for panic disorder	Yes .....1
41	Q15_5_x8	Fluoxetine prescribed for obsessive compulsive disorder	Yes .....1
42	Q15_6_x8	Fluoxetine prescribed for specific phobia	Yes .....1
43	Q15_7_x8	Fluoxetine prescribed for posttraumatic stress disorder	Yes .....1
44	Q15_8_x8	Fluoxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
45			
46	Q15_9_x8	Fluoxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
47			
48	Q15_10_x8	Fluoxetine prescribed for chronic pain	Yes .....1
49	Q15_11_x8	Fluoxetine prescribed for quitting smoking	Yes .....1
50	Q15_12_x8	Fluoxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
51	Q15_13_x8	Fluoxetine prescribed for restless legs syndrome	Yes .....1
52	Q15_14_x8	Fluoxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
53	Q15_15_x8	Fluoxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
54			
55	Q15_16_x8	Fluoxetine prescribed for other reason	Yes .....1
56	Q15_16_TEXT_x8	Other reason Fluoxetine was prescribed	_____
57	Q15_17_x8	Participant unsure why Fluoxetine was prescribed	Yes .....1
58			
59	Q15_1_x9	Duloxetine prescribed for depression	Yes .....1
60	Q15_2_x9	Duloxetine prescribed for bipolar disorder	Yes .....1
	Q15_3_x9	Duloxetine prescribed for anxiety	Yes .....1

1			
2	Q15_4_x9	Duloxetine prescribed for panic disorder	Yes .....1
3	Q15_5_x9	Duloxetine prescribed for obsessive compulsive disorder	Yes .....1
4	Q15_6_x9	Duloxetine prescribed for specific phobia	Yes .....1
5	Q15_7_x9	Duloxetine prescribed for posttraumatic stress disorder	Yes .....1
6	Q15_8_x9	Duloxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
7	Q15_9_x9	Duloxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
8			
9	Q15_10_x9	Duloxetine prescribed for chronic pain	Yes .....1
10	Q15_11_x9	Duloxetine prescribed for quitting smoking	Yes .....1
11	Q15_12_x9	Duloxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
12	Q15_13_x9	Duloxetine prescribed for restless legs syndrome	Yes .....1
13	Q15_14_x9	Duloxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
14			
15	Q15_15_x9	Duloxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
16			
17	Q15_16_x9	Duloxetine prescribed for other reason	Yes .....1
18	Q15_16_TEXT_x9	Other reason Duloxetine was prescribed	_____
19	Q15_17_x9	Participant unsure why Duloxetine was prescribed	Yes .....1
20			
21	Q15_1_x10	Paroxetine prescribed for depression	Yes .....1
22	Q15_2_x10	Paroxetine prescribed for bipolar disorder	Yes .....1
23	Q15_3_x10	Paroxetine prescribed for anxiety	Yes .....1
24	Q15_4_x10	Paroxetine prescribed for panic disorder	Yes .....1
25	Q15_5_x10	Paroxetine prescribed for obsessive compulsive disorder	Yes .....1
26	Q15_6_x10	Paroxetine prescribed for specific phobia	Yes .....1
27	Q15_7_x10	Paroxetine prescribed for posttraumatic stress disorder	Yes .....1
28	Q15_8_x10	Paroxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
29			
30	Q15_9_x10	Paroxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
31			
32	Q15_10_x10	Paroxetine prescribed for chronic pain	Yes .....1
33	Q15_11_x10	Paroxetine prescribed for quitting smoking	Yes .....1
34	Q15_12_x10	Paroxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
35	Q15_13_x10	Paroxetine prescribed for restless legs syndrome	Yes .....1
36	Q15_14_x10	Paroxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
37			
38	Q15_15_x10	Paroxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
39			
40	Q15_16_x10	Paroxetine prescribed for other reason	Yes .....1
41	Q15_16_TEXT_x10	Other reason Paroxetine was prescribed	_____
42	Q15_17_x10	Participant unsure why Paroxetine was prescribed	Yes .....1
43			
44	Q16	How old were you when you started taking [X FROM Q10]?	
45			
46	Q16_x1n	Age started taking Sertraline	___/___/___ YEARS
47	Q16_x2n	Age started taking Escitalopram	___/___/___ YEARS
48	Q16_x3n	Age started taking Venlafaxine	___/___/___ YEARS
49	Q16_x4n	Age started taking Amitriptyline	___/___/___ YEARS
50	Q16_x5n	Age started taking Mirtazapine	___/___/___ YEARS
51	Q16_x6n	Age started taking Desvenlafaxine	___/___/___ YEARS
52	Q16_x7n	Age started taking Citalopram	___/___/___ YEARS
53	Q16_x8n	Age started taking Fluoxetine	___/___/___ YEARS
54	Q16_x9n	Age started taking Duloxetine	___/___/___ YEARS
55	Q16_x10n	Age started taking Paroxetine	___/___/___ YEARS
56			
57			
58			
59			
60			

1	Q17	For how long did you take / have you been taking	
2		[X FROM Q10]?	
3			
4	Q17_x1	Time taking Sertraline	
5			1 - 3 months .....1
6			4 - 6 months .....2
7			7 - 12 months .....3
8			Between 1 and 2 years .....4
9			Between 2 and 3 years .....5
10			Between 3 and 4 years .....6
11			More than 4 years .....7
12	Q17_x2	Time taking Escitalopram	
13			1 - 3 months .....1
14			4 - 6 months .....2
15			7 - 12 months .....3
16			Between 1 and 2 years .....4
17			Between 2 and 3 years .....5
18			Between 3 and 4 years .....6
19			More than 4 years .....7
20	Q17_x3	Time taking Venlafaxine	
21			1 - 3 months .....1
22			4 - 6 months .....2
23			7 - 12 months .....3
24			Between 1 and 2 years .....4
25			Between 2 and 3 years .....5
26			Between 3 and 4 years .....6
27			More than 4 years .....7
28	Q17_x4	Time taking Amitriptyline	
29			1 - 3 months .....1
30			4 - 6 months .....2
31			7 - 12 months .....3
32			Between 1 and 2 years .....4
33			Between 2 and 3 years .....5
34			Between 3 and 4 years .....6
35			More than 4 years .....7
36	Q17_x5	Time taking Mirtazapine	
37			1 - 3 months .....1
38			4 - 6 months .....2
39			7 - 12 months .....3
40			Between 1 and 2 years .....4
41			Between 2 and 3 years .....5
42			Between 3 and 4 years .....6
43			More than 4 years .....7
44	Q17_x6	Time taking Desvenlafaxine	
45			1 - 3 months .....1
46			4 - 6 months .....2
47			7 - 12 months .....3
48			Between 1 and 2 years .....4
49			Between 2 and 3 years .....5
50			Between 3 and 4 years .....6
51			More than 4 years .....7
52	Q17_x7	Time taking Citalopram	
53			1 - 3 months .....1
54			4 - 6 months .....2
55			7 - 12 months .....3
56			Between 1 and 2 years .....4
57			Between 2 and 3 years .....5
58			Between 3 and 4 years .....6
59			More than 4 years .....7
60	Q17_x8	Time taking Fluoxetine	
			1 - 3 months .....1
			4 - 6 months .....2
			7 - 12 months .....3
			Between 1 and 2 years .....4

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Q17\_x9

Time taking Duloxetine

Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7
1 - 3 months	1
4 - 6 months	2
7 - 12 months	3
Between 1 and 2 years	4
Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7

Q17\_x10

Time taking Paroxetine

1 - 3 months	1
4 - 6 months	2
7 - 12 months	3
Between 1 and 2 years	4
Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7

For peer review only



1	Q18	How well does / did each antidepressant [X FROM Q10] work for you?	
2			
3	Q18_xx1	How well Sertraline works	Not at all well .....1
4			Moderately well .....2
5			Very well .....3
6			Don't know .....4
7			
8	Q18_xx2	How well Escitalopram works	Not at all well .....1
9			Moderately well .....2
10			Very well .....3
11			Don't know .....4
12			
13	Q18_xx3	How well Venlafaxine works	Not at all well .....1
14			Moderately well .....2
15			Very well .....3
16			Don't know .....4
17			
18	Q18_xx4	How well Amitriptyline works	Not at all well .....1
19			Moderately well .....2
20			Very well .....3
21			Don't know .....4
22			
23	Q18_x5	How well Mirtazapine works	Not at all well .....1
24			Moderately well .....2
25			Very well .....3
26			Don't know .....4
27			
28	Q18_xx6	How well Desvenlafaxine works	Not at all well .....1
29			Moderately well .....2
30			Very well .....3
31			Don't know .....4
32			
33	Q18_xx7	How well Citalopram works	Not at all well .....1
34			Moderately well .....2
35			Very well .....3
36			Don't know .....4
37			
38	Q18_xx8	How well Fluoxetine works	Not at all well .....1
39			Moderately well .....2
40			Very well .....3
41			Don't know .....4
42			
43	Q18_xx9	How well Duloxetine works	Not at all well .....1
44			Moderately well .....2
45			Very well .....3
46			Don't know .....4
47			
48	Q18_xx10	How well Paroxetine works	Not at all well .....1
49			Moderately well .....2
50			Very well .....3
51			Don't know .....4

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Q19 NOT USED FOR PARTICIPANT INPUT

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1			
2	Q20	After taking [X FROM Q10] for a period of time, did you ever	
3		experience any further symptoms associated with the condition for	
4		which you were prescribed antidepressants?	
5	Q20_1	Further symptoms after taking Sertraline	No .....1
6			Yes .....2
7			
8	Q20_2	Further symptoms after taking Escitalopram	No .....1
9			Yes .....2
10			
11	Q20_3	Further symptoms after taking Venlafaxine	No .....1
12			Yes .....2
13			
14	Q20_4	Further symptoms after taking Amitriptyline	No .....1
15			Yes .....2
16			
17	Q20_5	Further symptoms after taking Mirtazapine	No .....1
18			Yes .....2
19			
20	Q20_6	Further symptoms after taking Desvenlafaxine	No .....1
21			Yes .....2
22			
23	Q20_7	Further symptoms after taking Citalopram	No .....1
24			Yes .....2
25			
26	Q20_8	Further symptoms after taking Fluoxetine	No .....1
27			Yes .....2
28			
29	Q20_9	Further symptoms after taking Duloxetine	No .....1
30			Yes .....2
31			
32	Q20_10	Further symptoms after taking Paroxetine	No .....1
33			Yes .....2
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1	Q21	How long did the improvement in symptoms you experienced after taking [X FROM Q10] last for?	
2			
3			
4	Q21_1	Duration of improvement from Sertraline	Less than a month .....1
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in symptoms .....7
11			
12			
13	Q21_2	Duration of improvement from Escitalopram	Less than a month .....1
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in symptoms .....7
20			
21			
22	Q21_3	Duration of improvement from Venlafaxine	Less than a month .....1
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in symptoms .....7
29			
30			
31	Q21_4	Duration of improvement from Amitriptyline	Less than a month .....1
32			1 to 2 months .....2
33			3 to 6 months .....3
34			7 to 12 months .....4
35			More than 12 months .....5
36			Not sure .....6
37			I didn't have any improvement in symptoms .....7
38			
39	Q21_5	Duration of improvement from Mirtazapine	Less than a month .....1
40			1 to 2 months .....2
41			3 to 6 months .....3
42			7 to 12 months .....4
43			More than 12 months .....5
44			Not sure .....6
45			I didn't have any improvement in symptoms .....7
46			
47			
48	Q21_6	Duration of improvement from Desvenlafaxine	Less than a month .....1
49			1 to 2 months .....2
50			3 to 6 months .....3
51			7 to 12 months .....4
52			More than 12 months .....5
53			Not sure .....6
54			I didn't have any improvement in symptoms .....7
55			
56	Q21_7	Duration of improvement from Citalopram	Less than a month .....1
57			1 to 2 months .....2
58			3 to 6 months .....3
59			7 to 12 months .....4
60			More than 12 months .....5
			Not sure .....6

1			I didn't have any improvement in symptoms .....7
2			
3			
4	Q21_8	Duration of improvement from Fluoxetine	Less than a month .....2
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in symptoms .....7
11			
12			
13	Q21_9	Duration of improvement from Duloxetine	Less than a month .....2
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in symptoms .....7
20			
21			
22	Q21_10	Duration of improvement from Paroxetine	Less than a month .....2
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in symptoms .....7
29			

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31 Q22\_1 Overall, how would you rate the benefits of taking \_\_\_\_\_ STARS  
 32 antidepressants?  
 33 (Lowest / worst rating = 1 star, highest / best rating =5 stars)  
 34

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36	Q23	What were the best aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken .</i> Please select all that apply.	
37			
38			
39			
40	Q23_1	Relief of depressive symptoms (low mood, sadness, loss of pleasure in life)	Yes .....1
41			
42	Q23_2	Relief of other key symptoms (e.g. sleep disturbance, anxiety, loss of sex drive)	Yes .....1
43			
44	Q23_3	Reduction in suicidal thinking or actions	Yes .....1
45	Q23_4	Return of normal emotions	Yes .....1
46	Q23_5	Improved relationships with those I am close to	Yes .....1
47	Q23_6	Getting back to normal daily activities	Yes .....1
48	Q23_7	Restored control over my mood and actions	Yes .....1
49	Q23_8	Other benefit	Yes .....1

50 Q23\_8\_TEXT Specified other benefit of antidepressant(s) \_\_\_\_\_

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53			
54	Q24	Did you experience side effects from any antidepressant?	No .....1
55			Yes .....2

57 \*\*\*\*\*  
 58 IF NO SIDE EFFECTS (Q24 = 1), GO TO Q29  
 59 IF SIDE EFFECTS (Q24 = 2) BUT NO ANTIDEPRESSANT SELECTED AT Q10  
 60 (NONE OF Q10\_1 TO Q10\_10 = 1), GO TO Q27  
 ELSE CONTINUE  
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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_10 = 1), COMPLETE Q25  
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For peer review only

1			
2	Q25	Which side effects did you experience from the following	
3		antidepressant(s)? Please select all that apply.	
4			
5	Q25_1_1	Dry mouth from Sertraline	Yes .....1
6	Q25_1_2	Dry mouth from Escitalopram	Yes .....1
7	Q25_1_3	Dry mouth from Venlafaxine	Yes .....1
8	Q25_1_4	Dry mouth from Amitriptyline	Yes .....1
9	Q25_1_5	Dry mouth from Mirtazapine	Yes .....1
10	Q25_1_6	Dry mouth from Desvenlafaxine	Yes .....1
11	Q25_1_7	Dry mouth from Citalopram	Yes .....1
12	Q25_1_8	Dry mouth from Fluoxetine	Yes .....1
13	Q25_1_9	Dry mouth from Duloxetine	Yes .....1
14	Q25_1_10	Dry mouth from Paroxetine	Yes .....1
15			
16	Q25_2_1	Sweating from Sertraline	Yes .....1
17	Q25_2_2	Sweating from Escitalopram	Yes .....1
18	Q25_2_3	Sweating from Venlafaxine	Yes .....1
19	Q25_2_4	Sweating from Amitriptyline	Yes .....1
20	Q25_2_5	Sweating from Mirtazapine	Yes .....1
21	Q25_2_6	Sweating from Desvenlafaxine	Yes .....1
22	Q25_2_7	Sweating from Citalopram	Yes .....1
23	Q25_2_8	Sweating from Fluoxetine	Yes .....1
24	Q25_2_9	Sweating from Duloxetine	Yes .....1
25	Q25_2_10	Sweating from Paroxetine	Yes .....1
26			
27	Q25_3_1	Nausea from Sertraline	Yes .....1
28	Q25_3_2	Nausea from Escitalopram	Yes .....1
29	Q25_3_3	Nausea from Venlafaxine	Yes .....1
30	Q25_3_4	Nausea from Amitriptyline	Yes .....1
31	Q25_3_5	Nausea from Mirtazapine	Yes .....1
32	Q25_3_6	Nausea from Desvenlafaxine	Yes .....1
33	Q25_3_7	Nausea from Citalopram	Yes .....1
34	Q25_3_8	Nausea from Fluoxetine	Yes .....1
35	Q25_3_9	Nausea from Duloxetine	Yes .....1
36	Q25_3_10	Nausea from Paroxetine	Yes .....1
37			
38	Q25_4_1	Vomiting from Sertraline	Yes .....1
39	Q25_4_2	Vomiting from Escitalopram	Yes .....1
40	Q25_4_3	Vomiting from Venlafaxine	Yes .....1
41	Q25_4_4	Vomiting from Amitriptyline	Yes .....1
42	Q25_4_5	Vomiting from Mirtazapine	Yes .....1
43	Q25_4_6	Vomiting from Desvenlafaxine	Yes .....1
44	Q25_4_7	Vomiting from Citalopram	Yes .....1
45	Q25_4_8	Vomiting from Fluoxetine	Yes .....1
46	Q25_4_9	Vomiting from Duloxetine	Yes .....1
47	Q25_4_10	Vomiting from Paroxetine	Yes .....1
48			
49	Q25_5_1	Diarrhoea from Sertraline	Yes .....1
50	Q25_5_2	Diarrhoea from Escitalopram	Yes .....1
51	Q25_5_3	Diarrhoea from Venlafaxine	Yes .....1
52	Q25_5_4	Diarrhoea from Amitriptyline	Yes .....1
53	Q25_5_5	Diarrhoea from Mirtazapine	Yes .....1
54	Q25_5_6	Diarrhoea from Desvenlafaxine	Yes .....1
55	Q25_5_7	Diarrhoea from Citalopram	Yes .....1
56	Q25_5_8	Diarrhoea from Fluoxetine	Yes .....1
57	Q25_5_9	Diarrhoea from Duloxetine	Yes .....1
58	Q25_5_10	Diarrhoea from Paroxetine	Yes .....1
59			
60	Q25_6_1	Constipation from Sertraline	Yes .....1
	Q25_6_2	Constipation from Escitalopram	Yes .....1
	Q25_6_3	Constipation from Venlafaxine	Yes .....1
	Q25_6_4	Constipation from Amitriptyline	Yes .....1
	Q25_6_5	Constipation from Mirtazapine	Yes .....1

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2	Q25_6_6	Constipation from Desvenlafaxine	Yes .....1
3	Q25_6_7	Constipation from Citalopram	Yes .....1
4	Q25_6_8	Constipation from Fluoxetine	Yes .....1
5	Q25_6_9	Constipation from Duloxetine	Yes .....1
6	Q25_6_10	Constipation from Paroxetine	Yes .....1
7			
8	Q25_7_1	Headache from Sertraline	Yes .....1
9	Q25_7_2	Headache from Escitalopram	Yes .....1
10	Q25_7_3	Headache from Venlafaxine	Yes .....1
11	Q25_7_4	Headache from Amitriptyline	Yes .....1
12	Q25_7_5	Headache from Mirtazapine	Yes .....1
13	Q25_7_6	Headache from Desvenlafaxine	Yes .....1
14	Q25_7_7	Headache from Citalopram	Yes .....1
15	Q25_7_8	Headache from Fluoxetine	Yes .....1
16	Q25_7_9	Headache from Duloxetine	Yes .....1
17	Q25_7_10	Headache from Paroxetine	Yes .....1
18			
19	Q25_8_1	Dizziness from Sertraline	Yes .....1
20	Q25_8_2	Dizziness from Escitalopram	Yes .....1
21	Q25_8_3	Dizziness from Venlafaxine	Yes .....1
22	Q25_8_4	Dizziness from Amitriptyline	Yes .....1
23	Q25_8_5	Dizziness from Mirtazapine	Yes .....1
24	Q25_8_6	Dizziness from Desvenlafaxine	Yes .....1
25	Q25_8_7	Dizziness from Citalopram	Yes .....1
26	Q25_8_8	Dizziness from Fluoxetine	Yes .....1
27	Q25_8_9	Dizziness from Duloxetine	Yes .....1
28	Q25_8_10	Dizziness from Paroxetine	Yes .....1
29			
30	Q25_9_1	Shaking from Sertraline	Yes .....1
31	Q25_9_2	Shaking from Escitalopram	Yes .....1
32	Q25_9_3	Shaking from Venlafaxine	Yes .....1
33	Q25_9_4	Shaking from Amitriptyline	Yes .....1
34	Q25_9_5	Shaking from Mirtazapine	Yes .....1
35	Q25_9_6	Shaking from Desvenlafaxine	Yes .....1
36	Q25_9_7	Shaking from Citalopram	Yes .....1
37	Q25_9_8	Shaking from Fluoxetine	Yes .....1
38	Q25_9_9	Shaking from Duloxetine	Yes .....1
39	Q25_9_10	Shaking from Paroxetine	Yes .....1
40			
41	Q25_10_1	Muscle pain from Sertraline	Yes .....1
42	Q25_10_2	Muscle pain from Escitalopram	Yes .....1
43	Q25_10_3	Muscle pain from Venlafaxine	Yes .....1
44	Q25_10_4	Muscle pain from Amitriptyline	Yes .....1
45	Q25_10_5	Muscle pain from Mirtazapine	Yes .....1
46	Q25_10_6	Muscle pain from Desvenlafaxine	Yes .....1
47	Q25_10_7	Muscle pain from Citalopram	Yes .....1
48	Q25_10_8	Muscle pain from Fluoxetine	Yes .....1
49	Q25_10_9	Muscle pain from Duloxetine	Yes .....1
50	Q25_10_10	Muscle pain from Paroxetine	Yes .....1
51			
52	Q25_11_1	Drowsiness from Sertraline	Yes .....1
53	Q25_11_2	Drowsiness from Escitalopram	Yes .....1
54	Q25_11_3	Drowsiness from Venlafaxine	Yes .....1
55	Q25_11_4	Drowsiness from Amitriptyline	Yes .....1
56	Q25_11_5	Drowsiness from Mirtazapine	Yes .....1
57	Q25_11_6	Drowsiness from Desvenlafaxine	Yes .....1
58	Q25_11_7	Drowsiness from Citalopram	Yes .....1
59	Q25_11_8	Drowsiness from Fluoxetine	Yes .....1
60	Q25_11_9	Drowsiness from Duloxetine	Yes .....1
61	Q25_11_10	Drowsiness from Paroxetine	Yes .....1
62			
63	Q25_12_1	Difficulty getting to sleep from Sertraline	Yes .....1
64	Q25_12_2	Difficulty getting to sleep from Escitalopram	Yes .....1

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2	Q25_12_3	Difficulty getting to sleep from Venlafaxine	Yes .....1
3	Q25_12_4	Difficulty getting to sleep from Amitriptyline	Yes .....1
4	Q25_12_5	Difficulty getting to sleep from Mirtazapine	Yes .....1
5	Q25_12_6	Difficulty getting to sleep from Desvenlafaxine	Yes .....1
6	Q25_12_7	Difficulty getting to sleep from Citalopram	Yes .....1
7	Q25_12_8	Difficulty getting to sleep from Fluoxetine	Yes .....1
8	Q25_12_9	Difficulty getting to sleep from Duloxetine	Yes .....1
9	Q25_12_10	Difficulty getting to sleep from Paroxetine	Yes .....1
10	Q25_13_1	Increased anxiety from Sertraline	Yes .....1
11	Q25_13_2	Increased anxiety from Escitalopram	Yes .....1
12	Q25_13_3	Increased anxiety from Venlafaxine	Yes .....1
13	Q25_13_4	Increased anxiety from Amitriptyline	Yes .....1
14	Q25_13_5	Increased anxiety from Mirtazapine	Yes .....1
15	Q25_13_6	Increased anxiety from Desvenlafaxine	Yes .....1
16	Q25_13_7	Increased anxiety from Citalopram	Yes .....1
17	Q25_13_8	Increased anxiety from Fluoxetine	Yes .....1
18	Q25_13_9	Increased anxiety from Duloxetine	Yes .....1
19	Q25_13_10	Increased anxiety from Paroxetine	Yes .....1
20			
21	Q25_14_1	Agitation from Sertraline	Yes .....1
22	Q25_14_2	Agitation from Escitalopram	Yes .....1
23	Q25_14_3	Agitation from Venlafaxine	Yes .....1
24	Q25_14_4	Agitation from Amitriptyline	Yes .....1
25	Q25_14_5	Agitation from Mirtazapine	Yes .....1
26	Q25_14_6	Agitation from Desvenlafaxine	Yes .....1
27	Q25_14_7	Agitation from Citalopram	Yes .....1
28	Q25_14_8	Agitation from Fluoxetine	Yes .....1
29	Q25_14_9	Agitation from Duloxetine	Yes .....1
30	Q25_14_10	Agitation from Paroxetine	Yes .....1
31	Q25_15_1	Fatigue or weakness from Sertraline	Yes .....1
32	Q25_15_2	Fatigue or weakness from Escitalopram	Yes .....1
33	Q25_15_3	Fatigue or weakness from Venlafaxine	Yes .....1
34	Q25_15_4	Fatigue or weakness from Amitriptyline	Yes .....1
35	Q25_15_5	Fatigue or weakness from Mirtazapine	Yes .....1
36	Q25_15_6	Fatigue or weakness from Desvenlafaxine	Yes .....1
37	Q25_15_7	Fatigue or weakness from Citalopram	Yes .....1
38	Q25_15_8	Fatigue or weakness from Fluoxetine	Yes .....1
39	Q25_15_9	Fatigue or weakness from Duloxetine	Yes .....1
40	Q25_15_10	Fatigue or weakness from Paroxetine	Yes .....1
41			
42	Q25_16_1	Weight gain from Sertraline	Yes .....1
43	Q25_16_2	Weight gain from Escitalopram	Yes .....1
44	Q25_16_3	Weight gain from Venlafaxine	Yes .....1
45	Q25_16_4	Weight gain from Amitriptyline	Yes .....1
46	Q25_16_5	Weight gain from Mirtazapine	Yes .....1
47	Q25_16_6	Weight gain from Desvenlafaxine	Yes .....1
48	Q25_16_7	Weight gain from Citalopram	Yes .....1
49	Q25_16_8	Weight gain from Fluoxetine	Yes .....1
50	Q25_16_9	Weight gain from Duloxetine	Yes .....1
51	Q25_16_10	Weight gain from Paroxetine	Yes .....1
52	Q25_17_1	Weight loss from Sertraline	Yes .....1
53	Q25_17_2	Weight loss from Escitalopram	Yes .....1
54	Q25_17_3	Weight loss from Venlafaxine	Yes .....1
55	Q25_17_4	Weight loss from Amitriptyline	Yes .....1
56	Q25_17_5	Weight loss from Mirtazapine	Yes .....1
57	Q25_17_6	Weight loss from Desvenlafaxine	Yes .....1
58	Q25_17_7	Weight loss from Citalopram	Yes .....1
59	Q25_17_8	Weight loss from Fluoxetine	Yes .....1
60	Q25_17_9	Weight loss from Duloxetine	Yes .....1
	Q25_17_10	Weight loss from Paroxetine	Yes .....1

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Q25_18_1	Rash from Sertraline	Yes .....1
Q25_18_2	Rash from Escitalopram	Yes .....1
Q25_18_3	Rash from Venlafaxine	Yes .....1
Q25_18_4	Rash from Amitriptyline	Yes .....1
Q25_18_5	Rash from Mirtazapine	Yes .....1
Q25_18_6	Rash from Desvenlafaxine	Yes .....1
Q25_18_7	Rash from Citalopram	Yes .....1
Q25_18_8	Rash from Fluoxetine	Yes .....1
Q25_18_9	Rash from Duloxetine	Yes .....1
Q25_18_10	Rash from Paroxetine	Yes .....1
Q25_19_1	Runny nose from Sertraline	Yes .....1
Q25_19_2	Runny nose from Escitalopram	Yes .....1
Q25_19_3	Runny nose from Venlafaxine	Yes .....1
Q25_19_4	Runny nose from Amitriptyline	Yes .....1
Q25_19_5	Runny nose from Mirtazapine	Yes .....1
Q25_19_6	Runny nose from Desvenlafaxine	Yes .....1
Q25_19_7	Runny nose from Citalopram	Yes .....1
Q25_19_8	Runny nose from Fluoxetine	Yes .....1
Q25_19_9	Runny nose from Duloxetine	Yes .....1
Q25_19_10	Runny nose from Paroxetine	Yes .....1
Q25_20_1	Reduced sexual desire / function from Sertraline	Yes .....1
Q25_20_2	Reduced sexual desire / function from Escitalopram	Yes .....1
Q25_20_3	Reduced sexual desire / function from Venlafaxine	Yes .....1
Q25_20_4	Reduced sexual desire / function from Amitriptyline	Yes .....1
Q25_20_5	Reduced sexual desire / function from Mirtazapine	Yes .....1
Q25_20_6	Reduced sexual desire / function from Desvenlafaxine	Yes .....1
Q25_20_7	Reduced sexual desire / function from Citalopram	Yes .....1
Q25_20_8	Reduced sexual desire / function from Fluoxetine	Yes .....1
Q25_20_9	Reduced sexual desire / function from Duloxetine	Yes .....1
Q25_20_10	Reduced sexual desire / function from Paroxetine	Yes .....1
Q25_21_1	Blurred vision from Sertraline	Yes .....1
Q25_21_2	Blurred vision from Escitalopram	Yes .....1
Q25_21_3	Blurred vision from Venlafaxine	Yes .....1
Q25_21_4	Blurred vision from Amitriptyline	Yes .....1
Q25_21_5	Blurred vision from Mirtazapine	Yes .....1
Q25_21_6	Blurred vision from Desvenlafaxine	Yes .....1
Q25_21_7	Blurred vision from Citalopram	Yes .....1
Q25_21_8	Blurred vision from Fluoxetine	Yes .....1
Q25_21_9	Blurred vision from Duloxetine	Yes .....1
Q25_21_10	Blurred vision from Paroxetine	Yes .....1
Q25_22_1	Suicidal thoughts from Sertraline	Yes .....1
Q25_22_2	Suicidal thoughts from Escitalopram	Yes .....1
Q25_22_3	Suicidal thoughts from Venlafaxine	Yes .....1
Q25_22_4	Suicidal thoughts from Amitriptyline	Yes .....1
Q25_22_5	Suicidal thoughts from Mirtazapine	Yes .....1
Q25_22_6	Suicidal thoughts from Desvenlafaxine	Yes .....1
Q25_22_7	Suicidal thoughts from Citalopram	Yes .....1
Q25_22_8	Suicidal thoughts from Fluoxetine	Yes .....1
Q25_22_9	Suicidal thoughts from Duloxetine	Yes .....1
Q25_22_10	Suicidal thoughts from Paroxetine	Yes .....1
Q25_23_1	Attempted suicide from Sertraline	Yes .....1
Q25_23_2	Attempted suicide from Escitalopram	Yes .....1
Q25_23_3	Attempted suicide from Venlafaxine	Yes .....1
Q25_23_4	Attempted suicide from Amitriptyline	Yes .....1
Q25_23_5	Attempted suicide from Mirtazapine	Yes .....1
Q25_23_6	Attempted suicide from Desvenlafaxine	Yes .....1
Q25_23_7	Attempted suicide from Citalopram	Yes .....1



1			
2	Q25_23_8	Attempted suicide from Fluoxetine	Yes .....1
3	Q25_23_9	Attempted suicide from Duloxetine	Yes .....1
4	Q25_23_10	Attempted suicide from Paroxetine	Yes .....1
5			
6	Q25_24_1	Other side effect from Sertraline	Yes .....1
7	Q25_24_2	Other side effect from Escitalopram	Yes .....1
8	Q25_24_3	Other side effect from Venlafaxine	Yes .....1
9	Q25_24_4	Other side effect from Amitriptyline	Yes .....1
10	Q25_24_5	Other side effect from Mirtazapine	Yes .....1
11	Q25_24_6	Other side effect from Desvenlafaxine	Yes .....1
12	Q25_24_7	Other side effect from Citalopram	Yes .....1
13	Q25_24_8	Other side effect from Fluoxetine	Yes .....1
14	Q25_24_9	Other side effect from Duloxetine	Yes .....1
15	Q25_24_10	Other side effect from Paroxetine	Yes .....1
16	Q25_25_1	No side effects from Sertraline	Yes .....1
17	Q25_25_2	No side effects from Escitalopram	Yes .....1
18	Q25_25_3	No side effects from Venlafaxine	Yes .....1
19	Q25_25_4	No side effects from Amitriptyline	Yes .....1
20	Q25_25_5	No side effects from Mirtazapine	Yes .....1
21	Q25_25_6	No side effects from Desvenlafaxine	Yes .....1
22	Q25_25_7	No side effects from Citalopram	Yes .....1
23	Q25_25_8	No side effects from Fluoxetine	Yes .....1
24	Q25_25_9	No side effects from Duloxetine	Yes .....1
25	Q25_25_10	No side effects from Paroxetine	Yes .....1

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\*\*\*\*\*  
 FOR EACH ANTIDEPRESSANT WITH NOMINATED SIDE-EFFECTS  
 (ANY OF Q25\_1\_1 TO Q25\_124\_10 = 1), COMPLETE Q26  
 \*\*\*\*\*

Peer review only



1	Q26	Did you have to stop taking any antidepressant because of side effects?	
2			
3			
4	Q26_1	Stopped taking Sertraline because of side effects	No .....1
5			Yes .....2
6			
7	Q26_2	Stopped taking Escitalopram because of side effects	No .....1
8			Yes .....2
9			
10	Q26_3	Stopped taking Venlafaxine because of side effects	No .....1
11			Yes .....2
12			
13	Q26_4	Stopped taking Amitriptyline because of side effects	No .....1
14			Yes .....2
15			
16	Q26_5	Stopped taking Mirtazapine because of side effects	No .....1
17			Yes .....2
18			
19	Q26_6	Stopped taking Desvenlafaxine because of side effects	No .....1
20			Yes .....2
21			
22	Q26_7	Stopped taking Citalopram because of side effects	No .....1
23			Yes .....2
24			
25	Q26_8	Stopped taking Fluoxetine because of side effects	No .....1
26			Yes .....2
27			
28	Q26_9	Stopped taking Duloxetine because of side effects	No .....1
29			Yes .....2
30			
31	Q26_10	Stopped taking Paroxetine because of side effects	No .....1
32			Yes .....2

---

34 Q27\_1 Overall, how would you rate the side-effects of taking antidepressants? \_\_ STARS

35

36 Lowest / worst rating (for example, very bad side effects)

37 = 1 star, highest / best rating (for example, no side effects or

38 only very mild side effects) = 5 stars

39

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41	Q28	What were the worst aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken.</i>	
42		Please select all that apply.	
43			
44			
45	Q28_1	New side-effects like nausea, headache, drowsiness, fatigue, sexual dysfunction	Yes .....1
46			
47	Q28_2	Increased depressive symptoms like anxiety, agitation, sleep disturbance	Yes .....1
48			
49	Q28_3	Knowing that I needed to take medications to get well	Yes .....1
50	Q28_4	Telling others that I needed to take medications	Yes .....1
51	Q28_5	Increased suicidal thoughts or actions	Yes .....1
52	Q28_6	Interfered with my capacity to do normal daily activities	Yes .....1
53	Q28_7	Increased direct costs (e.g seeing doctors, buying medications)	Yes .....1
54	Q28_8	Other	Yes .....1
55			
56	Q28_8_TEXT	Other worst aspect	_____

---

1  
2  
3 **Q43** The next section asks about experiences you might have had with common mental health problems. Have you ever had a time in your life when you felt depressed (e.g. sad, empty or hopeless) for two weeks or more in a row? No .....1  
4 Yes .....2  
5  
6

7  
8  
9 **Q44** Have you ever had a time in your life lasting two weeks or more when you lost interest in all or almost all activities (things like hobbies, work, sport, socialising or other activities that you usually enjoyed)? No .....1  
10 Yes .....2  
11  
12

13 \*\*\*\*\*  
14 IF (Q43 = 2 OR Q44 = 2) THEN CONTINUE  
15 IF (Q43 = 1 AND Q44 = 1) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
16 ELSE GO TO Q70.  
17 \*\*\*\*\*

18  
19  
20 **Q45** Please think of the period in your life, lasting at least two weeks, when your feelings of depression or loss of interest were worst. How much of the day did these feelings usually last? All day long .....1  
21 Most of the day .....2  
22 About half of the day .....3  
23 Less than half of the day .....4  
24

25 \*\*\*\*\*  
26 IF MOST OF THE DAY OR MORE (Q45 = 1 OR 2) THEN CONTINUE.  
27 IF HALF THE DAY OR LESS (Q45 = 3 OR 4) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
28 ELSE GO TO Q70.  
29 \*\*\*\*\*

30  
31  
32 **Q46** During this period when your feelings of depression or loss of interest were worst, did you feel this way...? Every day .....1  
33 Almost every day .....2  
34 Less often .....3  
35

36 \*\*\*\*\*  
37 IF ALMOST EVERY DAY OR MORE (Q46 = 1 OR Q46 = 2) CONTINUE.  
38 IF LESS OFTEN (Q46 = 3) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
39 ELSE GO TO Q70.  
40 \*\*\*\*\*

41  
42  
43 **Q47** Did you gain or lose weight without trying, or did you stay about the same? Gained .....1  
44 Lost .....2  
45 Both gained and lost weight .....3  
46 Stayed about the same .....4  
47 Was on a diet at the time .....5  
48

49 \*\*\*\*\*  
50 IF GAINED AND/OR LOST WEIGHT (Q47 = 1, 2 OR 3) THEN CONTINUE  
51 ELSE GO TO Q49  
52 \*\*\*\*\*

53  
54  
55 **Q48** About how much did your weight change? Please enter your response in kilograms. \_\_\_/\_\_\_/\_\_\_ KILOGRAMS  
56  
57  
58  
59  
60

1 Q49 Was your appetite substantially different from your usual No .....1  
 2 appetite nearly every day for at least two weeks during that Yes .....2  
 3 period of time?  
 4  
 5

6 Q50 Did you have more difficulty falling asleep or staying asleep No .....1  
 7 than usual? Yes .....2  
 8

9 \*\*\*\*\*  
 10 IF YES (Q50 = 2) THEN CONTINUE, ELSE GO TO Q52  
 11 \*\*\*\*\*  
 12

13 Q51 How often did you have these difficulties with sleep? Every night .....1  
 14 Nearly every night .....2  
 15 Less often .....3  
 16  
 17

18 Q52 Were you sleeping much more than usual? No .....1  
 19 Yes .....2  
 20

21 \*\*\*\*\*  
 22 IF YES (Q52 = 2) THEN CONTINUE, ELSE GO TO Q54  
 23 \*\*\*\*\*  
 24

25 Q53 How often were you sleeping much more than usual? Every night .....1  
 26 Nearly every night .....2  
 27 Less often .....3  
 28

29 Q54 During that period, were you so fidgety or restless that you were No .....  
 30 unable to sit still? Yes .....2  
 31

32 Q55 Were you talking or moving much more slowly than is normal for you? No .....  
 33 Yes .....2  
 34

35 Q56 Did you feel fatigued or have less energy than usual? No .....1  
 36 Yes .....2  
 37

38 Q57 Did you feel worthless or guilty? No .....1  
 39 Yes .....2  
 40

41 Q58 Did you have difficulty thinking, concentrating or making No .....1  
 42 decisions? Yes .....2  
 43

44 Q59 Did you think a lot about death - either your own, someone No .....1  
 45 else's, or death in general? Yes .....2  
 46

47 Q60 How long did that period of time last, in weeks? \_\_\_/\_\_\_/\_\_\_ WEEKS  
 48  
 49  
 50  
 51  
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1  
2  
3 Q61 About how old were you when you experienced this worst period? \_\_\_/\_\_\_ YEARS  
4

5  
6  
7 Q62 Did this worst period start within 2 months of the death of someone close to you or after a stressful or traumatic event in your life? No .....1  
8 Yes .....2  
9

10  
11  
12 Q63 During that time, did you seek help from a doctor or other health professional? No .....1  
13 Yes .....2  
14

15  
16 Q64 How many periods have you had in your life where you felt depressed or lost interest in things every day or nearly every day for at least two weeks? \_\_\_/\_\_\_ PERIODS  
17  
18

19  
20  
21 Q65\_n How old were you the first time you had a period of at least two weeks like this (whether or not you received any help for it)? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_/\_\_\_ YEARS  
22  
23

24  
25  
26 Q66\_n How old were you the last time you had a period of at least two weeks like this (whether or not you received any help for it)? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_/\_\_\_ YEARS  
27  
28

29  
30  
31 \*\*\*\*\*  
32 IF FEMALE (Q4 = 2) AND HAS EVER BEEN PREGNANT (Q7 = 2) THEN CONTINUE  
33 ELSE GO TO Q70  
34 \*\*\*\*\*

35 Q67 Did any of your periods of depression (lasting two weeks or more) start during pregnancy or within the weeks or months following delivery? (If you experienced this in more than one pregnancy / after more than one delivery, please select all that apply.)  
36  
37  
38  
39  
40  
41 Q67\_1 No depression during or shortly after pregnancy .....1  
42 Q67\_2 Depression during pregnancy .....1  
43 Q67\_3 Depression within 4 weeks of delivery .....1  
44 Q67\_4 Depression between 4 and 6 weeks after delivery .....1  
45 Q67\_5 Depression between 6 weeks and 3 months after delivery .....1  
46 Q67\_6 Depression between 3 and 6 months after delivery .....1  
47

48 \*\*\*\*\*  
49 IF NO (Q67\_1 = 1) GO TO Q469, ELSE CONTINUE  
50 \*\*\*\*\*  
51

52  
53 Q68 Were you ever treated for post-natal depression? No .....1  
54 Yes .....2  
55

56  
57 Q69 Have you ever had any periods of depression (lasting two weeks or more) that did not start during pregnancy or within the weeks or months following delivery? No .....1  
58 Yes .....2  
59  
60

The next few questions are about your experiences during and soon after pregnancy.

Q469 Are you currently pregnant? No .....1  
 Yes .....2

\*\*\*\*\*  
 IF YES (Q469 = 2) THEN CONTINUE, ELSE GO TO Q471  
 \*\*\*\*\*

Q347 How many times have you been pregnant? (please include your current pregnancy.) If you're unsure, please provide your best estimate. 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13+

\*\*\*\*\*  
 IF Q347 = 2 OR MORE, CONTINUE, ELSE GO TO Q349  
 \*\*\*\*\*

Q470 How many of your previous pregnancies have resulted in live births (including caesarean section)? *Please DO NOT include your current pregnancy.* [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347] 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13+

\*\*\*\*\*  
 GO TO Q349  
 \*\*\*\*\*

1			
2	Q471	How many times have you been pregnant? If you're unsure, please	1
3		provide your best estimate.	2
4			3
5			4
6			5
7			6
8			7
9			8
10			9
11			10
12			11
13			12
14			13+

---

16	Q348	How many of these pregnancies resulted in live births (including	0
17		caesarean section)? [NUMBER MUST BE LESS THAN OR EQUAL	1
18		TO RESPONSE TO Q471]	2
19			3
20			4
21			5
22			6
23			7
24			8
25			9
26			10
27			11
28			12
29			13+

---

33	Q349	Have you ever been pregnant with twins (or triplets, etc.)?	
34		No .....	1
35		Yes, twins .....	2
36		Yes, triplets (or more than	
37		triplets).....	3
38		Don't know.....	4
39		*****	
40		IF TWINS (Q349 = 2) THEN CONTINUE	
41		ELSE IF TRIPLETS OR MORE (Q349 = 3) THEN GO TO Q351	
42		ELSE GO TO Q364	
43		*****	

---

45	Q350	Are your twins?	
46		Identical (frequently mistaken	
47		by people who know them)? .....	1
48		Non-identical (no more alike	
49		than normal brothers or	
50		sisters)?.....	2
51		Unsure .....	3
52		*****	
53		GO TO Q352	
54		*****	

---

1  
2  
3 Q351 Are your triplets (or quads, etc.)? All identical (frequently mistaken  
4 by people who know them)? .....1  
5 All non-identical (no more alike  
6 than normal brothers or  
7 sisters)?.....2  
8 Some are identical to each other,  
9 but not all .....3  
10 Unsure .....4

---

11  
12 Q352 Were the twins (or triplets, etc.) conceived with the help of No .....1  
13 assisted reproduction technologies, such as IVF, hormone Yes .....2  
14 treatment or alternative/natural fertility treatment? Unsure .....3  
15

---

16  
17 Q364 During how many of your pregnancies did you feel sad, miserable, or 0  
18 very anxious? By this we mean a period of at least 2 weeks when you 1  
19 were not yourself and which was worse than the normal ups and downs 2  
20 of life. [NUMBER MUST BE LESS THAN OR EQUAL TO 3  
21 RESPONSE TO Q347/Q471] 4  
22 5  
23 6  
24 7  
25 8  
26 9  
27 10  
28 11  
29 12  
30 13+  
31

---

32  
33 \*\*\*\*\*  
34 IF NO PREGNANCIES (Q364 = 0) GO TO Q354 (MORNING SICKNESS).  
35 IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
36 ELSE GO TO Q366  
37 \*\*\*\*\*

38  
39  
40 Q365 After how many of your deliveries, within the first six months postpartum, 0  
41 did you feel sad, miserable, or very anxious? By this we mean a period of 1  
42 at least 2 weeks, when you were not yourself and which was worse than the 2  
43 normal ups and downs of life. [NUMBER MUST BE LESS THAN OR 3  
44 EQUAL TO RESPONSE TO Q347/Q471] 4  
45 5  
46 6  
47 7  
48 8  
49 9  
50 10  
51 11  
52 12  
53 13+

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54  
55 \*\*\*\*\*  
56 IF EVER DEPRESSED DURING OR SOON AFTER PREGNANCY  
57 (Q364 > 0 OR Q365 > 0) THEN CONTINUE  
58 ELSE GO TO Q353  
59 \*\*\*\*\*  
60

1			
2			
3	Q366	Please think about the worst episode during pregnancy or after delivery.	
4		During the worst episode of feeling sad, miserable, or very anxious during	
5		pregnancy or following delivery, how often:	
6			
7		Q366A Did you feel able to laugh or see the funny side of things?	Never .....1
8			Rarely .....2
9			Sometimes .....3
10			Often .....4
11		Q366B Were you able to look forward to things with excitement?	Never .....1
12			Rarely .....2
13			Sometimes .....3
14			Often .....4
15			
16		Q366C Did you blame yourself unnecessarily when things went wrong?	Never .....1
17			Rarely .....2
18			Sometimes .....3
19			Often .....4
20			
21		Q366D Were you anxious or worried for no good reason?	Never .....1
22			Rarely .....2
23			Sometimes .....3
24			Often .....4
25			
26		Q366E Did you feel scared or panicky for no good reason?	Never .....1
27			Rarely .....2
28			Sometimes .....3
29			Often .....4
30			
31		Q366F Did you feel overwhelmed?	Never .....1
32			Rarely .....2
33			Sometimes .....3
34			Often .....4
35			
36		Q366G Were you so unhappy that you had difficulty sleeping?	Never .....1
37			Rarely .....2
38			Sometimes .....3
39			Often .....4
40			
41		Q366H Did you feel sad or miserable?	Never .....1
42			Rarely .....2
43			Sometimes .....3
44			Often .....4
45			
46		Q366I Were you so unhappy that you cried?	Never .....1
47			Rarely .....2
48			Sometimes .....3
49			Often .....4
50			
51		Q366J Did the thought of harming yourself occur to you?	Never .....1
52			Rarely .....2
53			Sometimes .....3
54			Often .....4
55	<hr/>		
56			
57			
58			
59			
60			



1 Q367 During the worst episode of feeling sad, miserable, or very anxious during pregnancy or following delivery:

2

3 Q367A Were the symptoms so severe that you sought professional help? No .....1

4 Yes .....2

5

6 Q367B Did the symptoms cause you problems or interfere with your No .....1

7 day-to-day life? Yes .....2

8

9 Q367C Did you require psychiatric hospitalisation because of these No .....1

10 symptoms? Yes .....2

11

13 Q368 Did you receive any form of treatment such as counselling or medication No treatment .....1

14 because of depression during pregnancy or following delivery? Counselling .....2

15 Medication .....3

16 Counselling and medication .....4

17

19 Q369 During the worst episode - when did these symptoms begin? During pregnancy .....1

20 After delivery .....2

21

22 \*\*\*\*\*

23 IF DURING PREGNANCY (Q369 = 1) THEN CONTINUE

24 IF AFTER DELIVERY (Q369 = 2) THEN GO TO Q371

25 \*\*\*\*\*

28 Q370 At approximately what stage of pregnancy did the symptoms begin? 1st trimester .....1

29 2nd trimester .....2

30 3rd trimester .....3

31

32 \*\*\*\*\*

33 GO TO Q372

34 \*\*\*\*\*

37 Q371 Approximately how long after delivery did the symptoms begin? 0 - 4 weeks .....1

38 1 - 3 months .....2

39 More than 3 months after deliver...3

40

42 Q372 During the worst episode, how long did these symptoms last? Up to 2 weeks .....1

43 2 - 4 weeks .....2

44 1 - 3 months .....3

45 3 - 6 months .....4

46 More than 6 months .....5

47

49 Q373 How old were you during the worst episode? \_\_\_/\_\_\_ YEARS

50

54 Q353 While many women experience morning sickness, there are No .....1

55 differences in how severe morning sickness is. Did you have any Yes .....2

56 morning sickness, nausea or vomiting during any of your

57 pregnancies?

58

59 \*\*\*\*\*

60 IF YES (Q353 = 2) THEN CONTINUE, ELSE GO TO Q361

\*\*\*\*\*

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\*\*\*\*\*  
IF PREGNANT MORE THAN ONCE (Q347 > 1 OR Q471>1) THEN CONTINUE  
ELSE GO TO Q355  
\*\*\*\*\*

Q354 Thinking about all of the pregnancies you have had, during which pregnancy did you have the worst morning sickness? Please provide your answer as a number - for example answer 1 for your first pregnancy. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347/Q471]

1  
2  
3  
4  
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11  
12  
13+

For peer review only

1 Q355 Thinking back to each pregnancy, which of the following best describes  
 2 your experience: Please choose one option for each pregnancy listed.  
 3

4 Q355A 1st pregnancy

- 5 I did not have any nausea  
 6 or vomiting. ....1  
 7 Nausea and/or vomiting for less  
 8 than 7 days, but I didn't see a  
 9 doctor about this and it didn't  
 10 disrupt my daily routine. ....2  
 11 Nausea and/or vomiting for more  
 12 than 7 days, but I didn't see a  
 13 doctor about this. It didn't  
 14 disrupt my daily routine. ....3  
 15 It disrupted my daily routine  
 16 but it didn't affect my weight  
 17 and I didn't need medication  
 18 to manage it. ....4  
 19 It really disrupted my daily  
 20 routine and I was prescribed  
 21 medication (or was put on a drip)  
 22 but it didn't lead to weight loss. ....5  
 23 It really disrupted my daily  
 24 routine. I lost weight. I was  
 25 prescribed medication or was  
 26 put on a drip or feeding tube. ....6  
 27 I don't remember or am unsure. ....7

28 Q355B Pregnancy with worst morning sickness [IF Q354 > 1]

- 29 I did not have any nausea  
 30 or vomiting. ....1  
 31 Nausea and/or vomiting for less  
 32 than 7 days, but I didn't see a  
 33 doctor about this and it didn't  
 34 disrupt my daily routine. ....2  
 35 Nausea and/or vomiting for more  
 36 than 7 days, but I didn't see a  
 37 doctor about this. It didn't  
 38 disrupt my daily routine. ....3  
 39 It disrupted my daily routine  
 40 but it didn't affect my weight  
 41 and I didn't need medication  
 42 to manage it. ....4  
 43 It really disrupted my daily  
 44 routine and I was prescribed  
 45 medication (or was put on a drip)  
 46 but it didn't lead to weight loss. ....5  
 47 It really disrupted my daily  
 48 routine. I lost weight. I was  
 49 prescribed medication or was  
 50 put on a drip or feeding tube. ....6  
 51 I don't remember or am unsure. ....7
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- Q356 There are also differences in how long morning sickness lasts. Thinking back to each pregnancy listed, did you have any morning sickness ...
- Q356A In the first trimester (weeks 1 – 12) of the 1st pregnancy No .....1  
Yes .....2
- Q356B In the second trimester (weeks 13-24) of the 1st pregnancy No .....1  
Yes .....2
- Q356C In the third trimester (weeks 25 - birth) of the 1st pregnancy No .....1  
Yes .....2
- Q356D In the first trimester (weeks 1 – 12) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- Q356E In the second trimester (weeks 13-24) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- Q356F In the third trimester (weeks 25 - birth) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- 

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- Q357 Did you go to a hospital because of nausea or vomiting during each pregnancy listed (even if you weren't admitted)?
- Q357A In your 1st pregnancy No .....1  
Yes .....2
- Q357A In the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- 

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38
- Q358 How old were you at the start of ...
- Q358A Your 1st pregnancy \_\_\_/\_\_\_ YEARS
- Q358B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_\_/\_\_\_ YEARS
- 

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\*\*\*\*\*  
IF NEVER MULTIPLE PREGNANCY (Q349 ≠ 2 OR 3) THEN CONTINUE  
ELSE GO TO Q360  
\*\*\*\*\*

- 44  
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53
- Q359 Were you pregnant with ...
- Q359A 1st pregnancy A boy .....1  
A girl .....2  
Don't know.....3
- Q359B The pregnancy with the worst morning sickness [IF Q354 > 1] A boy .....1  
A girl .....2  
Don't know.....3

54  
55  
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\*\*\*\*\*  
GO TO Q361  
\*\*\*\*\*

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1 Q360 Were you pregnant with ...  
 2  
 3 Q360A 1st pregnancy \_\_ BOYS  
 4 \_\_ GIRLS  
 5 \_\_ UNKNOWN SEX  
 6  
 7 Q360B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_ BOYS  
 8 \_\_ GIRLS  
 9 \_\_ UNKNOWN SEX  
 10

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11  
 12 \*\*\*\*\*  
 13 IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
 14 ELSE GO TO Q70  
 15 \*\*\*\*\*

16  
 17  
 18  
 19 Q361 Did you breastfeed any of your children? Please include any None of my children were  
 20 breastfeeding even if you were also bottle-feeding. breastfed .....1  
 21 Only some of my children were  
 22 breastfed .....2  
 23 All of my children were breastfed ..3  
 24

25 \*\*\*\*\*  
 26 IF ONLY SOME (Q361 = 2) THEN CONTINUE  
 27 IF ALL (Q361 = 3) GO TO Q363  
 28 IF NONE (Q361 = 1) GO TO Q70  
 29 \*\*\*\*\*

30  
 31  
 32 Q362 Did you breastfeed your first child? Please include any breastfeeding No .....1  
 33 even if you were also bottle-feeding. Yes .....2  
 34

35 \*\*\*\*\*  
 36 IF YES (Q359 = 2) THEN CONTINUE, ELSE GO TO Q70  
 37 \*\*\*\*\*

38  
 39  
 40 Q363 How long (in months) did you breastfeed your first child for? Please \_\_ / \_\_ MONTHS  
 41 include any breastfeeding even if you were also bottle-feeding.  
 42  
 43

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44  
 45 Q70 As stated in the consent form you read before commencing the questionnaire, all of the information you provide  
 46 is kept confidential, unless someone is at risk of serious harm. Your responses to the questions in the next  
 47 section will be reviewed by one of our staff, who may contact you if your responses indicate you are at risk of  
 48 serious harm.  
 49

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50  
 51 Q71 Have you ever injured yourself on purpose? No .....1  
 52 Yes .....2  
 53

54 \*\*\*\*\*  
 55 IF YES (Q71 = 2) CONTINUE, ELSE GO TO Q73  
 56 \*\*\*\*\*

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Q72	Did you intend to ...	
Q72_2	... experience pain or suffering as a result of your self-injury?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 Very much .....5
Q72_9	... die as a result of your self-injury?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 Very much .....5

Q73	In the past month, how often have you had thoughts about suicide?	Never .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Always .....11
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\*\*\*\*\*  
 IF NEVER (Q73 = 1) GO TO Q78, ELSE CONTINUE  
 \*\*\*\*\*

Q74	In the past month, how much control have you had over these thoughts?	No control / do not control .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Full control .....11
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Q75	In the past month, how close have you come to making a suicide attempt?	Not at all close .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Have made an attempt .....11
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1 2 3 4 5 6 7 8 9 10 11 12 13	Q76	In the past month, to what extent have you felt tormented by thoughts of suicide?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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15 16 17 18 19 20 21 22 23 24 25 26	Q77	In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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28 29 30	Q78	Have you ever seriously thought about killing yourself?	No .....1 Yes .....2
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32 33 34	Q79	Have you ever made a plan about how you would kill yourself?	No .....1 Yes .....2
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Q80                      How many times have you actually tried to kill yourself?                        /  /   TIMES

\*\*\*\*\*  
 IF EVER SERIOUS SUICIDAL THOUGHTS, PLANS OR ACTIONS  
 (Q78 = 2 OR Q79 = 2 OR Q80 > 0) CONTINUE  
 ELSE IF ANY SUICIDAL THOUGHTS IN PAST MONTH (Q73 > 1) GO TO Q82  
 ELSE GO TO Q84  
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Q81\_n                      What was the earliest age at which you had serious thoughts about killing yourself, made a plan about how you would kill yourself, or actually tried to kill yourself?                        /   YEARS

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1  
2  
3 Q82 You may find it helpful to talk to a Lifeline counsellor. Autocoded .....1  
4 Lifeline have telephone counsellors, available 24 hours a  
5 day, who are trained and have experience talking with people  
6 who are having difficulties and who feel so bad that taking  
7 their own life sometimes seems to be the only answer. Even  
8 more importantly, the counsellors can give you ideas about  
9 where and how to get further help. Contact details for Lifeline  
10 are below, so please write them down.  
11 PHONE NUMBER FOR LIFELINE: 13 11 14  
12 WEBSITE: www.lifeline.org.au  
13 General information about mental health can be found at:  
14 BEYOND BLUE WEBSITE: www.beyondblue.org.au

15  
16 Q83 Have any of your first degree relatives (that is a parent, No .....1  
17 brother, sister or child) ever been diagnosed with a mental health disorder? Yes .....2  
18  
19

20 \*\*\*\*\*

21 IF ANY FIRST DEGREE RELATIVES DIAGNOSED (Q83 = 2)  
22 CONTINUE, ELSE GO TO Q85

23 \*\*\*\*\*

24  
25  
26 Q84 Which mental health disorders has/have your first degree  
27 relative(s) been diagnosed with? (Please select all that  
28 apply, including if multiple family members have had  
29 different diagnoses.)  
30  
31 Q84\_1 Depression Yes .....1  
32 Q84\_2 Bipolar disorder Yes .....1  
33 Q84\_3 Schizophrenia Yes .....1  
34 Q84\_4 Anorexia nervosa Yes .....1  
35 Q84\_5 Bulimia Yes .....1  
36 Q84\_6 Anxiety (Generalised anxiety disorder) Yes .....1  
37 Q84\_7 Panic disorder Yes .....1  
38 Q84\_8 Obsessive compulsive disorder Yes .....1  
39 Q84\_9 Posttraumatic stress disorder Yes .....1  
40 Q84\_10 Specific phobia Yes .....1  
41 Q84\_11 Seasonal affective disorder Yes .....1  
42 Q84\_12 Social phobia (also known as Social anxiety disorder) Yes .....1  
43 Q84\_13 Attention-deficit/hyperactivity disorder (ADD/ADHD) Yes .....1  
44 Q84\_14 Autism spectrum disorder (Autism, Asperger's disorder) Yes .....1  
45 Q84\_15 Tourette's disorder Yes .....1  
46 Q84\_16 Personality disorder Yes .....1  
47 Q84\_17 Substance use disorder Yes .....1  
48 Q84\_18 Other (please specify) Yes .....1  
49 Q84\_18\_TEXT Specified other mental health disorder \_\_\_\_\_



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2			
3	Q85	Have you ever experienced a definite period where for more than 2 or 3 days ...	
4			
5	Q85_1	You felt much happier or more cheerful than usual?	No .....1
6			Yes .....2
7			Don't know .....3
8			
9	Q85_2	You felt much more self-confident than usual?	No .....1
10			Yes .....2
11			Don't know .....3
12			
13	Q85_3	You needed much less sleep than usual?	No .....1
14			Yes .....2
15			Don't know .....3
16			
17	Q85_4	You talked much more than usual?	No .....1
18			Yes .....2
19			Don't know .....3
20			
21	Q85_5	You were much more active (either socially, sexually, at work, home, or school) than usual?	No .....1
22			Yes .....2
23			Don't know .....3

\*\*\*\*\*  
 IF EVER EXPERIENCED ANY OF THE ABOVE (ANY OF Q85\_1 TO Q85\_5 = 2)  
 CONTINUE, ELSE GO TO Q92  
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30	Q86	Has this happened in the last 12 months?	No .....1
31			Yes .....2

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34	Q87_n	How old were you when this problem first began? _____ YEARS	
35		Please put your age in years. An approximate age is fine.	

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38	Q88_n	How old were you when you most recently experienced this problem? Please put your age in years. An approximate age is fine. _____ YEARS	
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43	Q89_n	How many times in your life did any of these experiences ever happen? An approximate number is fine. If 1000 times or more, enter '999'. _____ TIMES	
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\*\*\*\*\*  
 IF TAKEN ANY NAMED ANTIDEPRESSANTS  
 (ANY OF Q10\_1 TO Q10\_10 OR Q11\_1 TO Q11\_11 = 1) CONTINUE  
 ELSE GO TO Q92  
 \*\*\*\*\*

1			
2			
3	Q90	Did you ever experience this problem while you were taking the following antidepressant(s)?	
4			
5	Q90_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	No .....1 Yes .....2 Don't know .....3
6			
7			
8			
9	Q90_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	No .....1 Yes .....2 Don't know .....3
10			
11			
12			
13	Q90_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	No .....1 Yes .....2 Don't know .....3
14			
15			
16			
17	Q90_4	Amitriptyline (e.g. Endep)	No .....1 Yes .....2 Don't know .....3
18			
19			
20			
21	Q90_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	No .....1 Yes .....2 Don't know .....3
22			
23			
24			
25	Q90_6	Desvenlafaxine (e.g. Pristiq, Desfax)	No .....1 Yes .....2 Don't know .....3
26			
27			
28			
29	Q90_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	No .....1 Yes .....2 Don't know .....3
30			
31			
32			
33	Q90_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	No .....1 Yes .....2 Don't know .....3
34			
35			
36			
37	Q90_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	No .....1 Yes .....2 Don't know .....3
38			
39			
40	Q90_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	No .....1 Yes .....2 Don't know .....3
41			
42			
43			
44	Q90_11	Dothiepin (e.g. Dothep)	No .....1 Yes .....2 Don't know .....3
45			
46			
47			
48	Q90_12	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	No .....1 Yes .....2 Don't know .....3
49			
50			
51			
52	Q90_13	Doxepin (e.g. Sinequan, Deptran)	No .....1 Yes .....2 Don't know .....3
53			
54			
55			
56	Q90_14	Nortriptyline (e.g. Allegron)	No .....1 Yes .....2 Don't know .....3
57			
58			
59	Q90_15	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	No .....1 Yes .....2 Don't know .....3
60			

1			
2			
3	Q90_16	Clomipramine (e.g. Anafranil, Placil)	No .....1
4			Yes .....2
5			Don't know .....3
6	Q90_17	Reboxetine (e.g. Edronax)	No .....1
7			Yes .....2
8			Don't know .....3
9			
10	Q90_18	Mianserin (e.g. Lumin)	No .....1
11			Yes .....2
12			Don't know .....3
13			
14	Q90_19	Imipramine (e.g. Tofranil, Tolerade)	No .....1
15			Yes .....2
16			Don't know .....3
17			
18	Q90_20	Tranlycypromine (e.g. Parnate)	No .....1
19			Yes .....2
20			Don't know .....3
21			
22	Q90_21	Phenelzine (e.g. Nardil)	No .....1
23			Yes .....2
24			Don't know .....3

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26			
27	Q91	Did you ever experience this problem while not	No .....1
28		taking antidepressants?	Yes .....2

---

30	Q92	Have you ever.....	
31			
32	Q92_1	Felt as if the thoughts in your head were not your own?	No .....1
33			Yes .....2
34			
35	Q92_2	Heard voices talking to each other when you were alone?	No .....1
36			Yes .....2
37			
38	Q92_3	Heard voices when you were alone?	No .....1
39			Yes .....2
40			
41	Q92_4	Felt that many people around you might hurt or harm you	No .....1
42		in some way?	Yes .....2
43			
44	Q92_5	Felt as if many people around you are plotting against you?	No .....1
45			Yes .....2
46			
47	Q92_6	Felt as if the thoughts in your head are being taken away	No .....1
48		from you?	Yes .....2

\*\*\*\*\*  
 IF EVER ANY OF THESE SYMPTOMS (ANY OF Q92\_1 TO Q92\_6)  
 THEN CONTINUE, ELSE GO TO Q103  
 \*\*\*\*\*

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\*\*\*\*\*  
 IF EVER FELT THOUGHTS NOT THEIR OWN (Q92\_1 = 2) THEN CONTINUE  
 ELSE GO TO Q94  
 \*\*\*\*\*

- 1  
2  
3 **Q93** When you have felt as if the thoughts in your head were not No .....1  
4 your own – did this ever happen when you were: Yes .....2  
5 • not dreaming Don't know .....3  
6 • not half-asleep and  
7 • not under the influence of alcohol or drugs?
- 

8  
9  
10 \*\*\*\*\*  
11 IF EVER HEARD VOICES TALKING TO EACH OTHER (Q92\_2 = 2)  
12 THEN CONTINUE, ELSE GO TO Q95  
13 \*\*\*\*\*

- 14 **Q94** When you have heard voices talking to each other when you No .....1  
15 were alone – did this ever happen when you were: Yes .....2  
16 • not dreaming Don't know .....3  
17 • not half-asleep and  
18 • not under the influence of alcohol or drugs?
- 

19  
20  
21 \*\*\*\*\*  
22 IF EVER HEARD VOICES WHEN ALONE (Q92\_3 = 2) THEN CONTINUE  
23 ELSE GO TO Q96  
24 \*\*\*\*\*

- 25  
26 **Q95** When you have heard voices when you were alone - did No .....1  
27 this ever happen when you were: Yes .....2  
28 • not dreaming Don't know .....3  
29 • not half-asleep and  
30 • not under the influence of alcohol or drugs?
- 

31  
32  
33 \*\*\*\*\*  
34 IF EVER FELT MANY PEOPLE MIGHT HURT OR HARM (Q92\_4 = 2)  
35 THEN CONTINUE ELSE GO TO Q97  
36 \*\*\*\*\*

- 37  
38 **Q96** When you have felt that many people around you might hurt No .....1  
39 or harm you in some way – did this ever happen when you Yes .....2  
40 were: Don't know .....3  
41 • not dreaming  
42 • not half-asleep and  
43 • not under the influence of alcohol or drugs?
- 

44  
45  
46 \*\*\*\*\*  
47 IF EVER FELT MANY PEOPLE PLOTTING (Q92\_5 = 2) THEN CONTINUE  
48 ELSE GO TO Q98  
49 \*\*\*\*\*

- 50  
51 **Q97** When you have felt as if many people around you are No .....1  
52 plotting against you – did this ever happen when you were: Yes .....2  
53 • not dreaming Don't know .....3  
54 • not half-asleep and  
55 • not under the influence of alcohol or drugs?
- 

56  
57  
58 \*\*\*\*\*  
59 IF EVER FELT THOUGHTS IN HEAD BEING TAKEN (Q92\_6 = 2)  
60 THEN CONTINUE, ELSE GO TO Q99  
\*\*\*\*\*

1  
2  
3 Q98 When you have felt as if the thoughts in your head are No .....1  
4 being taken away from you - did this ever happen when Yes .....2  
5 you were: Don't know .....3  
6 • not dreaming  
7 • not half-asleep and  
8 • not under the influence of alcohol or drugs?  
9

10  
11 Q99 Did any of these experiences occur in the last 12 months? No .....1  
12 Yes .....2  
13 Don't know .....3  
14

15  
16 Q100\_n How old were you when you first had any of these \_\_\_/\_\_\_ YEARS  
17 experiences? Please put your age in years. An approximate  
18 age is fine.  
19

20  
21 Q101\_n How old were you when you most recently had any of these \_\_\_/\_\_\_ YEARS  
22 experiences? Please put your age in years. An approximate  
23 age is fine.  
24

25  
26 Q102\_n How many times in your life did any of these experiences ever \_\_\_/\_\_\_/\_\_\_ TIMES  
27 happen? An approximate number is fine. If 1000 times or  
28 more, enter '999'.  
29

30  
31 Q103 Have you ever had a period lasting one month or longer No .....1  
32 when most of the time you felt worried, tense or anxious? Yes .....2  
33

34 \*\*\*\*\*  
35 IF EVER ONE MONTH OR LONGER (Q103 = 2) THEN GO TO Q107  
36 ELSE CONTINUE  
37 \*\*\*\*\*

38  
39 Q104 People differ a lot in how much they worry about things. No .....1  
40 Did you ever have a time when you worried a lot more than Yes .....2  
41 most people would in your situation?  
42

43 \*\*\*\*\*  
44 IF EVER SUCH A TIME (Q104 = 2) THEN CONTINUE  
45 ELSE GO TO Q119  
46 \*\*\*\*\*  
47

48  
49  
50 Q107 How long was the longest time that this kind of worrying Less than 6 months .....1  
51 lasted? Between 6 and 12 months .....2  
52 Between 1 and 5 years .....3  
53 More than 5 years .....4  
54 All my life / As long as I can  
55 remember .....5  
56  
57  
58  
59  
60

1			
2			
3	Q119	The next questions are about things that make some people so	
4		afraid that they avoid them or they endure them with intense	
5		fear or anxiety. Do you have (or have you ever had) a strong	
6		fear of any of the following things:	
7	Q119_1	Environment (e.g. heights, storms, thunder, lightning, or	No .....1
8		being in still water, like a swimming pool or lake?)	Yes .....2
9			
10	Q119_2	Situations (e.g. being in an airplane, elevator, or a closed	No .....1
11		space like a cave or tunnel)?	Yes .....2
12			
13			
14	Q119_3	Animals (e.g. snakes, birds, rats, insects, dogs, or other	No .....1
15		animals)?	Yes .....2
16			
17	Q119_4	Blood, injections or injury (e.g. blood, needles, medical	No .....1
18		procedures?)	Yes .....2
19			

\*\*\*\*\*  
 IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
 THEN CONTINUE, ELSE GO TO Q127  
 \*\*\*\*\*

---

Q120 Please think about these situations that you fear (or feared):

---

29	Q121	How often do (or did) these situations cause immediate fear	Always .....1
30		or anxiety for you?	Almost always .....2
31			Some of the time .....3
32			Only one or two times ever .....4
33			Never .....5

\*\*\*\*\*  
 IF ALWAYS OR ALMOST ALWAYS (Q121 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q127  
 \*\*\*\*\*

40	Q127	Do you have (or have you ever had) a strong fear of, or are	
41		(were) you extremely anxious about, any of the following	
42		situations?	
43			
44	Q127_1	Being in social situations (e.g. talking with and meeting	No .....1
45		unfamiliar people)	Yes .....2
46			
47	Q127_2	Being observed (e.g. eating or drinking while others are	No .....1
48		watching, talking in front of others)	Yes .....2
49			

\*\*\*\*\*  
 IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) THEN CONTINUE  
 ELSE GO TO Q137  
 \*\*\*\*\*

55	Q128	Are (or were) you worried about what other people will	No .....1
56		think in these social situations?	Yes .....2
57			
58			

---

1 2 3 4 5 6 7	Q129	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
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Q137 This is a list of situations which some people actively avoid, need a companion with them for, or endure with intense fear or anxiety. Do you have (or have you ever had) a strong fear of any of the following situations?

14 15 16	Q137_1	Using public transportation (e.g. cars, buses, trains, ships, planes)	No .....1 Yes .....2
17 18	Q137_2	Being in open spaces (e.g. parking lots, marketplaces, bridges)	No .....1 Yes .....2
20 21	Q137_3	Being in enclosed spaces (e.g. shops, theatres, cinemas)	No .....1 Yes .....2
23 24	Q137_4	Standing in line or being in a crowd	No .....1 Yes .....2
26 27	Q137_5	Being outside of the home alone	No .....1 Yes .....2

\*\*\*\*\*  
 IF EVER HAD ANY OF THESE  
 (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
 THEN CONTINUE ELSE GO TO Q147  
 \*\*\*\*\*

34  
35  
36  
37

Q138 Please think about these situations that you fear (or feared):

38 39 40 41 42 43 44	Q139	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
--	------	---	---

1			
2			
3	Q147	Have you ever had a sudden, unexpected surge of intense	
4		fear or intense discomfort (panic attack) during which you	
5		experienced some of the following symptoms? (Please select	
6		all symptoms that occurred at the same time)	
7	Q147_1	Your heart was pounding or racing	Yes .....1
8	Q147_2	You were sweating	Yes .....1
9	Q147_3	You were trembling or shaking	Yes .....1
10	Q147_4	You felt short of breath, or like you were being smothered	Yes .....1
11	Q147_5	You felt like you were choking	Yes .....1
12	Q147_6	You had pain or discomfort in your chest	Yes .....1
13	Q147_7	You were nauseous or felt sick in the stomach	Yes .....1
14	Q147_8	You felt dizzy, unsteady, light-headed or faint	Yes .....1
15	Q147_9	You felt hot or cold	Yes .....1
16	Q147_10	You felt numbness or tingling sensations	Yes .....1
17	Q147_11	It felt like things weren't real, or you felt detached from	
18		yourself	Yes .....1
19	Q147_12	You were afraid you were going to lose control or "go crazy"	Yes .....1
20	Q147_13	You were afraid you were going to die	Yes .....1
21	Q147_14	No, I have never had this happen to me	Yes .....1

22			
23			
24	Q156	How tall are you? (Please enter centimetres or feet and inches,	
25		not both)	
26			
27	Q156_1_n	Height (feet component)	___ FEET
28	Q156_2_n	Height (inches component)	___/___ INCHES
29	Q156_3_n	Height (centimetres)	___/___/___ CENTIMETRES

30			
31			
32	Q157	How much do you weigh now (in kilograms)? If you are	___/___/___ KILOGRAMS
33		pregnant, what did you weigh before you were pregnant?	

34			
35			
36	Q160	What is your highest level of education?	No formal education .....1
37			Completed or partially
38			completed primary school
39			(years 1-7) .....2
40			Completed or partially
41			completed junior secondary
42			school (years 8-10) .....3
43			Completed or partially
44			completed senior secondary
45			school (years 11-12) .....4
46			Completed or partially
47			completed certificate or diploma ....5
48			Completed or partially
49			completed a degree .....6
50			Completed or partially
51			completed a Post Graduate
52			Diploma, Masters degree,
53			Doctorate or PhD .....7
54			Don't know .....8

55			
56	Q460	Thinking about what you know of your family history, which of	
57		the following best describes the geographic regions where your	
58		ancestors (i.e. your great-great-grandparents) come from? You	
59		may select as many choices as you need.	
60			



1			
2	Q460_1	England, Ireland, Scotland or Wales	Yes.....1
3	Q460_2	Australia - not of Aboriginal or Torres Strait Islander descent	Yes.....1
4	Q460_3	Australia - of Aboriginal or Torres Strait Islander descent	Yes.....1
5	Q460_4	New Zealand - not of Maori descent	Yes.....1
6	Q460_5	New Zealand - of Maori descent	Yes.....1
7	Q460_5	Northern Europe including Sweden, Norway, Finland	
8		and surrounding countries	Yes.....1
9	Q460_7	Western Europe including France, Germany, the Netherlands	
10		and surrounding countries	Yes.....1
11	Q460_8	Southern Europe including Italy, Greece, Spain, Portugal	
12		and surrounding countries	Yes.....1
13	Q460_9	Eastern Europe including Russia, Poland, Hungary	
14		and surrounding countries	Yes.....1
15	Q460_10	Middle East including Lebanon, Turkey	
16		and surrounding countries	Yes.....1
17	Q460_11	Eastern Asia including China, Japn, South Korea,	
18		North Korea, Taiwan and Hong Kong	Yes.....1
19	Q460_12	South-East Asia including Thailand, Malaysia, Indonesia,	
20		Singapore and surrounding countries	Yes.....1
21	Q460_13	South Asia including India, Pakistan, Sri Lanka	
22		and surrounding countries	Yes.....1
23	Q460_14	Polynesia, Micronesia or Melanesia including Tonga,	
24		Fiji, Papua New Guinea and surrounding countries	Yes.....1
25	Q460_15	Africa	Yes.....1
26	Q460_16	North America - not of First Nations, Native American,	
27		Inuit or Métis descent	Yes.....1
28	Q460_17	North America - of First Nations, Native American,	
29		Inuit or Métis descent	Yes.....1
30	Q460_18	Caribbean, Central or South America	Yes.....1
31	Q460_19	Don't know	Yes.....1
32	Q460_20	Other	Yes.....1
33	Q460_20_TEXT	Specify	_____
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## Module 1b – Anxiety Disorders

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IF Q103= 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q463

\*\*\*\*\*

Q462 You mentioned earlier in the questionnaire that you have had at least one period lasting one month or longer when most of the time you felt worried, tense or anxious.

\*\*\*\*\*

GO TO Q105\_n

\*\*\*\*\*

\*\*\*\*\*

IF Q103= 1 AND Q104 = 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q464 SKIP BOX

\*\*\*\*\*

Q463 You mentioned earlier that you have had a time when you worried a lot more than most people would in your situation.

Q105\_n How old were you when this kind of worrying started? \_\_\_/\_\_\_ YEARS  
*Please put your age in years. An approximate age is fine.*

Q106\_n How old were you when you most recently experienced this kind of worrying? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q108 Please think of the period in your life when you have felt the most worried, tense, or anxious. This could be in the past, or it could be continuing now.

Q109 During that period, do you think you worried much more than other people would? No .....1  
Yes .....2

Q110 Did you worry most days? No .....1  
Yes .....2

Q111 Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing? One thing .....1  
More than one thing .....2

Q112 Did you find it difficult to stop worrying? No .....1  
Yes .....2

Q113 Did you ever have different worries on your mind at the same time? No .....1  
Yes .....2

1  
2  
3 Q114 How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried? Often .....1  
4 Sometimes .....2  
5 Rarely .....3  
6 Never .....4

7  
8  
9 Q115 How often did you find it difficult to control your worry? Often .....1  
10 Sometimes .....2  
11 Rarely .....3  
12 Never .....4

13  
14 Q116 When you were worried or anxious, were you also:  
15  
16 Q116\_1 Restless? No .....1  
17 Yes .....2  
18  
19 Q116\_2 Keyed up or on edge? No .....1  
20 Yes .....2  
21  
22 Q116\_3 Easily tired? No .....1  
23 Yes .....2  
24  
25 Q116\_4 Having difficulty keeping your mind on what you were doing? No .....1  
26 Yes .....2  
27  
28 Q116\_5 More irritable than usual? No .....1  
29 Yes .....2  
30  
31 Q116\_6 Having tense, sore, or aching muscles? No .....1  
32 Yes .....2  
33  
34 Q116\_7 Often having trouble falling or staying asleep? No .....1  
35 Yes .....2

36  
37  
38 Q117 Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)? No .....1  
39 Yes .....2

40  
41  
42  
43 Q118 How much did the worry or anxiety interfere with your life or activities? A lot .....1  
44 Some .....2  
45 A little .....3  
46 Not at all .....4

47  
48  
49 \*\*\*\*\*  
50 IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2) AND ALWAYS OR ALMOST  
51 ALWAYS (Q121 = 1 OR 2) THEN CONTINUE.  
52 ELSE GO TO Q465.  
53 \*\*\*\*\*

54  
55 \*\*\*\*\*  
56 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
57 \*\*\*\*\*

58 Q464 You mentioned earlier in the questionnaire that you have (or have had) a strong fear of the  
59 following:  
60

Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)  
 Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?  
 Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?  
 Blood, injections or injury (e.g. blood, needles, medical procedures?)

Q122\_n How old were you when these fears started? \_\_\_/\_\_\_ YEARS  
 Please put your age in years. An approximate age is fine.

Q123\_n How old were you when you most recently experienced these fears? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q124 How long was the longest time any of these fears lasted?

Less than 6 months	.....1
Between 6 and 12 months	.....2
Between 1 and 5 years	.....3
More than 5 years	.....4
All my life / As long as I can remember	.....5

Q125 How much have any of these fears ever interfered with your life or activities?

A lot	.....1
Some	.....2
A little	.....3
Not at all	.....4

Q126 Are (or were) any of these fears out of proportion to the actual danger involved?

No	.....1
Yes	.....2

\*\*\*\*\*

IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) AND  
 IF ALWAYS OR ALMOST ALWAYS (Q129 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q466.

\*\*\*\*\*

\*\*\*\*\*

ITEMS DISPLAYED ONLY WHEN ENDORSED (Q127\_1 OR Q127\_2 = 2)

\*\*\*\*\*

Q465 You mentioned earlier in the questionnaire that you have had a strong fear of, or have been extremely anxious about, the following situations (either now or in the past):

Being in social situations (e.g. talking with and meeting unfamiliar people)  
 Being observed (e.g. eating or drinking while others are watching, talking in front of others)

Q130 Do you (or did you) ...

Q130\_1 ... avoid social situations?

No	.....1
Yes	.....2

Q130\_2 ... endure them with intense anxiety?

No	.....1
Yes	.....2

1  
2  
3 Q131 Is (or was) your fear or anxiety in social situations out of proportion to the actual threat posed by the situations? No .....1  
4 Yes .....2

5  
6  
7 Q132\_n How old were you when these fears or anxieties about social situations started? Please put your age in years. \_\_\_/\_\_\_ YEARS  
8 An approximate age is fine.

9  
10  
11 Q133\_n How old were you when you most recently experienced these fears or anxieties about social situations? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

12  
13  
14  
15  
16 Q134 How long was the longest time these fears or anxieties about social situations lasted? Less than 6 months .....1  
17 Between 6 and 12 months .....2  
18 Between 1 and 5 years .....3  
19 More than 5 years .....4  
20 All my life / As long as I can remember .....5

21  
22  
23  
24 Q135 How much does (or did) your fear, anxiety or avoidance of social situations upset or bother you? A lot .....1  
25 Some .....2  
26 A little .....3  
27 Not at all .....4

28  
29  
30 Q136 How much does (or did) your fear, anxiety or avoidance of social situations interfere with your ability to do your job, have a social life, or interfere with any other important area of your life? A lot .....1  
31 Some .....2  
32 A little .....3  
33 Not at all .....4

34  
35  
36 \*\*\*\*\*

37 IF EVER HAD ANY OF THESE  
38 (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2) AND  
39 IF ALWAYS OR ALMOST ALWAYS (Q139 = 1 OR 2) THEN CONTINUE.  
40 ELSE GO TO Q467.

41 \*\*\*\*\*

42 \*\*\*\*\*  
43 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
44 \*\*\*\*\*

45  
46 Q465 Earlier in the questionnaire, you mentioned that you have (or have previously had) a strong fear of  
47 the following:  
48  
49 Using public transportation (e.g. cars, buses, trains, ships, planes)  
50 Being in open spaces (e.g. parking lots, marketplaces, bridges)  
51 Being in enclosed spaces (e.g. shops, theatres, cinemas)  
52 Standing in line or being in a crowd  
53 Being outside of the home alone

54  
55  
56 Q140 In one or more of these situations, are (were) you ever afraid that you might faint, lose control, or embarrass yourself in other ways? No .....1  
57 Yes .....2

58  
59  
60 \*\*\*\*\*

IF YES (Q140 = 2) THEN CONTINUE, ELSE GO TO Q143

\*\*\*\*\*

Q141 Are (were) you afraid that escape might be difficult if that happened? No .....1  
Yes .....2

Q142 Are (were) you afraid that help might not be available if you needed it? No .....1  
Yes .....2

Q143\_n How old were you when these fears started? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q144\_n How old were you when you most recently experienced any of these fears? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q145 How long was the longest time any of these fears lasted? Less than 6 months .....1  
Between 6 and 12 months .....2  
Between 1 and 5 years .....3  
More than 5 years .....4  
All my life / As long as I can remember .....5

Q146 How much have any of these fears ever interfered with your life or activities? A lot .....1  
Some .....2  
A little .....3  
Not at all .....4

\*\*\*\*\*  
IF LESS THAN 4 SYMPTOMS (Q147\_1 TO Q147\_13) GO TO MODULE 2,  
ELSE CONTINUE.

\*\*\*\*\*  
\*\*\*\*\*  
ITEMS DISPLAYED ONLY WHEN ENDORSED (Q147\_1 TO Q147\_13)  
\*\*\*\*\*

Q467 You mentioned earlier in the questionnaire that you have previously had at least one panic attack (a sudden, unexpected surge of intense fear or intense discomfort). You said that your symptoms included:

Your heart was pounding or racing  
You were sweating  
You were trembling or shaking  
You felt short of breath, or like you were being smothered  
You felt like you were choking  
You had pain or discomfort in your chest  
You were nauseous or felt sick in the stomach  
You felt dizzy, unsteady, light-headed or faint  
You felt hot or cold  
You felt numbness or tingling sensations  
It felt like things weren't real, or you felt detached from yourself  
You were afraid you were going to lose control or "go crazy"  
You were afraid you were going to die

1 Q148 How many such attacks of fear or panic would you say that you have had \_\_\_\_\_ ATTACKS  
 2 over the course of your lifetime?  
 3

4  
 5 Q149 After any of your attacks of fear or panic, did you ever ...  
 6  
 7 Q149\_1 ... feel anxious, worried or nervous about having more panic No .....1  
 8 attacks? Yes .....2  
 9  
 10 Q149\_2 ... feel worried about losing control, having a heart attack, No .....1  
 11 going crazy, or other bad things happening because of panic Yes .....2  
 12 attacks?  
 13  
 14 Q149\_3 ... avoid situations in which panic attacks might occur? No .....1  
 15 Yes .....2  
 16

17 \*\*\*\*\*  
 18 IF EVER ANY OF THESE (Q149\_1, Q149\_2 OR Q149\_3 = 2) THEN CONTINUE.  
 19 ELSE GO TO Q151  
 20 \*\*\*\*\*  
 21

22  
 23 Q150 How long did you continue to worry about panic attacks Less than 1 month .....1  
 24 or their consequences, or avoid situations in which panic Between 1 and 6 months .....2  
 25 attacks might occur? Between 6 and 12 months .....3  
 26 More than 12 months .....4  
 27

28  
 29 Q151 Were these attacks or sudden periods of physical discomfort No, never .....1  
 30 ever the result of a medical condition (e.g. a heart attack) or Yes, some of them .....2  
 31 from using medication, drugs or alcohol? Yes, all of them .....3  
 32

33  
 34 Q152 We already asked about specific situations that cause strong No .....1  
 35 fears (heights, elevators, snakes etc). When you have sudden Yes .....2  
 36 anxiety attacks, do they usually occur in specific situations  
 37 that cause you strong fear?  
 38

39  
 40 Q153 Did you ever have an attack when you were not in a situation No .....1  
 41 that usually causes you to have strong fears? Yes .....2  
 42

43  
 44 Q154\_n How old were you the first time you had one of these sudden \_\_\_\_\_ YEARS  
 45 attacks of feeling frightened, anxious or panicky?  
 46

47  
 48 Q155\_n How old were you the last time you had one of these sudden \_\_\_\_\_ YEARS  
 49 attacks of feeling frightened, anxious or panicky?  
 50

## Module 12 – General and Physical Health

Q30 On a scale from 1 to 5 where 1 star is very poor and 5 stars is excellent, how would you rate your current overall physical health and mental health?

Q30\_1 Physical health \_\_ STARS

Q30\_2 Mental health \_\_ STARS

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Q31 Over the past few weeks have you been troubled by....

Q31\_1 Feeling nervous or tense? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_2 Feeling unhappy and depressed? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_3 Feeling constantly under strain? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_4 Everything getting on top of you? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_5 Losing confidence? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_6 Being unable to overcome difficulties? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_7 Muscle pain after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_8 Needing to sleep longer? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_9 Prolonged tiredness after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_10 Poor sleep? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_11 Poor concentration? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_12 Tired muscles after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

---



1			
2			
3	Q32	In the past four weeks, about how often did you feel...	
4	Q32_1	Tired out for no good reason?	None of the time .....1
5			A little of the time .....2
6			Some of the time .....3
7			Most of the time .....4
8			All of the time .....5
9			
10	Q32_2	Nervous?	None of the time .....1
11			A little of the time .....2
12			Some of the time .....3
13			Most of the time .....4
14			All of the time .....5
15			
16	Q32_3	So nervous that nothing could calm you down?	None of the time .....1
17			A little of the time .....2
18			Some of the time .....3
19			Most of the time .....4
20			All of the time .....5
21			
22	Q32_4	Hopeless?	None of the time .....1
23			A little of the time .....2
24			Some of the time .....3
25			Most of the time .....4
26			All of the time .....5
27			
28	Q32_5	Restless or fidgety?	None of the time .....1
29			A little of the time .....2
30			Some of the time .....3
31			Most of the time .....4
32			All of the time .....5
33			
34	Q32_6	So restless you could not sit still?	None of the time .....1
35			A little of the time .....2
36			Some of the time .....3
37			Most of the time .....4
38			All of the time .....5
39			
40	Q32_7	Depressed?	None of the time .....1
41			A little of the time .....2
42			Some of the time .....3
43			Most of the time .....4
44			All of the time .....5
45			
46	Q32_8	That everything was an effort?	None of the time .....1
47			A little of the time .....2
48			Some of the time .....3
49			Most of the time .....4
50			All of the time .....5
51			
52	Q32_9	So sad that nothing could cheer you up?	None of the time .....1
53			A little of the time .....2
54			Some of the time .....3
55			Most of the time .....4
56			All of the time .....5
57			
58	Q32_10	Worthless?	None of the time .....1
59			A little of the time .....2
60			Some of the time .....3
			Most of the time .....4
			All of the time .....5

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**Q33** Over the past four weeks, how many days in total were you unable to carry out your usual daily activities fully? \_\_\_/\_\_\_ DAYS  
Don't know .....99

---

**Q34** Over the past four weeks, how many days in total did you stay in bed all or most of the day because of illness or injury? \_\_\_/\_\_\_ DAYS  
Don't know .....99

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**Q461** Great work! You have finished this part of the questionnaire!

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For peer review only

**Module 2 – Alcohol, tobacco and other substances**

Q165 In your life, have you ever...

Q165\_1 Consumed alcoholic beverages (beer, wine or spirits)? No .....1  
Yes .....2

Q165\_2 Used tobacco products (cigarettes, chewing tobacco, or cigars)? No .....1  
Yes .....2

Q165\_3 Used cannabis (marijuana)? No .....1  
Yes .....2

\*\*\*\*\*  
IF EVER USED TOBACCO (Q165\_2 = 2) CONTINUE, ELSE GO TO Q168  
\*\*\*\*\*

Q166 Have you smoked at least 100 cigarettes in your entire life? No .....1  
Yes .....2

\*\*\*\*\*  
IF 100 CIGARETTES OR MORE IN LIFETIME (Q166 = 2) GO TO Q168  
ELSE CONTINUE  
\*\*\*\*\*

Q167 Have you smoked pipes, cigars, or other tobacco products at least 20 times in your entire life? No .....1  
Yes .....2

Q168 E-cigarettes (also called electronic cigarettes) are battery-operated devices that heat a liquid to produce a vapour that users inhale. "Smoking" an e-cigarette mimics the act of smoking, and is often called "vaping". Have you ever used an e-cigarette? No .....1  
Yes .....2

\*\*\*\*\*  
IF NEVER USED E-CIGARETTE (Q168 = 1) GO TO Q171, ELSE CONTINUE  
\*\*\*\*\*

Q169 Some liquids for use in e-cigarettes contain nicotine, while others don't. Have you used an e-cigarette with a liquid that contained nicotine? No .....1  
Yes .....2  
Don't know .....3

Q170 How many times in your life have you used an e-cigarette? Fewer than 5 times .....1  
Between 5 and 9 times .....2  
Between 10 and 19 times .....3  
Between 20 and 99 times .....4  
100 times or more .....5

\*\*\*\*\*  
IF EVER USED CANNABIS (Q165\_3 = 2) CONTINUE, ELSE GO TO Q172  
\*\*\*\*\*

1			
2			
3	Q171	How many times in your life have you used	Fewer than 5 times .....1
4		cannabis (marijuana)?	Between 5 and 9 times .....2
5			Between 10 and 19 times .....3
6			20 times or more .....4
7			
8	<hr/>		
9	Q172	In your life, which of the following substances have you ever	
10		used? Non-medical use only: do not include items that were	
11		taken in the quantities and manner prescribed by a medical	
12		professional.	
13	Q172_1	Cocaine	No .....1
14			Yes .....2
15			
16	Q172_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
17			Yes .....2
18			
19	Q172_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
20			Yes .....2
21			
22	Q172_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
23			Yes .....2
24			
25	Q172_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
26			Yes .....2
27			
28	Q172_6	Opioids (e.g. heroin, morphine, methadone)	No .....1
29			Yes .....2
30			
31	Q172_7	Ecstasy (E, MDMA)	No .....1
32			Yes .....2
33			
34	Q172_8	Ketamine (Special K)	No .....1
35			Yes .....2
36			
37	Q172_9	GHB (liquid e, Fantasy)	No .....1
38			Yes .....2
39			
40	Q172_10	Other party drugs	No .....1
41			Yes .....2
42			
43	Q172_11	Over-the-counter or prescription pain killers and analgesics	No .....1
44		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
45		hydrocodone)	
46	Q172_12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
47		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes .....2
48			
49	Q172_13	Other (specify):	No .....1
50			Yes .....2
51			
52	Q172_13_TEXT	Specified other substance	_____
53			
54	<hr/>		
55	*****		
56	FOR EACH SUBSTANCE SELECTED AT Q172, COMPLETE Q173		
57	IF NO SUBSTANCE SELECTED AT Q172, GO TO Q175		
58	*****		
59			
60			

1	Q173	In your life, which of the following substances have you used 10 or more times? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
6	Q173_1	Cocaine	No .....1 Yes .....2
9	Q173_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
12	Q173_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
15	Q173_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
18	Q173_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
21	Q173_6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
24	Q173_7	Ecstasy (E, MDMA)	No .....1 Yes .....2
27	Q173_8	Ketamine (Special K)	No .....1 Yes .....2
30	Q173_9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
33	Q173_10	Other party drugs	No .....1 Yes .....2
36	Q173_11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
39	Q173_12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
42	Q173_13	Other	No .....1 Yes .....2

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\*\*\*\*\*  
 IF EVER CONSUMED ALCOHOL (Q165\_1 = 2),  
 COMPLETE Q174 FOR EACH SUBSTANCE SELECTED AT Q172  
 ELSE GO TO Q175  
 \*\*\*\*\*

1	Q174	In your life, which of the following substances have you ever used while drinking alcohol?	
2			
3			
4	Q174_x1	Cocaine	No .....1
5			Yes .....2
6			
7	Q174_x2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
8			Yes .....2
9			
10	Q174_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
11			Yes .....2
12			
13	Q174_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
14			Yes .....2
15			
16	Q174_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
17			Yes .....2
18			
19	Q174_x6	Opioids (e.g. heroin, morphine, methadone)	No .....1
20			Yes .....2
21			
22	Q174_x7	Ecstasy (E, MDMA)	No .....1
23			Yes .....2
24			
25	Q174_x8	Ketamine (Special K)	No .....1
26			Yes .....2
27			
28	Q174_x9	GHB (liquid e, Fantasy)	No .....1
29			Yes .....2
30			
31	Q174_x10	Other party drugs	No .....1
32			Yes .....2
33			
34	Q174_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
35			Yes .....2
36			
37	Q174_x12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
38			Yes .....2
39			
40	Q174_x13	Other	No .....1
41			Yes .....2
42			

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q175  
 IF NO SUBSTANCES SELECTED AT ANY OF Q165, Q168 OR Q172,  
 GO TO Q201  
 \*\*\*\*\*

1	Q175	At what age did you first use these substances? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5	Q175_1	Alcohol (beer, wine, spirits)	___/___ YEARS
6			
7	Q175_2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	___/___ YEARS
8			
9	Q175_3	E-cigarettes	___/___ YEARS
10			
11	Q175_4	Cannabis (marijuana)	___/___ YEARS
12			
13	Q175_x1	Cocaine	___/___ YEARS
14			
15	Q175_x2	Amphetamine-type stimulants (e.g. ice, speed)	___/___ YEARS
16			
17	Q175_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	___/___ YEARS
18			
19	Q175_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	___/___ YEARS
20			
21	Q175_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	___/___ YEARS
22			
23	Q175_x6	Opioids (e.g. heroin, morphine, methadone)	___/___ YEARS
24			
25	Q175_x7	Ecstasy (E, MDMA)	___/___ YEARS
26			
27	Q175_x8	Ketamine (Special K)	___/___ YEARS
28			
29	Q175_x9	GHB (liquid e, Fantasy)	___/___ YEARS
30			
31	Q175_x10	Other party drugs	___/___ YEARS
32			
33	Q175_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	___/___ YEARS
34			
35	Q175_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	___/___ YEARS
36			
37			
38	Q175_x13	Other	___/___ YEARS

\*\*\*\*\*  
 IF NEVER CONSUMED ALCOHOL (Q165\_1 = 1) GO TO Q182  
 ELSE CONTINUE  
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Q176 Please refer to the following standard drink guides for the next two questions.

Q177



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Q178



Q179



Q180 In the past three months, how many times have you had three or more standard drinks in a day? \_\_\_/\_\_\_ TIMES

Q181 In the past three months, how many times have you had five or more standard drinks in a day? \_\_\_/\_\_\_ TIMES

\*\*\*\*\*  
FOR EACH SUBSTANCE SELECTED AT Q165B, Q165D, Q168 AND Q172,  
COMPLETE Q182  
IF NO SUBSTANCES SELECTED AT ANY OF Q165B, Q165D, Q168 OR Q172,  
GO TO Q183  
\*\*\*\*\*



1	Q182	In the past three months, how often have you used these substances? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5			
6	Q182_1	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Never .....1
7			Once or twice .....2
8			Monthly .....3
9			Weekly .....4
10			Daily or almost daily .....5
11			
12	Q182_2	E-cigarettes	Never .....1
13			Once or twice .....2
14			Monthly .....3
15			Weekly .....4
16			Daily or almost daily .....5
17			
18	Q182_3	Cannabis (marijuana)	Never .....1
19			Once or twice .....2
20			Monthly .....3
21			Weekly .....4
22			Daily or almost daily .....5
23			
24	Q182_x1	Cocaine	Never .....1
25			Once or twice .....2
26			Monthly .....3
27			Weekly .....4
28			Daily or almost daily .....5
29			
30	Q182_x2	Amphetamine-type stimulants (e.g. ice, speed)	Never .....1
31			Once or twice .....2
32			Monthly .....3
33			Weekly .....4
34			Daily or almost daily .....5
35			
36	Q182_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Never .....1
37			Once or twice .....2
38			Monthly .....3
39			Weekly .....4
40			Daily or almost daily .....5
41			
42	Q182_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Never .....1
43			Once or twice .....2
44			Monthly .....3
45			Weekly .....4
46			Daily or almost daily .....5
47			
48	Q182_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Never .....1
49			Once or twice .....2
50			Monthly .....3
51			Weekly .....4
52			Daily or almost daily .....5
53			
54	Q182_x6	Opioids (e.g. heroin, morphine, methadone)	Never .....1
55			Once or twice .....2
56			Monthly .....3
57			Weekly .....4
58			Daily or almost daily .....5
59			
60	Q182_x7	Ecstasy (E, MDMA)	Never .....1
			Once or twice .....2
			Monthly .....3
			Weekly .....4

1			Daily or almost daily .....5
2			
3			
4	Q182_x8	Ketamine (Special K)	Never .....1
5			Once or twice .....2
6			Monthly .....3
7			Weekly .....4
8			Daily or almost daily .....5
9	Q182_x9	GHB (liquid e, Fantasy)	Never .....1
10			Once or twice .....2
11			Monthly .....3
12			Weekly .....4
13			Daily or almost daily .....5
14			
15	Q182_x10	Other party drugs	Never .....1
16			Once or twice .....2
17			Monthly .....3
18			Weekly .....4
19			Daily or almost daily .....5
20			
21	Q182_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Never .....1
22			Once or twice .....2
23			Monthly .....3
24			Weekly .....4
25			Daily or almost daily .....5
26			
27	Q182_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Never .....1
28			Once or twice .....2
29			Monthly .....3
30			Weekly .....4
31			Daily or almost daily .....5
32	Q182_x13	Other	Never .....1
33			Once or twice .....2
34			Monthly .....3
35			Weekly .....4
36			Daily or almost daily .....5
37			

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q183 TO Q200  
 ELSE GO TO Q201  
 \*\*\*\*\*

1	Q183	During the period that you used each of these substances the most, how often did you use it? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5			
6	Q183_x1	Alcohol (beer, wine, spirits)	Once or twice .....1
7			Monthly .....2
8			Weekly .....3
9			Daily or almost daily .....4
10			
11	Q183_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Once or twice .....1
12			Monthly .....2
13			Weekly .....3
14			Daily or almost daily .....4
15			
16	Q183_x3	E-cigarettes	Once or twice .....1
17			Monthly .....2
18			Weekly .....3
19			Daily or almost daily .....4
20			
21	Q183_x4	Cannabis (marijuana)	Once or twice .....1
22			Monthly .....2
23			Weekly .....3
24			Daily or almost daily .....4
25			
26	Q183_xx1	Cocaine	Once or twice .....1
27			Monthly .....2
28			Weekly .....3
29			Daily or almost daily .....4
30			
31	Q183_xx2	Amphetamine-type stimulants (e.g. ice, speed)	Once or twice .....1
32			Monthly .....2
33			Weekly .....3
34			Daily or almost daily .....4
35			
36	Q183_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Once or twice .....1
37			Monthly .....2
38			Weekly .....3
39			Daily or almost daily .....4
40			
41	Q183_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Once or twice .....1
42			Monthly .....2
43			Weekly .....3
44			Daily or almost daily .....4
45			
46	Q183_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Once or twice .....1
47			Monthly .....2
48			Weekly .....3
49			Daily or almost daily .....4
50			
51	Q183_xx6	Opioids (e.g. heroin, morphine, methadone)	Once or twice .....1
52			Monthly .....2
53			Weekly .....3
54			Daily or almost daily .....4
55			
56	Q183_xx7	Ecstasy (E, MDMA)	Once or twice .....1
57			Monthly .....2
58			Weekly .....3
59			Daily or almost daily .....4
60			
	Q183_xx8	Ketamine (Special K)	Once or twice .....1
			Monthly .....2
			Weekly .....3

1			Daily or almost daily .....4
2			
3			
4	Q183_xx9	GHB (liquid e, Fantasy)	Once or twice .....1
5			Monthly .....2
6			Weekly .....3
7			Daily or almost daily .....4
8			
9	Q183_xx10	Other party drugs	Once or twice .....1
10			Monthly .....2
11			Weekly .....3
12			Daily or almost daily .....4
13	Q183_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Once or twice .....1
14			Monthly .....2
15			Weekly .....3
16			Daily or almost daily .....4
17			
18	Q183_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Once or twice .....1
19			Monthly .....2
20			Weekly .....3
21			Daily or almost daily .....4
22			
23	Q183_xx13	Other	Once or twice .....1
24			Monthly .....2
25			Weekly .....3
26			Daily or almost daily .....4

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1 Q184 The following questions will ask you about experiences you  
 2 may have had while using alcohol, tobacco or other substances  
 3 for non-medical purposes. For each of the following questions,  
 4 think about the 12-month period in your life when you used  
 5 each substance the most. This may have been at different times  
 6 for different substances.  
 7  
 8 Did you often use a lot more of any of these substances than  
 9 you intended to?  
 10  
 11 Q184\_x1 Alcohol (beer, wine, spirits) No .....1  
 12 Yes .....2  
 13  
 14 Q184\_x2 Tobacco products (e.g cigarettes, chewing tobacco, cigars) No .....1  
 15 Yes .....2  
 16  
 17 Q184\_x3 E-cigarettes No .....1  
 18 Yes .....2  
 19  
 20 Q184\_x4 Cannabis (marijuana) No .....1  
 21 Yes .....2  
 22  
 23 Q184\_xx1 Cocaine No .....1  
 24 Yes .....2  
 25  
 26 Q184\_xx2 Amphetamine-type stimulants (e.g. ice, speed) No .....1  
 27 Yes .....2  
 28  
 29 Q184\_xx3 Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide) No .....1  
 30 Yes .....2  
 31  
 32 Q184\_xx4 Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol) No .....1  
 33 Yes .....2  
 34  
 35 Q184\_xx5 Hallucinogens (e.g. LSD, acid, mushrooms, PCP) No .....1  
 36 Yes .....2  
 37  
 38 Q184\_xx6 Opioids (e.g. heroin, morphine, methadone) No .....1  
 39 Yes .....2  
 40  
 41 Q184\_xx7 Ecstasy (E, MDMA) No .....1  
 42 Yes .....2  
 43  
 44 Q184\_xx8 Ketamine (Special K) No .....1  
 45 Yes .....2  
 46  
 47 Q184\_xx9 GHB (liquid e, Fantasy) No .....1  
 48 Yes .....2  
 49  
 50 Q184\_xx10 Other party drugs No .....1  
 51 Yes .....2  
 52  
 53 Q184\_xx11 Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone) No .....1  
 54 Yes .....2  
 55  
 56 Q184\_xx12 Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills) No .....1  
 57 Yes .....2  
 58  
 59 Q184\_xx13 Other No .....1  
 60 Yes .....2

1	Q185	Did you often use any of these substances over a longer period of time than you intended to?	
2			
3			
4	Q185_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q185_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q185_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q185_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q185_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q185_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q185_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q185_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q185_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q185_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q185_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q185_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q185_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q185_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q185_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q185_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q185_xx13	Other	No .....1
53			Yes .....2
54			
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1	Q186	Did you keep wanting to cut down or control your use of any of these substances?	
2			
3			
4	Q186_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q186_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q186_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q186_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q186_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q186_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q186_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q186_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q186_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q186_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q186_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q186_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q186_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q186_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q186_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q186_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q186_xx13	Other	No .....1
53			Yes .....2
54			
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1	Q187	Did you try to cut down or control your use of any of these substances and find that you couldn't?	
2			
3			
4	Q187_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q187_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q187_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q187_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q187_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q187_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q187_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q187_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q187_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q187_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q187_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q187_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q187_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q187_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q187_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
47			
48	Q187_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
49			
50			
51	Q187_xx13	Other	No .....1 Yes .....2
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1	Q188	Did you spend a lot of time obtaining or using any of these substances, or recovering from their effects?	
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3			
4	Q188_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q188_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q188_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q188_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q188_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q188_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q188_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q188_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q188_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q188_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q188_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q188_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q188_xx9	Q188M GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q188_xx10	Q188N Other party drugs	No .....1
44			Yes .....2
45			
46	Q188_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q188_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q188_xx13	Other	No .....1
53			Yes .....2
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1	Q189	In between those times when you were using any of these substances, did you have a strong desire or urge to use any of them?	
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4			
5	Q189_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q189_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q189_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q189_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q189_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q189_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q189_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q189_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q189_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q189_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q189_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q189_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q189_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q189_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q189_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q189_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q189_xx13	Other	No .....1
54			Yes .....2
55			
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1	Q190	Did you ever fail to do what was normally expected of you (at work, school or home) because of your use of any of these substances?	
2			
3			
4			
5	Q190_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, once or twice .....2
7			Yes, 3 times or more .....3
8			
9	Q190_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, once or twice .....2
11			Yes, 3 times or more .....3
12			
13	Q190_x3	E-cigarettes	No .....1
14			Yes, once or twice .....2
15			Yes, 3 times or more .....3
16			
17	Q190_x4	Cannabis (marijuana)	No .....1
18			Yes, once or twice .....2
19			Yes, 3 times or more .....3
20			
21	Q190_xx1	Cocaine	No .....1
22			Yes, once or twice .....2
23			Yes, 3 times or more .....3
24			
25	Q190_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, once or twice .....2
27			Yes, 3 times or more .....3
28			
29	Q190_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, once or twice .....2
31			Yes, 3 times or more .....3
32			
33	Q190_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, once or twice .....2
35			Yes, 3 times or more .....3
36			
37	Q190_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, once or twice .....2
39			Yes, 3 times or more .....3
40			
41	Q190_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, once or twice .....2
43			Yes, 3 times or more .....3
44			
45	Q190_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, once or twice .....2
47			Yes, 3 times or more .....3
48			
49	Q190_xx8	Ketamine (Special K)	No .....1
50			Yes, once or twice .....2
51			Yes, 3 times or more .....3
52			
53	Q190_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, once or twice .....2
55			Yes, 3 times or more .....3
56			
57	Q190_xx10	Other party drugs	No .....1
58			Yes, once or twice .....2
59			Yes, 3 times or more .....3
60			
	Q190_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, once or twice .....2
			Yes, 3 times or more .....3

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Q190_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx13	Other	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3

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1	Q191	Did using any of these substances cause problems with other people (such as family members, friends, or people at work) or make existing problems worse?	
2			
3			
4			
5	Q191_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q191_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q191_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q191_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q191_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q191_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q191_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q191_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q191_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q191_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q191_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q191_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q191_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q191_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q191_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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Q191_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx13	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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1	Q192	Did you ever give up or reduce important activities (like sports, hobbies, work, or time with friends or relatives) because of your use of any of the following substances?	
2			
3			
4			
5	Q192_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q192_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q192_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q192_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q192_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q192_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q192_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q192_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q192_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q192_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q192_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q192_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q192_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q192_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q192_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q192_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q192_xx13	Other	No .....1
54			Yes .....2
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1	Q193	Did you ever use any of these substances in a situation in which it might have been physically hazardous (like driving a car, motorbike or boat; climbing; swimming; or operating machinery or power equipment)?	
2			
3			
4			
5			
6	Q193_x1	Alcohol (beer, wine, spirits)	No .....1
7			Yes, once or twice .....2
8			Yes, 3 times or more .....3
9			
10	Q193_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
11			Yes, once or twice .....2
12			Yes, 3 times or more .....3
13			
14	Q193_x3	E-cigarettes	No .....1
15			Yes, once or twice .....2
16			Yes, 3 times or more .....3
17			
18	Q193_x4	Cannabis (marijuana)	No .....1
19			Yes, once or twice .....2
20			Yes, 3 times or more .....3
21			
22	Q193_xx1	Cocaine	No .....1
23			Yes, once or twice .....2
24			Yes, 3 times or more .....3
25			
26	Q193_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
27			Yes, once or twice .....2
28			Yes, 3 times or more .....3
29			
30	Q193_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
31			Yes, once or twice .....2
32			Yes, 3 times or more .....3
33			
34	Q193_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
35			Yes, once or twice .....2
36			Yes, 3 times or more .....3
37			
38	Q193_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
39			Yes, once or twice .....2
40			Yes, 3 times or more .....3
41			
42	Q193_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
43			Yes, once or twice .....2
44			Yes, 3 times or more .....3
45			
46	Q193_xx7	Ecstasy (E, MDMA)	No .....1
47			Yes, once or twice .....2
48			Yes, 3 times or more .....3
49			
50	Q193_xx8	Ketamine (Special K)	No .....1
51			Yes, once or twice .....2
52			Yes, 3 times or more .....3
53			
54	Q193_xx9	GHB (liquid e, Fantasy)	No .....1
55			Yes, once or twice .....2
56			Yes, 3 times or more .....3
57			
58	Q193_xx10	Other party drugs	No .....1
59			Yes, once or twice .....2
60			Yes, 3 times or more .....3
	Q193_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine,	No .....1
			Yes, once or twice .....2



1			
2		hydrocodone)	Yes, 3 times or more .....3
3			
4	Q193_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
5			Yes, once or twice .....2
6			Yes, 3 times or more .....3
7	Q193_xx13	Other	No .....1
8			Yes, once or twice .....2
9			Yes, 3 times or more .....3
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1			
2	Q194	Did using any of these substances ever cause you physical health problems, or make an existing physical health problem worse?	
3			
4			
5	Q194_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q194_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q194_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q194_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q194_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q194_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q194_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q194_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q194_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q194_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q194_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q194_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q194_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q194_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q194_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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Q194_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx13	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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1	Q195	Did using any of these substances ever cause you	
2		psychological problems (like making you depressed or	
3		anxious, making it hard to sleep, making it hard to remember	
4		things clearly) or cause existing problems like these to get	
5		worse?	
6			
7	Q195_x1	Alcohol (beer, wine, spirits)	No .....1
8			Yes, and I quit using .....2
9			Yes, and I kept using .....3
10			
11	Q195_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
12			Yes, and I quit using .....2
13			Yes, and I kept using .....3
14			
15	Q195_x3	E-cigarettes	No .....1
16			Yes, and I quit using .....2
17			Yes, and I kept using .....3
18			
19	Q195_x4	Cannabis (marijuana)	No .....1
20			Yes, and I quit using .....2
21			Yes, and I kept using .....3
22			
23	Q195_xx1	Cocaine	No .....1
24			Yes, and I quit using .....2
25			Yes, and I kept using .....3
26			
27	Q195_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
28			Yes, and I quit using .....2
29			Yes, and I kept using .....3
30			
31	Q195_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
32			Yes, and I quit using .....2
33			Yes, and I kept using .....3
34			
35	Q195_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
36			Yes, and I quit using .....2
37			Yes, and I kept using .....3
38			
39	Q195_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
40			Yes, and I quit using .....2
41			Yes, and I kept using .....3
42			
43	Q195_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
44			Yes, and I quit using .....2
45			Yes, and I kept using .....3
46			
47	Q195_xx7	Ecstasy (E, MDMA)	No .....1
48			Yes, and I quit using .....2
49			Yes, and I kept using .....3
50			
51	Q195_xx8	Ketamine (Special K)	No .....1
52			Yes, and I quit using .....2
53			Yes, and I kept using .....3
54			
55	Q195_xx9	GHB (liquid e, Fantasy)	No .....1
56			Yes, and I quit using .....2
57			Yes, and I kept using .....3
58			
59	Q195_xx10	Other party drugs	No .....1
60			Yes, and I quit using .....2
			Yes, and I kept using .....3
	Q195_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1

1			
2		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes, and I quit using .....2
3		hydrocodone)	Yes, and I kept using .....3
4	Q195_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
5		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes, and I quit using .....2
6			Yes, and I kept using .....3
7			
8	Q195_xx13	Other	No .....1
9			Yes, and I quit using .....2
10			Yes, and I kept using .....3
11			

---

For peer review only

1			
2	Q196	Over time, did you need to use a lot more of any of these substances to feel its effects compared to when you first started using it?	
3			
4			
5	Q196_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q196_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q196_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q196_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q196_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q196_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q196_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q196_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q196_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q196_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q196_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q196_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q196_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q196_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q196_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q196_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q196_xx13	Other	No .....1
54			Yes .....2
55	<hr/>		
56			
57			
58			
59			
60			

1	Q197	Over time, did you find that the same amount of any of these substances had much less effect compared to when you first started using it?	
2			
3			
4			
5	Q197_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q197_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q197_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q197_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q197_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q197_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q197_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q197_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q197_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q197_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q197_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q197_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q197_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q197_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q197_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q197_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q197_xx13	Q197Q Other	No .....1
54			Yes .....2
55			
56			
57			
58			
59			
60			

1			
2	Q198	People who cut down or stop using a substance after using it	
3		steadily for some time may not feel well. These feelings are	
4		more intense than the usual after-effects. These problems may	
5		include: trembling hands, being unable to sleep, feeling	
6		anxious, irritable or depressed, feeling restless, sweating, heart	
7		beating fast, fever or chills, nausea or vomiting, weight loss or	
8		decreased appetite, feeling physically weak, having headaches	
9		or difficulty concentrating, seizures, hearing / seeing things	
10		that aren't there.	
11		Still thinking about the 12-month period in your life when you	
12		used each of these substances the most: When you stopped,	
13		cut down or went without any of these substances, did you	
14		experience any problems like these?	
15			
16	Q198_x1	Alcohol (beer, wine, spirits)	No .....1
17			Yes .....2
18			I did not cut down or stop in that
19			12 months .....3
20			
21	Q198_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
22			Yes .....2
23			I did not cut down or stop in that
24			12 months .....3
25			
26	Q198_x3	E-cigarettes	No .....1
27			Yes .....2
28			I did not cut down or stop in that
29			12 months .....3
30			
31	Q198_x4	Cannabis (marijuana)	No .....1
32			Yes .....2
33			I did not cut down or stop in that
34			12 months .....3
35			
36	Q198_xx1	Cocaine	No .....1
37			Yes .....2
38			I did not cut down or stop in that
39			12 months .....3
40			
41	Q198_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
42			Yes .....2
43			I did not cut down or stop in that
44			12 months .....3
45			
46	Q198_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
47			Yes .....2
48			I did not cut down or stop in that
49			12 months .....3
50			
51	Q198_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
52			Yes .....2
53			I did not cut down or stop in that
54			12 months .....3
55			
56	Q198_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
57			Yes .....2
58			I did not cut down or stop in that
59			12 months .....3
60			
	Q198_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
			Yes .....2
			I did not cut down or stop in that



1			12 months .....3
2			
3			
4	Q198_xx7	Ecstasy (E, MDMA)	No .....1
5			Yes .....2
6			I did not cut down or stop in that
7			12 months .....3
8	Q198_xx8	Ketamine (Special K)	No .....1
9			Yes .....2
10			I did not cut down or stop in that
11			12 months .....3
12			
13	Q198_xx9	GHB (liquid e, Fantasy)	No .....1
14			Yes .....2
15			I did not cut down or stop in that
16			12 months .....3
17			
18	Q198_xx10	Other party drugs	No .....1
19			Yes .....2
20			I did not cut down or stop in that
21			12 months .....3
22			
23	Q198_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
24			Yes .....2
25			I did not cut down or stop in that
26			12 months .....3
27			
28	Q198_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
29			Yes .....2
30			I did not cut down or stop in that
31			12 months .....3
32	Q198_xx13	Other	No .....1
33			Yes .....2
34			I did not cut down or stop in that
35			12 months .....3

---

1	Q199	Did you ever drink alcohol, take medication or drugs to keep from having these problems or to make them go away?	
2			
3			
4	Q199_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q199_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q199_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q199_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q199_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q199_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q199_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q199_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q199_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q199_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q199_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q199_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q199_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q199_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q199_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q199_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q199_xx13	Other	No .....1
53			Yes .....2

\*\*\*\*\*  
 IF EVER TAKEN ANY ANTIDEPRESSANT (ANY OF Q10\_1 TO Q10\_11 = 1),  
 CONTINUE  
 ELSE GO TO Q201  
 \*\*\*\*\*

1	Q200	During the time(s) you have taken antidepressants (even if it wasn't for anxiety or depression), did this change the amount you used any of the following substances?	
2			
3			
4			
5	Q200_x1	Alcohol (beer, wine, spirits)	No change .....1
6			Use increased while taking
7			antidepressants .....2
8			Use decreased or stopped while
9			taking antidepressants .....3
10			
11	Q200_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No change .....1
12			Use increased while taking
13			antidepressants .....2
14			Use decreased or stopped while
15			taking antidepressants .....3
16			
17	Q200_x3	E-cigarettes	No change .....1
18			Use increased while taking
19			antidepressants .....2
20			Use decreased or stopped while
21			taking antidepressants .....3
22			
23	Q200_x4	Cannabis (marijuana)	No change .....1
24			Use increased while taking
25			antidepressants .....2
26			Use decreased or stopped while
27			taking antidepressants .....3
28			
29	Q200_xx1	Cocaine	No change .....1
30			Use increased while taking
31			antidepressants .....2
32			Use decreased or stopped while
33			taking antidepressants .....3
34	Q200_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No change .....1
35			Use increased while taking
36			antidepressants .....2
37			Use decreased or stopped while
38			taking antidepressants .....3
39			
40	Q200_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No change .....1
41			Use increased while taking
42			antidepressants .....2
43			Use decreased or stopped while
44			taking antidepressants .....3
45			
46	Q200_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No change .....1
47			Use increased while taking
48			antidepressants .....2
49			Use decreased or stopped while
50			taking antidepressants .....3
51			
52	Q200_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No change .....1
53			Use increased while taking
54			antidepressants .....2
55			Use decreased or stopped while
56			taking antidepressants .....3
57			
58	Q200_xx6	Opioids (e.g. heroin, morphine, methadone)	No change .....1
59			Use increased while taking
60			antidepressants .....2
			Use decreased or stopped while
			taking antidepressants .....3

1			
2			
3	Q200_xx7	Ecstasy (E, MDMA)	No change .....1
4			Use increased while taking
5			antidepressants .....2
6			Use decreased or stopped while
7			taking antidepressants .....3
8			
9	Q200_xx8	Ketamine (Special K)	No change .....1
10			Use increased while taking
11			antidepressants .....2
12			Use decreased or stopped while
13			taking antidepressants .....3
14	Q200_xx9	GHB (liquid e, Fantasy)	No change .....1
15			Use increased while taking
16			antidepressants .....2
17			Use decreased or stopped while
18			taking antidepressants .....3
19			
20	Q200_xx10	Other party drugs	No change .....1
21			Use increased while taking
22			antidepressants .....2
23			Use decreased or stopped while
24			taking antidepressants .....3
25			
26	Q200_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No change .....1
27			Use increased while taking
28			antidepressants .....2
29			Use decreased or stopped while
30			taking antidepressants .....3
31			
32	Q200_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No change .....1
33			Use increased while taking
34			antidepressants .....2
35			Use decreased or stopped while
36			taking antidepressants .....3
37	Q200_xx13	Other	No change .....1
38			Use increased while taking
39			antidepressants .....2
40			Use decreased or stopped while
41			taking antidepressants .....3
42			
43			
44	Q201	You have reached the end of this section of the questionnaire. Thanks for answering our questions!	
45			
46			
47			
48			
49			
50			
51			
52			
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56			
57			
58			
59			
60			

### Module 3 – Experiences of health care

1  
2  
3  
4 **Q202** The following questions are about your recent experiences with health services **in Australia**. Have you ever thought that you had a mental health or behavioural problem? No .....1  
5 Yes .....2  
6 Don't know .....3  
7

8 \*\*\*\*\*  
9 IF EVER THOUGHT HAD PROBLEM (Q202 = 2) CONTINUE  
10 ELSE GO TO Q217  
11 \*\*\*\*\*

12  
13  
14 **Q203** At the time, did you think this problem might be helped by seeing a health professional? No .....1  
15 Yes .....2  
16 Don't know .....3  
17

18  
19 **Q204** Have you ever had a friend, relative or doctor suggest that you should seek help for a mental health or behavioural problem? No .....1  
20 Yes .....2  
21 Don't know .....3  
22

23 \*\*\*\*\*  
24 IF HELP EVER SUGGESTED (Q204 = 2) CONTINUE  
25 ELSE GO TO Q206  
26 \*\*\*\*\*

27  
28  
29 **Q205** Was that in the past 12 months? No .....1  
30 Yes .....2  
31 Don't know .....3  
32

33  
34 **Q206\_n** How old were you when the mental health or behavioural problem first began? \_\_\_\_\_/\_\_\_\_ YEARS  
35  
36

37  
38 **Q207** The next questions are about the mental health or behavioural problem that you have just mentioned. Have you done anything to deal with the mental health or behavioural problem? No .....1  
39 Yes .....2  
40 Don't know .....3  
41

42 \*\*\*\*\*  
43 IF NOT DONE ANYTHING (Q207 = 1), GO TO 208  
44 IF DONE SOMETHING (Q207 = 2), GO TO Q209  
45 ELSE GO TO Q210  
46 \*\*\*\*\*  
47

48  
49  
50 **Q208** Were there any reasons why you haven't done anything? No .....1  
51 Yes .....2  
52 Don't know .....3

53 **Q208\_TEXT** Reasons for not having done anything \_\_\_\_\_  
54

55 \*\*\*\*\*  
56 GO TO Q210  
57 \*\*\*\*\*  
58  
59  
60

1 Q209 How long have you recognised that you have had this mental  
 2 health or behavioural problem?  
 3  
 4 If 3 months or less, please record your answer in the Days  
 5 field. If more than 3 months but no more than 2 years, please  
 6 record your answer in the Months field. If longer than 2 years,  
 7 please record your answer in the Years field.  
 8  
 9 Q209 Recognition of problem time units Days .....1  
 10 Months .....2  
 11 Years .....3  
 12  
 13 Q209\_n Number of recognition of problem time units \_/\_  
 14

15  
 16 Q210 Thinking about your mental health or behavioural problem ...  
 17  
 18 Q210\_1 Have you discussed this problem with any close friends? No .....1  
 19 Yes .....2  
 20 Don't know .....3  
 21  
 22 Q210\_2 Have you sought any information for this problem? No .....1  
 23 Yes .....2  
 24 Don't know .....3  
 25  
 26 Q210\_3 Have you discussed your problem with family? No .....1  
 27 Yes .....2  
 28 Don't know .....3  
 29  
 30 Q210\_4 Have you used or do you use any self-help strategies to help No .....1  
 31 you deal with this problem? Yes .....2  
 32 Don't know .....3  
 33  
 34 Q210\_5 Have you used alcohol or other substances to deal with this No .....1  
 35 problem? Yes .....2  
 36 Don't know .....3  
 37  
 38 Q210\_6 Have you seen a health professional, such as a general No .....1  
 39 practitioner, about this problem? Yes .....2  
 40 Don't know .....3  
 41  
 42 Q210\_7 Have you seen or do you see a specialist, such as a No .....1  
 43 psychiatrist, about this problem? Yes .....2  
 44 Don't know .....3  
 45  
 46 Q210\_8 Have you done or did you do anything else to deal with No .....1  
 47 this problem? Yes .....2  
 48 Don't know .....3

49 \*\*\*\*\*  
 50 IF ANY ACTION TAKEN (ANY OF Q210\_1 TO Q210\_8 = 2) CONTINUE  
 51 ELSE GO TO Q217  
 52 \*\*\*\*\*

53 \*\*\*\*\*  
 54 IF SOUGHT INFORMATION (Q210\_2 = 2) CONTINUE, ELSE GO TO Q213  
 55 \*\*\*\*\*

56  
 57  
 58 Q211 What information have you sought? \_\_\_\_\_  
 59  
 60

1	Q212	Where did you get this information from?	
2			
3	Q212_1	Doctor	Yes .....1
4	Q212_2	Friend / family member	Yes .....1
5	Q213_3	Book(s)	Yes .....1
6	Q213_4	Helpline	Yes .....1
7	Q213_5	Mental health organization	Yes .....1
8	Q213_6	Community health centre	Yes .....1
9	Q213_7	Internet	Yes .....1
10	Q213_8	Visited the library	Yes .....1
11	Q213_9	Other	Yes .....1
12	Q213_10	Don't know	Yes .....1
13			
14	Q213_5_TEXT	Specified mental health organization	_____
15	Q213_9_TEXT	Specified other information source	_____

---

\*\*\*\*\*  
 IF USED SELF-HELP STRATEGIES (Q210D = 2) CONTINUE  
 ELSE GO TO Q214  
 \*\*\*\*\*

Q213 What self-help strategies have you used? \_\_\_\_\_

---

\*\*\*\*\*  
 IF DID SOMETHING ELSE (Q210H = 2) CONTINUE  
 ELSE GO TO Q215  
 \*\*\*\*\*

Q214 What else did you do / have you done? \_\_\_\_\_

\*\*\*\*\*  
 FOR EACH ACTION TAKEN AT Q210 (Q210A TO Q210H = 2), COMPLETE  
 THE RELEVANT SECTION OF Q215  
 \*\*\*\*\*

1		
2		
3		
4		
5		
6	Q215	Did you find the following helpful or unhelpful?
7		
8	Q215A	Discussing your problem with close friends
9		Helpful .....1
10		Unhelpful .....2
11		Neither helpful nor unhelpful .....3
12		Don't know .....4
13	Q215B	[TEXT FOR INFORMATION SOUGHT FROM Q211]
14		Helpful .....1
15		Unhelpful .....2
16		Neither helpful nor unhelpful .....3
17		Don't know .....4
18	Q215C	Discussing the problem with your family
19		Helpful .....1
20		Unhelpful .....2
21		Neither helpful nor unhelpful .....3
22		Don't know .....4
23	Q215D	[TEXT FOR SELF-HELP STRATEGY FROM Q213]
24		Helpful .....1
25		Unhelpful .....2
26		Neither helpful nor unhelpful .....3
27		Don't know .....4
28	Q215E	Using alcohol or other substances
29		Helpful .....1
30		Unhelpful .....2
31		Neither helpful nor unhelpful .....3
32		Don't know .....4
33	Q215F	Seeing a health professional
34		Helpful .....1
35		Unhelpful .....2
36		Neither helpful nor unhelpful .....3
37		Don't know .....4
38	Q215G	Seeing a specialist
39		Helpful .....1
40		Unhelpful .....2
41		Neither helpful nor unhelpful .....3
42		Don't know .....4
43	Q215H	[OTHER ACTION FROM Q214]
44		Helpful .....1
45		Unhelpful .....2
46		Neither helpful nor unhelpful .....3
47		Don't know .....4
48	Q216	Was a parent, guardian or another adult involved in any of these
49		processes?
50		No .....1
51		Yes .....2
52		Don't know .....3
53	Q217	Another section of the questionnaire completed. Well done!
54		
55		
56		
57		
58		
59		
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## Module 4 – Thoughts, feelings and behaviours

Q218 Please answer each question by choosing Yes or No. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the questions.

Q218A Does your mood often go up and down?	No .....1
	Yes .....2
Q218B Are you a talkative person?	No .....1
	Yes .....2
Q218C Do you ever feel 'just miserable' for no reason?	No .....1
	Yes .....2
Q218D Are you rather lively?	No .....1
	Yes .....2
Q218E Are you an irritable person?	No .....1
	Yes .....2
Q218F Do you enjoy meeting new people?	No .....1
	Yes .....2
Q218G Are your feelings easily hurt?	No .....1
	Yes .....2
Q218H Can you usually let yourself go and enjoy yourself at a lively party?	No .....1
	Yes .....2
Q218I Do you often feel 'fed-up'?	No .....1
	Yes .....2
Q218J Do you usually take the initiative in making new friends?	No .....1
	Yes .....2
Q218K Would you call yourself a nervous person?	No .....1
	Yes .....2
Q218L Can you easily get some life into a rather dull party?	No .....1
	Yes .....2

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2	Q219	Please answer each question by choosing Yes or No. There are no right or	
3		wrong answers, and no trick questions. Work quickly and do not think too	
4		long about the exact meaning of the questions.	
5			
6	Q219A	Are you a worrier?	No .....1
7			Yes .....2
8			
9	Q219B	Do you tend to keep in the background on social occasions?	No .....1
10			Yes .....2
11			
12	Q219C	Would you call yourself tense or "highly-strung"?	No .....1
13			Yes .....2
14			
15	Q219D	Do you like mixing with people?	No .....1
16			Yes .....2
17			
18	Q219E	Do you worry too long after an embarrassing experience?	No .....1
19			Yes .....2
20			
21	Q219F	Do you like plenty of bustle and excitement around you?	No .....1
22			Yes .....2
23			
24	Q219G	Do you suffer from "nerves"?	No .....1
25			Yes .....2
26			
27	Q219H	Are you mostly quiet when you are with other people?	No .....1
28			Yes .....2
29			
30	Q219I	Do you often feel lonely?	No .....1
31			Yes .....2
32			
33	Q219J	Do other people think of you as being very lively?	No .....1
34			Yes .....2
35			
36	Q219K	Are you often troubled by feelings of guilt?	No .....1
37			Yes .....2
38			
39	Q219L	Can you get a party going?	No .....1
40			Yes .....2
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2	Q220	The following items refer to experiences that many people have in their
3		everyday lives. Choose the answer that best describes how much that
4		experience has <b>distressed or bothered</b> you during the past month.
5		
6	Q220A	I have saved up so many things that they get in the way
7		Not at all .....1
8		A little .....2
9		Moderately .....3
10		A lot .....4
11		Extremely .....5
12	Q220B	I check things more often than necessary
13		Not at all .....1
14		A little .....2
15		Moderately .....3
16		A lot .....4
17		Extremely .....5
18	Q220C	I get upset if objects are not arranged properly
19		Not at all .....1
20		A little .....2
21		Moderately .....3
22		A lot .....4
23		Extremely .....5
24	Q220D	I feel compelled to count while I am doing things
25		Not at all .....1
26		A little .....2
27		Moderately .....3
28		A lot .....4
29		Extremely .....5
30	Q220E	I find it difficult to touch an object when I know it has been
31		touched by strangers or certain people
32		Not at all .....1
33		A little .....2
34		Moderately .....3
35		A lot .....4
36		Extremely .....5
37	Q220F	I find it difficult to control my own thoughts
38		Not at all .....1
39		A little .....2
40		Moderately .....3
41		A lot .....4
42		Extremely .....5
43	Q220G	I collect things I don't need
44		Not at all .....1
45		A little .....2
46		Moderately .....3
47		A lot .....4
48		Extremely .....5
49	Q220H	I repeatedly check doors, windows, drawers etc.
50		Not at all .....1
51		A little .....2
52		Moderately .....3
53		A lot .....4
54		Extremely .....5
55	Q220I	I get upset if others change the way I have arranged things
56		Not at all .....1
57		A little .....2
58		Moderately .....3
59		A lot .....4
60		Extremely .....5

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2	Q221	The following items refer to experiences that many people have in their	
3		everyday lives. Choose the answer that best describes how much that	
4		experience has <b>distressed or bothered</b> you during the past month.	
5			
6		Q221A I feel I have to repeat certain numbers	Not at all .....1
7			A little .....2
8			Moderately .....3
9			A lot .....4
10			Extremely .....5
11		Q221B I sometimes have to wash or clean myself simply because I	Not at all .....1
12		feel contaminated	A little .....2
13			Moderately .....3
14			A lot .....4
15			Extremely .....5
16			
17		Q221C I am upset by unpleasant thoughts that come into my mind	Not at all .....1
18		against my will	A little .....2
19			Moderately .....3
20			A lot .....4
21			Extremely .....5
22			
23		Q221D I avoid throwing things away because I am afraid I might	Not at all .....1
24		need them later	A little .....2
25			Moderately .....3
26			A lot .....4
27			Extremely .....5
28			
29		Q221E I repeatedly check gas and water taps and light switches	Not at all .....1
30		after turning them off	A little .....2
31			Moderately .....3
32			A lot .....4
33			Extremely .....5
34			
35		Q221F I need things to be arranged in a particular order	Not at all .....1
36			A little .....2
37			Moderately .....3
38			A lot .....4
39			Extremely .....5
40			
41		Q221G I feel that there are good and bad numbers	Not at all .....1
42			A little .....2
43			Moderately .....3
44			A lot .....4
45			Extremely .....5
46			
47		Q221H I wash my hands more often and longer than necessary	Not at all .....1
48			A little .....2
49			Moderately .....3
50			A lot .....4
51			Extremely .....5
52			
53		Q221I I frequently get nasty thoughts and have difficulty getting rid	Not at all .....1
54		of them	A little .....2
55			Moderately .....3
56			A lot .....4
57			Extremely .....5
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2	Q222	Read each statement and decide if it is an accurate statement about you.
3		Mark your answer next to each statement. Give your own opinion of
4		yourself. Be sure to answer every statement.
5		
6	Q222A	My mood can shift quite suddenly
7		False, not at all true .....1
8		Slightly true .....2
9		Mainly true .....3
10		Very true .....4
11	Q222B	I avoid eye contact with other people
12		False, not at all true .....1
13		Slightly true .....2
14		Mainly true .....3
15		Very true .....4
16	Q222C	My attitude about myself changes a lot
17		False, not at all true .....1
18		Slightly true .....2
19		Mainly true .....3
20		Very true .....4
21	Q222D	I have difficulty making friends, even when trying my best
22		False, not at all true .....1
23		Slightly true .....2
24		Mainly true .....3
25		Very true .....4
26	Q222E	My relationships have been stormy
27		False, not at all true .....1
28		Slightly true .....2
29		Mainly true .....3
30		Very true .....4
31	Q222F	I am sometimes regarded by other people as odd or weird
32		False, not at all true .....1
33		Slightly true .....2
34		Mainly true .....3
35		Very true .....4
36	Q222G	My moods get quite intense
37		False, not at all true .....1
38		Slightly true .....2
39		Mainly true .....3
40		Very true .....4
41	Q222H	I have trouble keeping up with the flow of a normal conversation
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q222I	Sometimes I feel terribly empty inside
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q222J	I have difficulty relating to peers
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q222K	I want to let certain people know how much they've hurt me
57		False, not at all true .....1
58		Slightly true .....2
59		Mainly true .....3
60		Very true .....4
	Q222L	Compared to others I have a restricted or unusually narrow range of interests
		False, not at all true .....1
		Slightly true .....2
		Mainly true .....3
		Very true .....4

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For peer review only

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2	Q223	Read each statement and decide if it is an accurate statement about you.
3		Mark your answer next to each statement. Give your own opinion of
4		yourself. Be sure to answer every statement.
5		
6	Q223A	My mood is very steady
7		False, not at all true .....1
8		Slightly true .....2
9		Mainly true .....3
10		Very true .....4
11	Q223B	I have trouble understanding the meaning of other people's
12		tone of voice and facial expressions
13		False, not at all true .....1
14		Slightly true .....2
15		Mainly true .....3
16		Very true .....4
17	Q223C	I worry a lot about other people leaving me
18		False, not at all true .....1
19		Slightly true .....2
20		Mainly true .....3
21		Very true .....4
22	Q223D	I have trouble concentrating too much on parts of things
23		rather than seeing the whole picture
24		False, not at all true .....1
25		Slightly true .....2
26		Mainly true .....3
27		Very true .....4
28	Q223E	People once close to me have let me down
29		False, not at all true .....1
30		Slightly true .....2
31		Mainly true .....3
32		Very true .....4
33	Q223F	I would rather be alone than with others
34		False, not at all true .....1
35		Slightly true .....2
36		Mainly true .....3
37		Very true .....4
38	Q223G	I have little control over my anger
39		False, not at all true .....1
40		Slightly true .....2
41		Mainly true .....3
42		Very true .....4
43	Q223H	I have more difficulty than others do with changes in routine
44		False, not at all true .....1
45		Slightly true .....2
46		Mainly true .....3
47		Very true .....4
48	Q223I	I often wonder what I should do with my life
49		False, not at all true .....1
50		Slightly true .....2
51		Mainly true .....3
52		Very true .....4
53	Q223J	I am (or used to be) overly sensitive to sounds, textures or smells
54		False, not at all true .....1
55		Slightly true .....2
56		Mainly true .....3
57		Very true .....4
58	Q223K	I rarely feel very lonely
59		False, not at all true .....1
60		Slightly true .....2
		Mainly true .....3
		Very true .....4
	Q223L	I frequently make careless mistakes
		False, not at all true .....1
		Slightly true .....2
		Mainly true .....3
		Very true .....4

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4	Q224	Read each statement and decide if it is an accurate statement about you.
5		Mark your answer next to each statement. Give your own opinion of
6		yourself. Be sure to answer every statement.
7		
8	Q224A	I sometimes do things so impulsively that I get into trouble
9		False, not at all true .....1
10		Slightly true .....2
11		Mainly true .....3
12		Very true .....4
13	Q224B	I have difficulty keeping my attention on tasks that don't
14		interest me
15		False, not at all true .....1
16		Slightly true .....2
17		Mainly true .....3
18		Very true .....4
19	Q224C	I've always been a pretty happy person
20		False, not at all true .....1
21		Slightly true .....2
22		Mainly true .....3
23		Very true .....4
24	Q224D	People tell me that I don't listen when others are talking
25		False, not at all true .....1
26		Slightly true .....2
27		Mainly true .....3
28		Very true .....4
29	Q224E	I can't handle separation from those close to me very well
30		False, not at all true .....1
31		Slightly true .....2
32		Mainly true .....3
33		Very true .....4
34	Q224F	I have difficulty finishing projects or assignments (hobbies
35		or work)
36		False, not at all true .....1
37		Slightly true .....2
38		Mainly true .....3
39		Very true .....4
40	Q224G	I've made some real mistakes in the people I've picked as
41		friends
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q224H	I have difficulty staying organised at work or home
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q224I	When I'm upset, I typically do something to hurt myself
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q224J	I have difficulty with projects that require sustained mental
57		effort
58		False, not at all true .....1
59		Slightly true .....2
60		Mainly true .....3
		Very true .....4



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2	Q225	Read each statement and decide if it is an accurate statement about you.
3		Mark your answer next to each statement. Give your own opinion of
4		yourself. Be sure to answer every statement.
5		
6	Q225A	I frequently lose things (like pencils or my car keys)
7		False, not at all true .....1
8		Slightly true .....2
9		Mainly true .....3
10		Very true .....4
11	Q225B	I don't get bored very easily
12		False, not at all true .....1
13		Slightly true .....2
14		Mainly true .....3
15		Very true .....4
16	Q225C	I am easily distracted
17		False, not at all true .....1
18		Slightly true .....2
19		Mainly true .....3
20		Very true .....4
21	Q225D	Once someone is my friend, we stay friends
22		False, not at all true .....1
23		Slightly true .....2
24		Mainly true .....3
25		Very true .....4
26	Q225E	Compared to others I am forgetful
27		False, not at all true .....1
28		Slightly true .....2
29		Mainly true .....3
30		Very true .....4
31	Q225F	I'm too impulsive for my own good
32		False, not at all true .....1
33		Slightly true .....2
34		Mainly true .....3
35		Very true .....4
36	Q225G	I tend to blurt out answers or comments
37		False, not at all true .....1
38		Slightly true .....2
39		Mainly true .....3
40		Very true .....4
41	Q225H	I spend money too easily
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q225I	I have difficulty waiting my turn
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q225J	I'm a reckless person
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q225K	People tell me that I frequently interrupt
57		False, not at all true .....1
58		Slightly true .....2
59		Mainly true .....3
60		Very true .....4
	Q225L	I'm careful about how I spend my money
		False, not at all true .....1
		Slightly true .....2
		Mainly true .....3
		Very true .....4

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**Q226** The next questions are about how you feel about different aspects of your life. For each one, mark how often you feel that way.

Q226A How often do you feel that you lack companionship? Hardly ever .....1  
Some of the time .....2  
Often .....3

Q226B How often do you feel left out? Hardly ever .....1  
Some of the time .....2  
Often .....3

Q226C How often do you feel isolated from others? Hardly ever .....1  
Some of the time .....2  
Often .....3

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**Q227** You've now finished this section of the questionnaire too. Great work!

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For peer review only

## Module 5 – Life Events

Q228 This section of the questionnaire contains a number of questions about events you may have experienced during your life, including some that may have been traumatic or that may be upsetting to think about. If you find any of these questions upsetting, please feel free to skip them. If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get further help. Contact details for Lifeline are below. You may like to write them down before we continue.  
 PHONE NUMBER FOR LIFELINE: 13 11 14  
 WEBSITE: www.lifeline.org.au

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Q229	Do you have a romantic partner now?	No .....	1
		Yes .....	2
		Don't know .....	3

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Q230	Have you had a romantic partner in the last 12 months?	No .....	1
		Yes .....	2
		Don't know .....	3

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Q231	Have you had any serious problems getting along with any of the following individuals during the past 12 months?		
Q231A	Your partner (IF Q229 = 2 OR Q230 = 2)	No .....	1
		Yes .....	2
Q231B	Other family member	No .....	1
		Yes .....	2
Q231C	A close friend	No .....	1
		Yes .....	2
Q231D	A neighbour	No .....	1
		Yes .....	2
Q231E	Someone living with you (e.g. child, flatmate or elderly parent)	No .....	1
		Yes .....	2
Q231F	A workmate/co-worker	No .....	1
		Yes .....	2

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1			
2	Q232	If you have a partner, please judge your partner's attitudes and behaviour towards you in recent times.	
3			
4		Q232A Is very loving to me	Very true .....1
5			Moderately true .....2
6			Somewhat true .....3
7			Not at all true .....4
8			
9		Q232B Is a good companion	Very true .....1
10			Moderately true .....2
11			Somewhat true .....3
12			Not at all true .....4
13			
14		Q232C Is affectionate to me	Very true .....1
15			Moderately true .....2
16			Somewhat true .....3
17			Not at all true .....4
18			
19		Q232D Is very considerate of me	Very true .....1
20			Moderately true .....2
21			Somewhat true .....3
22			Not at all true .....4
23			
24		Q232E Is fun to be with	Very true .....1
25			Moderately true .....2
26			Somewhat true .....3
27			Not at all true .....4
28			
29		Q232F Shows his/her appreciation of me	Very true .....1
30			Moderately true .....2
31			Somewhat true .....3
32			Not at all true .....4
33			
34		Q232G Understands my problems and worries	Very true .....1
35			Moderately true .....2
36			Somewhat true .....3
37			Not at all true .....4
38			
39		Q232H Confides closely in me	Very true .....1
40			Moderately true .....2
41			Somewhat true .....3
42			Not at all true .....4
43			
44		Q232I Makes me feel needed	Very true .....1
45			Moderately true .....2
46			Somewhat true .....3
47			Not at all true .....4
48			
49		Q232J Is physically gentle and considerate	Very true .....1
50			Moderately true .....2
51			Somewhat true .....3
52			Not at all true .....4
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1	Q233	And, some questions about your relationships with people close to you	
2		and your social networks	
3			
4		Q233A If you get angry or upset do you have people you can tell	No .....1
5		just how you feel?	Yes, with one or two people .....2
6			Yes, with more than two people ....3
7			
8		Q233B Recently have you had any fights or arguments with people	No .....1
9		close to you?	Yes, with one or two people .....2
10			Yes, with more than two people ....3
11			

Q234

13		Q234A Are you a member of any social club or sporting group?	No .....1
14			Yes .....2
15			Yes, sort of .....3
16			
17		Q234B Are you currently in a relationship?	No .....1
18			Yes .....2
19			Yes, sort of .....3
20			
21		Q234C Do you have someone you can trust with your private	No .....1
22		thoughts and feelings?	Yes .....2
23			Yes, sort of .....3
24			
25		Q234D If you're having a tough time, do you have someone you can	No .....1
26		really depend on?	Yes .....2
27			Yes, sort of .....3
28			
29		Q234E Is there anyone who really knows you very well (e.g.	No .....1
30		understands how you think and feel)?	Yes .....2
31			Yes, sort of .....3
32			
33		Q234F Is there anyone you feel close to that understands your	No .....1
34		concerns / difficulties?	Yes .....2
35			Yes, sort of .....3
36			
37		Q234G Is there anyone you feel you can turn to, if in trouble or a crisis?	No .....1
38			Yes .....2
39			Yes, sort of .....3
40			
41		Q234H When you feel happy do you have someone you can share	No .....1
42		this with?	Yes .....2
43			Yes, sort of .....3
44			

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2	Q235		
3			
4	Q235A Does it seem that your family and friends (people who are	Hardly ever .....	1
5	important to you) understand you?	Some of the time .....	2
6		Most of the time .....	3
7	Q235B Do you feel useful to your family and friends (people	Hardly ever .....	1
8	important to you)?	Some of the time .....	2
9		Most of the time .....	3
10			
11	Q235C Do you know what is going on with your family and friends?	Hardly ever .....	1
12		Some of the time .....	2
13		Most of the time .....	3
14			
15	Q235D When you are talking with your family and friends, do you	Hardly ever .....	1
16	feel you are being listened to?	Some of the time .....	2
17		Most of the time .....	3
18			
19	Q235E Do you feel you have a definite role or place in your family	Hardly ever .....	1
20	and among your friends?	Some of the time .....	2
21		Most of the time .....	3
22			
23	Q235F Can you talk about your deepest problems with at least some	Hardly ever .....	1
24	of your family and friends?	Some of the time .....	2
25		Most of the time .....	3
26			
27			
28	Q236 How often do friends and/or family ...		
29			
30	Q236A Create tensions or arguments with you?	Never .....	1
31		Rarely .....	2
32		Sometimes .....	3
33		Often .....	4
34	Q236B Criticise you?	Never .....	1
35		Rarely .....	2
36		Sometimes .....	3
37		Often .....	4
38			
39	Q236C Express interest in how you are doing?	Never .....	1
40		Rarely .....	2
41		Sometimes .....	3
42		Often .....	4
43			
44	Q236D Make too many demands on you?	Never .....	1
45		Rarely .....	2
46		Sometimes .....	3
47		Often .....	4
48			
49	Q236E Make you feel cared for?	Never .....	1
50		Rarely .....	2
51		Sometimes .....	3
52		Often .....	4
53			
54			
55	Q237 Other than members of your family, how many people do you feel you	None .....	1
56	can depend on or feel very close to?	1 to 2 people .....	2
57		More than 2 people .....	3
58			
59			
60			

1  
2 Q238 And, thinking specifically about your family and friends, about how  
3 many times in the past week (excluding time spent at school or work):

4  
5 Q238A Did you spend time with someone who doesn't live with  
6 you (e.g. went to see them or they came to visit you, or you went out  
7 together)?  
8  
9  
10  
11  
12

0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 or more .....	8

13  
14 Q238B Did you talk to someone (friends, relatives or others) on the  
15 telephone?  
16  
17  
18  
19  
20  
21

0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 or more .....	8

22  
23 Q238C Did you go to meetings of clubs, religious meetings, or other  
24 groups of which you're a member?  
25  
26  
27  
28  
29

0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 or more .....	8

30  
31 Q238D Did you use the internet to spend time with someone, talk  
32 with someone, or attend club / group meetings?  
33  
34  
35  
36  
37  
38

0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 or more .....	8

---

For peer review only

1			
2	Q239	During the past 12 months have you had any of these events occur?	
3			
4	Q239A	Divorce	No .....1 Yes .....2
5			
6	Q239B	Marital separation	No .....1 Yes .....2
7			
8			
9	Q239C	Broken engagement or steady relationship	No .....1 Yes .....2
10			
11			
12	Q239D	Separation from other loved one or close friend	No .....1 Yes .....2
13			
14			
15	Q239E	Serious illness or injury	No .....1 Yes .....2
16			
17			
18	Q239F	Serious accident (not involving personal injury)	No .....1 Yes .....2
19			
20			
21	Q239G	Burgled or robbed	No .....1 Yes .....2
22			
23			
24	Q239H	Laid off or sacked from job	No .....1 Yes .....2
25			
26			
27	Q239I	Other serious difficulties at work	No .....1 Yes .....2
28			
29			
30	Q239J	Major financial problems	No .....1 Yes .....2
31			
32			
33	Q239K	Legal troubles or involvement with police	No .....1 Yes .....2
34			
35			
36	Q239L	Living in unpleasant surroundings	No .....1 Yes .....2
37			
38			
39			
40			
41			
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1  
2 Q472 The next series of questions will ask you about events you may have experienced during your life, including  
3 some that may have been traumatic or that may be upsetting to think about.  
4 If you find any of these questions upsetting, please feel free to skip them.

5  
6 If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have  
7 telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who  
8 are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get  
9 further help.

10 Contact details for Lifeline are below. You may like to write them down before we continue.

11  
12 PHONE NUMBER

13  
14 FOR LIFELINE:

15  
16 13 11 14

17  
18 WEBSITE: [www.lifeline.org.au](http://www.lifeline.org.au)  
19

20  
21 Q240 Listed below are a number of difficult or stressful things that sometimes  
22 happen to people. For each event mark one or more of the boxes to the  
23 right to indicate that: (a) it happened to you personally; (b) you  
24 witnessed it happen to someone else; (c) you learned about it happening  
25 to a close family member or close friend; (d) you were exposed to it as  
26 part of your job (for example, paramedic, police, military or other first  
27 responder); (e) you're not sure if it fits; or (f) it doesn't apply to you. Be  
28 sure to consider your entire life (growing up as well as adulthood) as you  
29 go through the list of events.

30	Q240A Natural disaster (e.g. flood, cyclone, tornado, earthquake)	Happened to me .....1
31		Witnessed it .....2
32		Learned about it .....3
33		Part of my job .....4
34		Not sure .....5
35		Doesn't apply .....6
36		
37	Q240B Fire or explosion	Happened to me .....1
38		Witnessed it .....2
39		Learned about it .....3
40		Part of my job .....4
41		Not sure .....5
42		Doesn't apply .....6
43		
44	Q240C Transportation accident (e.g. car accident, boat accident, 45 train wreck, plane crash)	Happened to me .....1
46		Witnessed it .....2
47		Learned about it .....3
48		Part of my job .....4
49		Not sure .....5
50		Doesn't apply .....6
51	Q240D Serious accident at work, home or during recreational activity	Happened to me .....1
52		Witnessed it .....2
53		Learned about it .....3
54		Part of my job .....4
55		Not sure .....5
56		Doesn't apply .....6
57	Q240E Exposure to toxic substances (e.g. dangerous chemicals, 58 radiation)	Happened to me .....1
59		Witnessed it .....2
60		Learned about it .....3
		Part of my job .....4
		Not sure .....5

1		Doesn't apply .....	6
2			
3			
4	Q240F Physical assault (e.g. being attacked, hit, slapped, kicked,	Happened to me .....	1
5	beaten up)	Witnessed it .....	2
6		Learned about it .....	3
7		Part of my job .....	4
8		Not sure .....	5
9		Doesn't apply .....	6
10			
11	Q240G Assault with a weapon (e.g. being shot, stabbed,	Happened to me .....	1
12	threatened with a knife, gun, bomb)	Witnessed it .....	2
13		Learned about it .....	3
14		Part of my job .....	4
15		Not sure .....	5
16		Doesn't apply .....	6
17			
18	Q240H Sexual assault (rape, attempted rape, made to perform	Happened to me .....	1
19	any type of sexual act through force or threat of harm)	Witnessed it .....	2
20		Learned about it .....	3
21		Part of my job .....	4
22		Not sure .....	5
23		Doesn't apply .....	6
24			
25	Q240I Other unwanted or uncomfortable sexual experience	Happened to me .....	1
26		Witnessed it .....	2
27		Learned about it .....	3
28		Part of my job .....	4
29		Not sure .....	5
30		Doesn't apply .....	6
31			
32	Q240J Combat or exposure to a war-zone (in the military or as	Happened to me .....	1
33	a civilian)	Witnessed it .....	2
34		Learned about it .....	3
35		Part of my job .....	4
36		Not sure .....	5
37		Doesn't apply .....	6
38			
39	Q240K Captivity (e.g. being kidnapped, abducted, held hostage,	Happened to me .....	1
40	prisoner of war)	Witnessed it .....	2
41		Learned about it .....	3
42		Part of my job .....	4
43		Not sure .....	5
44		Doesn't apply .....	6
45			
46	Q240L Life-threatening illness or injury	Happened to me .....	1
47		Witnessed it .....	2
48		Learned about it .....	3
49		Part of my job .....	4
50		Not sure .....	5
51		Doesn't apply .....	6
52			
53	Q240M Severe human suffering	Happened to me .....	1
54		Witnessed it .....	2
55		Learned about it .....	3
56		Part of my job .....	4
57		Not sure .....	5
58		Doesn't apply .....	6
59			
60	Q240N Sudden violent death (e.g. homicide, suicide)	Happened to me .....	1
		Witnessed it .....	2
		Learned about it .....	3
		Part of my job .....	4
		Not sure .....	5

1		Doesn't apply .....6
2		
3		
4	Q240O Sudden accidental death	Happened to me .....1
5		Witnessed it .....2
6		Learned about it .....3
7		Part of my job .....4
8		Not sure .....5
9		Doesn't apply .....6
10		
11	Q240P Serious injury, harm or death you caused to someone else	Happened to me .....1
12		Witnessed it .....2
13		Learned about it .....3
14		Part of my job .....4
15		Not sure .....5
16		Doesn't apply .....6
17		
18	Q240Q Any other very stressful event or experience	Happened to me .....1
19		Witnessed it .....2
20		Learned about it .....3
21		Part of my job .....4
22		Not sure .....5
23		Doesn't apply .....6

\*\*\*\*\*  
 IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4), CONTINUE  
 ELSE GO TO Q244  
 \*\*\*\*\*

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Q241 Sometimes images or strong memories of traumatic events keep coming back in flashbacks, thoughts that you can't get rid of, or repeated nightmares. Has that ever happened to you? No .....1  
 Yes .....2

---

Q242 Did you make a special effort to avoid thinking or talking about what happened or deliberately stayed away from things or people that reminded you of the terrible experience? No .....1  
 Yes .....2

---

Q243 After this experience did you have trouble sleeping, have difficulty concentrating, have outbursts of anger, feel overly watchful or on guard, or were you unusually irritable, very jumpy or easily startled? No .....1  
 Yes .....2

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Q244 People may experience stressful situations in childhood which may affect their future health and well-being. Please indicate if you experienced any of these situations during your childhood.

Q244A Emotional abuse (e.g. often being told you were no good, yelled at in a scary way, threatened, ignored, or stopped from making friends) No .....1  
 Yes .....2  
 Unsure .....3

Q244B Emotional neglect (e.g. often not being shown affection, or not being given encouragement or support) No .....1  
 Yes .....2  
 Unsure .....3

Q244C Physical neglect (e.g. often not being given enough to eat or drink, appropriate clothing, shelter, medical care, education, supervision or a safe home environment) No .....1  
 Yes .....2  
 Unsure .....3

---

\*\*\*\*\*  
 IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4 OR Q244A TO Q244C = 2),  
 COMPLETE THE RELEVANT SECTION OF Q245  
 ELSE GO TO Q246  
 \*\*\*\*\*

Q245	How old were you the first and last time these things happened? If something happened only once, please enter the same age for the first and last time.		
Q245A	Natural disaster	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245B	Fire or explosion	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245C	Transportation accident	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245D	Serious accident	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245E	Exposure to toxic substance	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245F	Physical assault	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245G	Assault with a weapon	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245H	Sexual assault	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245I	Other unwanted or uncomfortable sexual experience	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245J	Combat or exposure to a war-zone	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245K	Captivity	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245L	Life-threatening illness or injury	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245M	Severe human suffering	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245N	Sudden violent death	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245O	Sudden accidental death	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245P	Serious injury, harm or death you caused to someone else	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245Q	Other stressful event or experience	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245R	Emotional abuse	First time	___/___ AGE IN YEARS

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		Last time	___/___ AGE IN YEARS
	Q245S Emotional neglect	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
	Q245T Physical neglect	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS

Q246 How old were you when you first had sexual intercourse with your consent? \_\_\_/\_\_\_ AGE IN YEARS

Q247 Do you have a sexual preference for males, females, or both?

Males .....	1
Females .....	2
Both .....	3
Not interested in sex .....	4
Prefer not to answer .....	5

Q248 You have now finished this section of the questionnaire. We recognise that some of the life events we have asked about can be upsetting for some people to answer. But the questions are very important for our research into depression, so thank you for taking the time to answer them.

For peer review only

## Module 6 – Work and Sleep

- Q249 Do you have a regular work schedule (i.e. work the same hours every day on the same days each week)? This includes being a housewife or househusband.
- No .....1  
Yes .....2

\*\*\*\*\*

IF REGULAR WORK SCHEDULE (Q249 = 2) GO TO Q251  
ELSE CONTINUE

\*\*\*\*\*

- Q250 Which of the following best describes your current work arrangements? You may choose more than one.
- Shiftwork with rotating shifts .....1  
Shiftwork with irregular shifts .....2  
On-call or standby .....3  
Overtime or extra hours (paid or unpaid) .....4  
Fly-in fly-out (FIFO), drive-in drive-out (DIDO) or equivalent .....5

- Q251 How many days per week do you work on average?
- 0 .....1  
1 .....2  
2 .....3  
3 .....4  
4 .....5  
5 .....6  
6 .....7  
7 .....8

- Q252 The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the **majority** of days and nights in the past month.

1 Q253 During the past month, when have you usually gone to bed at night?  
2  
3

4 Q253A On work days

5 Earlier than 8:00 pm .....1  
6 8:00 pm .....2  
7 8:30 pm .....3  
8 9:00 pm .....4  
9 9:30 pm .....5  
10 10:00 pm .....6  
11 10:30 pm .....7  
12 11:00 pm .....8  
13 11:30 pm .....9  
14 Midnight .....10  
15 12:30 am .....11  
16 1:00 am .....12  
17 1:30 am .....13  
18 2:00 am .....14  
19 2:30 am .....15  
20 3:00 am .....16  
21 After 3:00 am .....17  
22 Don't know .....18

23 Q253B On free days (e.g. weekend)

24 Earlier than 8:00 pm .....1  
25 8:00 pm .....2  
26 8:30 pm .....3  
27 9:00 pm .....4  
28 9:30 pm .....5  
29 10:00 pm .....6  
30 10:30 pm .....7  
31 11:00 pm .....8  
32 11:30 pm .....9  
33 Midnight .....10  
34 12:30 am .....11  
35 1:00 am .....12  
36 1:30 am .....13  
37 2:00 am .....14  
38 2:30 am .....15  
39 3:00 am .....16  
40 After 3:00 am .....17  
41 Don't know .....18

42 Q253C In an ideal situation (i.e. you have no responsibilities  
43 such as work, children, or engagements the next day)

44 Earlier than 8:00 pm .....1  
45 8:00 pm .....2  
46 8:30 pm .....3  
47 9:00 pm .....4  
48 9:30 pm .....5  
49 10:00 pm .....6  
50 10:30 pm .....7  
51 11:00 pm .....8  
52 11:30 pm .....9  
53 Midnight .....10  
54 12:30 am .....11  
55 1:00 am .....12  
56 1:30 am .....13  
57 2:00 am .....14  
58 2:30 am .....15  
59 3:00 am .....16  
60 After 3:00 am .....17  
Don't know .....18

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Q254 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

Q254A On work days

\_\_/\_\_/\_\_ MINUTES

Q254B On free days

\_\_/\_\_/\_\_ MINUTES

---

For peer review only



1 Q255 During the past month, when have you usually gotten up in the morning?  
 2  
 3

4 Q255A On work days

5	Before 4:30 am	.....1
6	4:30 am	.....2
7	5:00 am	.....3
8	5:30 am	.....4
9	6:00 am	.....5
10	6:30 am	.....6
11	7:00 am	.....7
12	7:30 am	.....8
13	8:00 am	.....9
14	8:30 am	.....10
15	9:00 am	.....11
16	9:30 am	.....12
17	10:00 am	.....13
18	10:30 am	.....14
19	11:00 am	.....15
20	11:30 am	.....16
21	Midday	.....17
22	12:30 pm	.....18
23	1:00 pm	.....19
24	After 1:00 pm	.....20
25	Don't know	.....21

26 Q255B On free days (e.g. weekend)

27	Before 4:30 am	.....1
28	4:30 am	.....2
29	5:00 am	.....3
30	5:30 am	.....4
31	6:00 am	.....5
32	6:30 am	.....6
33	7:00 am	.....7
34	7:30 am	.....8
35	8:00 am	.....9
36	8:30 am	.....10
37	9:00 am	.....11
38	9:30 am	.....12
39	10:00 am	.....13
40	10:30 am	.....14
41	11:00 am	.....15
42	11:30 am	.....16
43	Midday	.....17
44	12:30 pm	.....18
45	1:00 pm	.....19
46	After 1:00 pm	.....20
47	Don't know	.....21

48 Q255C In an ideal situation (i.e. you have no responsibilities  
 49 such as work, children, or engagements the next day)

50	Before 4:30 am	.....1
51	4:30 am	.....2
52	5:00 am	.....3
53	5:30 am	.....4
54	6:00 am	.....5
55	6:30 am	.....6
56	7:00 am	.....7
57	7:30 am	.....8
58	8:00 am	.....9
59	8:30 am	.....10
60	9:00 am	.....11
	9:30 am	.....12
	10:00 am	.....13
	10:30 am	.....14
	11:00 am	.....15
	11:30 am	.....16
	Midday	.....17

12:30 pm .....	18
1:00 pm .....	19
After 1:00 pm .....	20
Don't know .....	21

---

7 Q256 During the past month, how many hours of **actual sleep** did you get \_\_\_\_\_ HOURS  
 8 at night? (This may be different than the number of hours you spend in  
 9 bed)  
 10

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11  
 12 Q257 Do you have young children who disrupt your sleep or who have No .....1  
 13 changed your usual sleep pattern? Yes .....2  
 14

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15  
 16 Q258 How likely are you to doze off or fall asleep in the following situations,  
 17 in contrast to feeling just tired? This refers to your usual way of life in  
 18 recent times. Even if you have not done some of these things recently try  
 19 to work out how they would have affected you. Choose the most  
 20 appropriate option for each situation.  
 21

22 Q258A Sitting and reading Would never doze .....1  
 23 Slight chance of dozing .....2  
 24 Moderate chance of dozing .....3  
 25 High chance of dozing .....4  
 26

27 Q258B Watching TV Would never doze .....1  
 28 Slight chance of dozing .....2  
 29 Moderate chance of dozing .....3  
 30 High chance of dozing .....4  
 31

32 Q258C Sitting, inactive in a public place (e.g. a theatre or a meeting) Would never doze .....1  
 33 Slight chance of dozing .....2  
 34 Moderate chance of dozing .....3  
 35 High chance of dozing .....4  
 36

37 Q258D As a passenger in a car for an hour without a break Would never doze .....1  
 38 Slight chance of dozing .....2  
 39 Moderate chance of dozing .....3  
 40 High chance of dozing .....4  
 41

42 Q258E Lying down to rest in the afternoon when circumstances permit Would never doze .....1  
 43 Slight chance of dozing .....2  
 44 Moderate chance of dozing .....3  
 45 High chance of dozing .....4  
 46

47 Q258F Sitting and talking to someone Would never doze .....1  
 48 Slight chance of dozing .....2  
 49 Moderate chance of dozing .....3  
 50 High chance of dozing .....4  
 51

52 Q258G Sitting quietly after lunch without alcohol Would never doze .....1  
 53 Slight chance of dozing .....2  
 54 Moderate chance of dozing .....3  
 55 High chance of dozing .....4  
 56

57 Q258H In a car, while stopped for a few minutes in the traffic Would never doze .....1  
 58 Slight chance of dozing .....2  
 59 Moderate chance of dozing .....3  
 60 High chance of dozing .....4

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	<p>Q259 If you usually have to get up at a specific time in the morning, how much do you depend on an alarm clock?</p> <hr/> <p>Q260 During the first half hour after you wake up in the morning, how do you feel?</p> <hr/> <p>Q261 If you had no commitments the next day, what time would you go to bed compared to your usual bedtime?</p> <hr/> <p>Q262 At approximately what time in the evening do you feel tired, and, as a result, in need of sleep?</p> <hr/> <p>Q263 At approximately what time of day do you usually feel your best?</p> <hr/> <p>Q264 One hears about “morning types” and “evening types.” Which one of these types do you consider yourself to be?</p> <hr/> <p>Q265 Over the last 2 weeks, have you had problems with falling asleep, staying asleep or waking up too early?</p>	<p>Not at all .....1 Slightly .....2 Somewhat .....3 Very much .....4</p> <hr/> <p>Very tired .....1 Fairly tired .....2 Fairly refreshed .....3 Very refreshed .....4</p> <hr/> <p>Seldom or never later .....1 Less than 1 hour later .....2 1-2 hours later .....3 More than 2 hours later .....4</p> <hr/> <p>8:00 pm - 9:00 pm .....1 9:00 pm - 10:15 pm .....2 10:15 pm - 12:45 am .....3 12:45 am - 2:00 am .....4 2:00 am - 3:00 am .....5</p> <hr/> <p>5:00 am - 8:00 am .....1 8:00 am - 10:00 am .....2 10:00 am - 5:00 pm .....3 5:00 pm - 10:00 pm .....4 10:00 pm - 5:00 am .....5</p> <hr/> <p>Definitely a morning type .....1 Rather more a morning type than an evening type .....2 Rather more an evening type than a morning type .....3 Definitely an evening type .....4</p> <hr/> <p>No .....1 Yes .....2</p>
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\*\*\*\*\*  
 IF PROBLEMS WITH SLEEP (Q265 = 2) CONTINUE, ELSE GO TO Q267  
 \*\*\*\*\*

1			
2	Q266	Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s).	
3			
4		Q266A Difficulty falling asleep	None .....1
5			Mild .....2
6			Moderate .....3
7			Severe .....4
8			Very severe .....5
9			
10		Q266B Difficulty staying asleep	None .....1
11			Mild .....2
12			Moderate .....3
13			Severe .....4
14			Very severe .....5
15			
16		Q266C Problem waking up too early	None .....1
17			Mild .....2
18			Moderate .....3
19			Severe .....4
20			Very severe .....5
21			

22			
23	Q267	How satisfied/dissatisfied are you with your current sleep pattern?	Very dissatisfied .....1
24			Dissatisfied .....2
25			Moderately satisfied .....3
26			Satisfied .....4
27			Very satisfied .....5

\*\*\*\*\*  
 IF ANY CURRENT INSOMNIA SYMPTOM (Q266A, Q266B OR Q266C > 1) **OR**  
 LESS THAN SATISFIED WITH CURRENT SLEEP (Q267 <4) CONTINUE  
 ELSE GO TO Q271  
 \*\*\*\*\*

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35			
36	Q268	How noticeable to others do you think your poor sleep is in terms of impairing the quality of your life?	Not at all noticeable .....1
37			A little .....2
38			Somewhat .....3
39			Much .....4
40			Very much noticeable .....5

41			
42			
43	Q269	How worried/distressed are you about your current sleep problem?	Not at all worried .....1
44			A little .....2
45			Somewhat .....3
46			Much .....4
47			Very much worried .....5

48			
49			
50	Q270	To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?	Not at all .....1
51			A little .....2
52			Somewhat .....3
53			Much .....4
54			Very much .....5

55			
56			
57	Q271	During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	Not during the past month .....1
58			Less than once a week .....2
59			Once or twice per week .....3
60			Three or more times per week .....4

1  
2  
3 Q272 During the past month, how often have you had trouble staying Not during the past month .....1  
4 awake while driving, eating meals, or engaging in social activity? Less than once a week .....2  
5 Once or twice per week .....3  
6 Three or more times per week .....4  
7

8  
9 Q273 If you were to drink coffee in the evening, would it stop you from No .....1  
10 getting to sleep? Yes .....2  
11

12 Q274 How many cups/cans/bottles of the following caffeinated beverages do  
13 you drink per day? Note: decaffeinated coffee or caffeine-free cola do not  
14 count towards this total. Please click or tap on the shaded line under your  
15 chosen number to register your response, even if the answer is "0".  
16

17 Q274A Coffee \_\_\_\_\_ CUPS

18 Q274B Tea \_\_\_\_\_ CUPS

19 Q274C Soft drinks (e.g. Coca-Cola, Pepsi, Mountain Dew etc) \_\_\_\_\_ CANS OR BOTTLES

20 Q274D Energy drinks (e.g. Red Bull, Mother, Rockstar) \_\_\_\_\_ CANS OR BOTTLES  
21  
22  
23  
24

25  
26 Q275 On average, how much time do you spend outdoors in natural light per day?  
27

28 Q275A On work days \_\_\_\_\_ HOURS  
29 \_\_\_\_\_ MINUTES

30 Q275B On free days (e.g. weekend) \_\_\_\_\_ HOURS  
31 \_\_\_\_\_ MINUTES  
32  
33

34  
35 Q276 During the last month, on how many nights or days per week have you  
36 had or been told you had the following:  
37

38 Q276A Loud snoring Never .....1  
39 Rarely, less than once a week .....2  
40 1-2 times per week .....3  
41 3-4 times per week .....4  
42 5-7 times per week .....5  
43 Don't know .....6

44 Q276B Snorting or gasping Never .....1  
45 Rarely, less than once a week .....2  
46 1-2 times per week .....3  
47 3-4 times per week .....4  
48 5-7 times per week .....5  
49 Don't know .....6  
50

51 Q276C Your breathing stops or you choke or struggle for breath Never .....1  
52 Rarely, less than once a week .....2  
53 1-2 times per week .....3  
54 3-4 times per week .....4  
55 5-7 times per week .....5  
56 Don't know .....6  
57  
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1  
2  
3 Q277 The purpose of the following questions is to find out how your mood and  
4 behaviour change over time. Note: We are interested in your experience,  
5 not others you may have observed.  
6

7  
8 Q278 For how long have you lived in your current town or in the surrounding area?  
9

\_\_/\_ YEARS  
\_\_/\_ MONTHS

10  
11 Q279 To what degree do the following change with the seasons?  
12

13	Q279A Sleep length	No change .....1
14		Slight change .....2
15		Moderate change .....3
16		Marked change .....4
17		Extremely marked change .....5
18		
19	Q279B Social activity	No change .....1
20		Slight change .....2
21		Moderate change .....3
22		Marked change .....4
23		Extremely marked change .....5
24		
25	Q279C Mood (overall feeling of well being)	No change .....1
26		Slight change .....2
27		Moderate change .....3
28		Marked change .....4
29		Extremely marked change .....5
30		
31	Q279D Weight	No change .....1
32		Slight change .....2
33		Moderate change .....3
34		Marked change .....4
35		Extremely marked change .....5
36		
37	Q279E Appetite	No change .....1
38		Slight change .....2
39		Moderate change .....3
40		Marked change .....4
41		Extremely marked change .....5
42		
43	Q279F Energy level	No change .....1
44		Slight change .....2
45		Moderate change .....3
46		Marked change .....4
47		Extremely marked change .....5

1 Q280 In the following question, please select all applicable months. This may  
 2 be a single month, a cluster of months, or any other grouping. At what  
 3 time of year do you....?  
 4

5 Q280A Feel best

6 January .....1  
 7 February .....2  
 8 March .....3  
 9 April .....4  
 10 May .....5  
 11 June .....6  
 12 July .....7  
 13 August .....8  
 14 September .....9  
 15 October .....10  
 16 November .....11  
 17 December .....12  
 18 No particular months 13

19 Q280B Tend to gain most weight

20 January .....1  
 21 February .....2  
 22 March .....3  
 23 April .....4  
 24 May .....5  
 25 June .....6  
 26 July .....7  
 27 August .....8  
 28 September .....9  
 29 October .....10  
 30 November .....11  
 31 December .....12  
 32 No particular months 13

33 Q280C Socialise most

34 January .....1  
 35 February .....2  
 36 March .....3  
 37 April .....4  
 38 May .....5  
 39 June .....6  
 40 July .....7  
 41 August .....8  
 42 September .....9  
 43 October .....10  
 44 November .....11  
 45 December .....12  
 46 No particular months 13

47 Q280D Sleep least

48 January .....1  
 49 February .....2  
 50 March .....3  
 51 April .....4  
 52 May .....5  
 53 June .....6  
 54 July .....7  
 55 August .....8  
 56 September .....9  
 57 October .....10  
 58 November .....11  
 59 December .....12  
 60 No particular months 13

Q280E Eat most

January .....1  
 February .....2  
 March .....3

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Q280F Lose most weight

April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

Q280G Socialise least

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

Q280H Feel worst

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

Q280I Eat least

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10



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Q280J Sleep most

November .....	11
December .....	12
No particular months	13
January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

\*\*\*\*\*

IF ANY CHANGE OF BEHAVIOUR WITH SEASONS  
(ANY OF Q279A TO Q279F > 1) CONTINUE  
ELSE GO TO Q283

\*\*\*\*\*

Q281	If you experience changes with the seasons (in energy, mood, sleep etc), do you feel that they are a problem for you?	No .....	1
		Yes .....	2

\*\*\*\*\*

IF PROBLEM (Q281=2) CONTINUE, ELSE GO TO Q283

\*\*\*\*\*

Q282	Is the problem...?	Mild .....	1
		Moderate .....	2
		Marked .....	3
		Severe .....	4
		Disabling .....	5

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Q283 Approximately how many hours of each 24-hour day do you sleep during each season? (Include naps)

Q283A Winter

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18
- 18 .....19
- Over 18 hours .....20

Q283B Spring

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18
- 18 .....19
- Over 18 hours .....20

Q283C Summer

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18

For peer review only

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Q283D Autumn

18 .....	19
Over 18 hours .....	20
0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 .....	8
8 .....	9
9 .....	10
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15 .....	16
16 .....	17
17 .....	18
18 .....	19
Over 18 hours .....	20

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Q284 Another section finished!

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For peer review only

## Module 7 – General health and lifestyle

Q285 Which of the following best describes your natural eye colour?

Blue	.....1
Grey	.....2
Green	.....3
Hazel	.....4
Brown	.....5

Q286 Which of the following best describes your natural hair colour at age 20?  
(If you are not yet 20 years old, what is your natural hair colour now?)

Fair/blonde	.....1
Light brown	.....2
Light red or ginger	.....3
Dark red or auburn	.....4
Dark brown	.....5
Black	.....6

Q287 Which of the following best describes your natural hair texture at age 20?  
(If you are not yet 20 years old, what is your natural hair texture now?)

Straight	.....1
Wavy	.....2
Curly	.....3

Q288 Has your hair started to grey?

No	.....1
Yes	.....2

\*\*\*\*\*  
 IF GREYING (Q288=2) CONTINUE  
 ELSE IF MALE (Q4 = 1) GO TO Q291  
 ELSE GO TO Q294  
 \*\*\*\*\*

Q289 At what age did you notice that your hair was starting to go grey? An approximate age is fine. \_/\_ YEARS

Q290 What percentage of grey hair do you now have?

0%	.....1
10%	.....2
25%	.....3
50%	.....4
75%	.....5
100%	.....6
Don't know	.....7

\*\*\*\*\*  
 IF MALE (Q4 = 1) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*

Q291 Have you experienced any natural hair loss (that is, hair loss not resulting from illness or medical treatment)?

No	.....1
Yes	.....2

\*\*\*\*\*  
 IF YES (Q291 = 2) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*

Q292 Which diagram below best describes your hair (loss) at the present time?

1 .....1  
 2 .....2  
 2a .....3  
 3 .....4  
 3a .....5  
 3 Vertex .....6  
 4 .....7  
 4a .....8  
 5 .....9  
 5a .....10  
 6 .....11  
 7 .....12

Q293 At what age did you first start to experience hair loss? An approximate age is fine. \_/\_ YEARS

Q294 Which hand do you usually use to write legibly? Left .....1  
 Either .....2  
 Right .....3

Q295 How would you describe your skin colour on areas never exposed to the sun, at age 20? (If you are not yet 20 years old, how would you describe your skin colour now on areas never exposed to the sun?) Fair or pale .....1  
 Medium .....2  
 Olive or dark .....3

\*\*\*\*\*  
 IF AGE 30 OR OLDER (Q5 > 29) CONTINUE ELSE GO TO Q298  
 \*\*\*\*\*

Q296 Imagine, when you were in your 20s, that you were sitting on the beach in the strong sun for 30 minutes in the middle of the day, without any protection like sunscreen or clothing, for the first time each summer. How much would your skin have burnt? Always burned, never tanned .....1  
 Usually burned, sometimes tanned..2  
 Sometimes burned, usually tanned..3  
 Never burned, always tanned .....4

1		
2		
3	Q297	Imagine, when you were in your 20s, you spent several weeks at the beach in strong sun, without any protection like sunscreen or clothing. How much would your skin tan?
4		Not tan at all .....1
5		Tan lightly .....2
6		Tan moderately .....3
7		Tan deeply .....4

\*\*\*\*\*  
 GO TO Q300  
 \*\*\*\*\*

11		
12	Q298	Imagine sitting on the beach in the strong sun for 30 minutes in the middle of the day, without any protection like sunscreen or clothing, for the first time each summer. How much would your skin burn?
13		Always burn, never tan .....1
14		Usually burn, sometimes tan .....2
15		Sometimes burn, usually tan .....3
16		Never burn, always tan .....4

17		
18	Q299	Imagine spending several weeks at the beach in strong sun, without any protection like sunscreen or clothing. How much would your skin tan?
19		Not tan at all .....1
20		Tan lightly .....2
21		Tan moderately .....3
22		Tan deeply .....4

23		
24	Q300	During your childhood, how much freckling did you have?
25		None .....1
26		Light .....2
27		Moderate .....3
28		Heavy .....4

29		
30	Q301	Moles are brown or black spots on the skin which usually start in childhood. They are usually darker and larger than freckles. How many moles do you think you have, including any you have had removed?
31		None .....1
32		Less than 10 .....2
33		Between 10 and 50 .....3
34		More than 50 .....4

35		
36	Q302	Many people suffer from acne during their lives. How much acne do you have now?
37		None .....1
38		Mild .....2
39		Moderate .....3
40		Severe .....4

41		
42	Q303	How much acne did you have when you were a teenager?
43		None .....1
44		Mild .....2
45		Moderate .....3
46		Severe .....4

47		
48	Q304	Have you ever suffered from wheezing? (Wheezing is a whistling noise coming from your chest, though it can be heard in the mouth.)
49		No .....1
50		Yes .....2

\*\*\*\*\*  
 IF YES (Q304 = 2) CONTINUE, ELSE GO TO Q306  
 \*\*\*\*\*

51		
52		
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55		
56	Q305	In the last 12 months, how often have you had an episode of wheezing?
57		Not at all .....1
58		1 to 4 times .....2
59		5 to 12 times .....3
60		More than 12 times .....4

1 Q306 In the last 12 months, have you had a dry cough at night, when you No .....1  
 2 didn't have a cold or a daytime cough? Yes .....2  
 3

4  
 5 Q307 Do you get a tight feeling in the chest or shortness of breath when near No .....1  
 6 an animal, feathers or dust? Yes .....2  
 7

8  
 9 Q308 Do you suffer a lot of rhinitis? (Rhinitis is a runny, itchy nose, often No .....1  
 10 with watery and itchy eyes, when you do not have a cold.) Yes .....2  
 11

12  
 13 Q309 Have you ever suffered from eczema? (Eczema is a patchy, itchy rash No .....1  
 14 that occurs on the bends of the elbow, knees and wrists.) Yes .....2  
 15

16  
 17 Q310 Has a doctor ever diagnosed you as suffering from any of the following?  
 18  
 19 Q310A Pneumonia No .....1  
 20 Yes .....2  
 21  
 22 Q310B Asthma No .....1  
 23 Yes .....2  
 24  
 25 Q310C Hayfever No .....1  
 26 Yes .....2  
 27  
 28 Q310D Eczema No .....1  
 29 Yes .....2  
 30

31 \*\*\*\*\*  
 32 IF ANY DIAGNOSIS (Q310A TO Q310D = 2), COMPLETE THE RELEVANT  
 33 SECTION OF Q311, ELSE GO TO Q312  
 34 \*\*\*\*\*  
 35

36  
 37 Q311 At what age were you first diagnosed as suffering from the following:  
 38 Please enter age values in years (and months, if known). An approximate age  
 39 is fine.  
 40  
 41 Q311A Pneumonia \_\_\_\_\_/\_\_\_\_ YEARS  
 42 \_\_\_\_\_/\_\_\_\_ MONTHS  
 43  
 44 Q311B Asthma \_\_\_\_\_/\_\_\_\_ YEARS  
 45 \_\_\_\_\_/\_\_\_\_ MONTHS  
 46  
 47 Q311C Hayfever \_\_\_\_\_/\_\_\_\_ YEARS  
 48 \_\_\_\_\_/\_\_\_\_ MONTHS  
 49  
 50 Q311D Eczema \_\_\_\_\_/\_\_\_\_ YEARS  
 51 \_\_\_\_\_/\_\_\_\_ MONTHS  
 52

53  
 54 Q312 Have you ever taken any medicine for asthma or wheezing? No .....1  
 55 Yes .....2  
 56

57  
 58 Q313 Are you currently taking asthma medication? No .....1  
 59 Yes .....2  
 60

1			
2			
3	Q314	Has a doctor ever diagnosed your parents or siblings as suffering from	No .....1
4		asthma?	Yes .....2
5	<hr/>		
6	Q315	Have you had an allergic reaction to any of the following items?	
7			
8	Q315A	Foods	No .....1
9			Yes .....2
10			Unsure .....3
11			
12	Q315B	Plants (including pollen)	No .....1
13			Yes .....2
14			Unsure .....3
15			
16	Q315C	Animals (mammals, birds or insects)	No .....1
17			Yes .....2
18			Unsure .....3
19			
20	Q315D	Dust mites	No .....1
21			Yes .....2
22			Unsure .....3
23			
24	Q315E	Mould	No .....1
25			Yes .....2
26			Unsure .....3
27			
28	Q315F	Latex	No .....1
29			Yes .....2
30			Unsure .....3
31			
32	Q315G	Medicines	No .....1
33			Yes .....2
34			Unsure .....3
35			
36	Q315H	Vaccines	No .....1
37			Yes .....2
38			Unsure .....3
39			
40	Q315I	Something else	No .....1
41			Yes .....2
42			Unsure .....3
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\*\*\*\*\*  
 FOR EACH ALLERGEN AT Q315 (Q315A TO Q315I = 2), COMPLETE  
 THE RELEVANT SECTION OF Q316  
 ELSE GO TO Q317  
 \*\*\*\*\*

Q316 What type of reaction did you have? (Please select all that apply).

Q316A Foods

- Abdominal pain or vomiting .....1
- Diarrhoea .....2
- Difficulty swallowing or speaking ..3
- Drop of blood pressure, or  
passing out .....4
- Hives (red, itchy, swollen skin .....5
- Itching in your mouth .....6
- Itchy or runny nose .....7
- Nausea .....8
- Wheezing or asthma .....9
- None of the above .....10

Q316B Plants (including pollen)

- Abdominal pain or vomiting .....1
- Diarrhoea .....2
- Difficulty swallowing or speaking ..3
- Drop of blood pressure, or  
passing out .....4
- Hives (red, itchy, swollen skin .....5
- Itching in your mouth .....6
- Itchy or runny nose .....7
- Nausea .....8
- Wheezing or asthma .....9
- None of the above .....10

Q316C Animals (mammals, birds or insects)

- Abdominal pain or vomiting .....1
- Diarrhoea .....2
- Difficulty swallowing or speaking ..3
- Drop of blood pressure, or  
passing out .....4
- Hives (red, itchy, swollen skin .....5
- Itching in your mouth .....6
- Itchy or runny nose .....7
- Nausea .....8
- Wheezing or asthma .....9
- None of the above .....10

Q316D Dust mites

- Abdominal pain or vomiting .....1
- Diarrhoea .....2
- Difficulty swallowing or speaking ..3
- Drop of blood pressure, or  
passing out .....4
- Hives (red, itchy, swollen skin .....5
- Itching in your mouth .....6
- Itchy or runny nose .....7
- Nausea .....8
- Wheezing or asthma .....9
- None of the above .....10

Q316E Mould

- Abdominal pain or vomiting .....1
- Diarrhoea .....2
- Difficulty swallowing or speaking ..3
- Drop of blood pressure, or  
passing out .....4
- Hives (red, itchy, swollen skin .....5
- Itching in your mouth .....6

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## Q316F Latex

Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316G Medicines

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316H Vaccines

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316I Something else

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

\*\*\*\*\*  
 IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q327  
 \*\*\*\*\*

Q317 Has a doctor ever diagnosed you with any of the following?

- |   |           |   |
|---|-----------|---|
| Q317A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue)   | No .....  | 1 |
|   | Yes ..... | 2 |
| Q317B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) | No .....  | 1 |
|   | Yes ..... | 2 |
| Q317C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis)  | No .....  | 1 |
|   | Yes ..... | 2 |

\*\*\*\*\*  
 FOR EACH CONDITION AT Q317 (Q317A TO Q317C = 2), COMPLETE  
 THE RELEVANT SECTION OF Q318, ELSE GO TO Q320  
 \*\*\*\*\*

Q318 How old were you when this first occurred?

- |   |               |
|---|---------------|
| Q318A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue)   | ___/___ YEARS |
| Q318B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) | ___/___ YEARS |
| Q318C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis)  | ___/___ YEARS |

\*\*\*\*\*  
 IF ENDOMETRIOSIS (Q317C = 2), CONTINUE, ELSE GO TO Q320  
 \*\*\*\*\*

Q319 Has your diagnosis of endometriosis been confirmed by:

- |                               |        |
|-------------------------------|--------|
| Laparoscopy (keyhole surgery) | .....1 |
| Laparotomy (open surgery)     | .....2 |
| Other surgery                 | .....3 |
| Symptoms alone                | .....4 |
| Internal examination          | .....5 |

Q320 Have you begun to menstruate (started having your period)?

- |           |   |
|-----------|---|
| No .....  | 1 |
| Yes ..... | 2 |

\*\*\*\*\*  
 IF YES (Q320 = 2) CONTINUE, ELSE GO TO Q324  
 \*\*\*\*\*

Q321 How old were you when you had your first menstrual period?

- |           |   |
|-----------|---|
| No .....  | 1 |
| Yes ..... | 2 |

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IF Q425 NOT YET PRESENTED CONTINUE, ELSE GO TO Q323  
\*\*\*\*\*

Q322 Have you reached menopause? No .....1  
Yes .....2

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\*\*\*\*\*  
IF MENOPAUSE REACHED (Q322 = 2 OR Q425=2) CONTINUE,  
ELSE GO TO Q324  
\*\*\*\*\*

Q323 How old were you when your periods stopped? \_\_\_/\_\_\_ YEARS

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Q324 Have you had a hysterectomy? No .....1  
Yes .....2

\*\*\*\*\*  
IF YES (Q324 = 2) CONTINUE, ELSE GO TO Q326  
\*\*\*\*\*

Q325 How old were you when you had your hysterectomy? \_\_\_/\_\_\_ YEARS

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Q326 Have you ever tried for 12 months or more to conceive without success? No .....1  
Yes .....2

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Q327 Have you ever had any of the following medical conditions? Please select all that apply.

Arthritis .....1  
 Ankylosing spondylitis .....2  
 Back problems .....3  
 Barrett's oesophagus .....4  
 Cancer .....5  
 Chronic fatigue syndrome .....6  
 Chronic lung disease .....7  
 Coeliac disease .....8  
 Crohn's disease .....9  
 Ulcerative colitis .....10  
 Diabetes or high blood sugar .....11  
 Epilepsy or seizure disorder .....12  
 Eye problems .....13  
 Gallstones .....14  
 Graves' disease .....15  
 Hashimoto's disease .....16  
 Heart attack .....17  
 Heart disease .....18  
 High blood pressure .....19  
 HIV infection .....20  
 Kidney disease .....21  
 Lupus (SLE) .....22  
 Lymphoedema .....23  
 Multiple sclerosis .....24  
 Neck problems .....25  
 Osteoporosis .....26  
 Psoriasis .....27  
 Reflux .....28  
 Seasonal allergies .....29  
 Sjögren's syndrome .....30  
 Stroke .....31  
 Tuberculosis .....32  
 Ulcers .....33  
 Any other chronic pain .....34  
 Other .....35

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None of the above .....36

\*\*\*\*\*  
 IF ARTHRITIS, CANCER, CHRONIC LUNG DISEASE,  
 DIABETES OR HIGH BLOOD SUGAR, EYE PROBLEMS OR ULCERS  
 IS SELECTED (Q327 = 1, 5, 7, 11, 13 OR 33) CONTINUE  
 IF ANY OTHER CONDITION SELECTED, GO TO Q329  
 ELSE GO TO Q330  
 \*\*\*\*\*

1	Q328	Please select the specific type of the medical condition(s) you have had.	
2			
3			
4	Q328_1A	Osteoarthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
5	Q328_1B	Rheumatoid arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
6	Q328_1C	Juvenile idiopathic arthritis (JIA) [IF ARTHRITIS (Q327 = 1)]	Yes .....1
7	Q328_1D	Psoriatic arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
8	Q328_1E	Other arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
9	Q328_5A	Bladder cancer [IF CANCER (Q327 = 5)]	Yes .....1
10	Q328_5B	Bowel (colorectal) cancer [IF CANCER (Q327 = 5)]	Yes .....1
11	Q328_5C	Brain cancer [IF CANCER (Q327 = 5)]	Yes .....1
12	Q328_5D	Breast cancer [IF CANCER (Q327 = 5)]	Yes .....1
13	Q328_5E	Cervical cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
14	Q328_5F	Endometrial cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
15	Q328_5G	Kidney cancer [IF CANCER (Q327 = 5)]	Yes .....1
16	Q328_5H	Leukemia [IF CANCER (Q327 = 5)]	Yes .....1
17	Q328_5I	Liver cancer [IF CANCER (Q327 = 5)]	Yes .....1
18	Q328_5J	Lung cancer [IF CANCER (Q327 = 5)]	Yes .....1
19	Q328_5K	Lymphoma [IF CANCER (Q327 = 5)]	Yes .....1
20	Q328_5L	Melanoma [IF CANCER (Q327 = 5)]	Yes .....1
21	Q328_5M	Skin cancer other than melanoma [IF CANCER (Q327 = 5)]	Yes .....1
22	Q328_5N	Oesophageal cancer [IF CANCER (Q327 = 5)]	Yes .....1
23	Q328_5O	Ovarian cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
24	Q328_5P	Pancreatic cancer [IF CANCER (Q327 = 5)]	Yes .....1
25	Q328_5Q	Prostate cancer [IF CANCER (Q327 = 5) AND MALE (Q4 = 1)]	Yes .....1
26	Q328_5R	Other cancer [IF CANCER (Q327 = 5)]	Yes .....1
27	Q328_7A	Emphysema [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
28	Q328_7B	Chronic bronchitis [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
29	Q328_7C	Other chronic lung disease [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
30	Q328_11A	Type 1 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1

1	Q328_11B Type 2 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1
2		
3	Q328_11C Gestational diabetes [IF DIABETES / HBS (Q327 = 11)	
4	AND FEMALE (Q4 = 2)]	Yes .....1
5		
6	Q328_11D Other diabetes or high blood sugar [IF DIABETES / HBS	
7	(Q327 = 11)]	Yes .....1
8		
9	Q328_13A Long-sighted (e.g. glasses for reading) [IF EYE	
10	PROBLEMS (Q327 = 13)]	Yes .....1
11		
12	Q328_13B Short-sighted (e.g. glasses for distance) [IF EYE	
13	PROBLEMS (Q327 = 13)]	Yes .....1
14		
15	Q328_13C Astigmatism [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
16		
17	Q328_13D Cataracts [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
18		
19	Q328_13E Glaucoma [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
20		
21	Q328_13F Macular degeneration [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
22		
23	Q328_13G Pterygium [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
24		
25	Q328_13H Strabismus ("turned" or "lazy" eye) [IF EYE PROBLEMS	
26	(Q327 = 13)]	Yes .....1
27		
28	Q328_13I Other eye problem [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
29		
30	Q328_33A Mouth ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
31		
32	Q328_33B Leg ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
33		
34	Q328_33C Stomach (gastric) ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
35		
36	Q328_33D Duodenal ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
37		
38	Q328_33E Other ulcers [IF ULCERS (Q327 = 33)]	Yes .....1

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\*\*\*\*\*  
 COMPLETE FOR ALL CONDITIONS IDENTIFIED AT Q327 AND Q328  
 \*\*\*\*\*

Q329 How old were you when these medical conditions first began, and when you most recently experienced them? Approximate ages are fine.

Q329\_1AF Age osteoarthritis began [IF Q328\_1A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1AR Age osteoarthritis most recent [IF Q328\_1A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1BF Age rheumatoid arthritis began [IF Q328\_1B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1BR Age rheumatoid arthritis most recent [IF Q328\_1B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1CF Age juvenile idiopathic arthritis (JIA) began [IF Q328\_1C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1CR Age juvenile idiopathic arthritis (JIA) most recent [IF Q328\_1C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1DF Age psoriatic arthritis began [IF Q328\_1D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1DR Age psoriatic arthritis most recent [IF Q328\_1D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1EF Age other arthritis began [IF Q328\_1E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1ER Age other arthritis most recent [IF Q328\_1E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1FF Age unspecified arthritis began [IF Q327 = 1 AND Q328\_1A TO Q328\_1E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_1FR Age unspecified arthritis most recent [IF Q327 = 1 AND Q328\_1A TO Q328\_1E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_2F Age ankylosing spondylitis began [IF Q327 = 2] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_2R Age ankylosing spondylitis most recent [IF Q327 = 2] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_3F Age back problems began [IF Q327 = 3] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_3R Age back problems most recent [IF Q327 = 3] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_4F Age Barrett's oesophagus began [IF Q327 = 4] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_4R Age Barrett's oesophagus most recent [IF Q327 = 4] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5AF Age bladder cancer began [IF Q328\_5A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5AR Age bladder cancer most recent [IF Q328\_5A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5BF Age bowel (colorectal) cancer began [IF Q328\_5B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5BR Age bladder cancer most recent [IF Q328\_5B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5CF Age brain cancer began [IF Q328\_5C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5CR Age brain cancer most recent [IF Q328\_5C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5DF Age breast cancer began [IF Q328\_5D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5DR Age breast cancer most recent [IF Q328\_5D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

Q329\_5EF Age cervical cancer began [IF Q328\_5E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS



1		
2		
3	Q329_5ER Age cervical cancer most recent [IF Q328_5E = 1]	___/___/___ YEARS
4	Q329_5FF Age endometrial cancer began [IF Q328_5F = 1]	___/___/___ YEARS
5		
6	Q329_5FR Age endometrial cancer most recent [IF Q328_5F = 1]	___/___/___ YEARS
7		
8	Q329_5GF Age kidney cancer began [IF Q328_5G = 1]	___/___/___ YEARS
9		
10	Q329_5GR Age kidney cancer most recent [IF Q328_5G = 1]	___/___/___ YEARS
11		
12	Q329_5HF Age leukemia began [IF Q328_5H = 1]	___/___/___ YEARS
13		
14	Q329_5HR Age leukemia most recent [IF Q328_5H = 1]	___/___/___ YEARS
15		
16	Q329_5IF Age liver cancer began [IF Q328_5I = 1]	___/___/___ YEARS
17		
18	Q329_5IR Age liver cancer most recent [IF Q328_5I = 1]	___/___/___ YEARS
19		
20	Q329_5JF Age lung cancer began [IF Q328_5J = 1]	___/___/___ YEARS
21		
22	Q329_5JR Age lung cancer most recent [IF Q328_5J = 1]	___/___/___ YEARS
23		
24	Q329_5KF Age lymphoma began [IF Q328_5K = 1]	___/___/___ YEARS
25		
26	Q329_5KR Age lymphoma most recent [IF Q328_5K = 1]	___/___/___ YEARS
27		
28	Q329_5LF Age melanoma began [IF Q328_5L = 1]	___/___/___ YEARS
29		
30	Q329_5LR Age melanoma most recent [IF Q328_5L = 1]	___/___/___ YEARS
31		
32	Q329_5MF Age skin cancer other than melanoma began [IF Q328_5M = 1]	___/___/___ YEARS
33		
34	Q329_5MR Age skin cancer other than melanoma most recent [IF Q328_5M = 1]	___/___/___ YEARS
35		
36	Q329_5NF Age oesophageal cancer began [IF Q328_5N = 1]	___/___/___ YEARS
37		
38	Q329_5NR Age oesophageal cancer most recent [IF Q328_5N = 1]	___/___/___ YEARS
39		
40	Q329_5OF Age ovarian cancer began [IF Q328_5O = 1]	___/___/___ YEARS
41		
42	Q329_5OR Age ovarian cancer most recent [IF Q328_5O = 1]	___/___/___ YEARS
43		
44	Q329_5PF Age pancreatic cancer began [IF Q328_5P = 1]	___/___/___ YEARS
45		
46	Q329_5PR Age pancreatic cancer most recent [IF Q328_5P = 1]	___/___/___ YEARS
47		
48	Q329_5QF Age prostate cancer began [IF Q328_5Q = 1]	___/___/___ YEARS
49		
50	Q329_5QR Age prostate cancer most recent [IF Q328_5Q = 1]	___/___/___ YEARS
51		
52	Q329_5RF Age other cancer began [IF Q328_5R = 1]	___/___/___ YEARS
53		
54	Q329_5RR Age other cancer most recent [IF Q328_5R = 1]	___/___/___ YEARS
55		
56	Q329_5SF Age unspecified cancer began [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
57		
58	Q329_5SR Age unspecified cancer most recent [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
59		
60	Q329_6F Age chronic fatigue syndrome began [IF Q327 = 6]	___/___/___ YEARS

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3	Q329_6R Age chronic fatigue syndrome most recent [IF Q327 = 6]	__/__/__ YEARS
4		
5	Q329_7AF Age emphysema began [IF Q328_7A = 1]	__/__/__ YEARS
6		
7	Q329_7AR Age emphysema most recent [IF Q328_7A = 1]	__/__/__ YEARS
8		
9	Q329_7BF Age chronic bronchitis began [IF Q328_7B = 1]	__/__/__ YEARS
10		
11	Q329_7BR Age chronic bronchitis most recent [IF Q328_7B = 1]	__/__/__ YEARS
12		
13	Q329_7CF Age other chronic lung disease began [IF Q328_7C = 1]	__/__/__ YEARS
14		
15	Q329_7CR Age other chronic lung disease most recent [IF Q328_7C = 1]	__/__/__ YEARS
16		
17	Q329_7DF Age unspecified chronic lung disease began [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
18		
19	Q329_7DR Age unspecified chronic lung disease most recent [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
20		
21	Q329_8F Age coeliac disease began [IF Q327 = 8]	__/__/__ YEARS
22		
23	Q329_8R Age coeliac disease most recent [IF Q327 = 8]	__/__/__ YEARS
24		
25	Q329_9F Age Crohn's disease began [IF Q327 = 9]	__/__/__ YEARS
26		
27	Q329_9R Age Crohn's disease most recent [IF Q327 = 9]	__/__/__ YEARS
28		
29	Q329_10F Age ulcerative colitis began [IF Q327 = 10]	__/__/__ YEARS
30		
31	Q329_10R Age ulcerative colitis most recent [IF Q327 = 10]	__/__/__ YEARS
32		
33	Q329_11AF Age Type 1 diabetes began [IF Q328_11A = 1]	__/__/__ YEARS
34		
35	Q329_11AR Age Type 1 diabetes most recent [IF Q328_11A = 1]	__/__/__ YEARS
36		
37	Q329_11BF Age Type 2 diabetes began [IF Q328_11B = 1]	__/__/__ YEARS
38		
39	Q329_11BR Age Type 2 diabetes most recent [IF Q328_11B = 1]	__/__/__ YEARS
40		
41	Q329_11CF Age gestational diabetes began [IF Q328_11C = 1]	__/__/__ YEARS
42		
43	Q329_11CR Age gestational diabetes most recent [IF Q328_11C = 1]	__/__/__ YEARS
44		
45	Q329_11DF Age other diabetes or high blood sugar began [IF Q328_11D = 1]	__/__/__ YEARS
46		
47	Q329_11DR Age other diabetes or high blood sugar most recent [IF Q328_11D = 1]	__/__/__ YEARS
48		
49	Q329_11EF Age unspecified diabetes or other high blood sugar began [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
50		
51	Q329_11ER Age unspecified diabetes or other high blood sugar most recent [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
52		
53	Q329_12F Age epilepsy or seizure disorder began [IF Q327 = 10]	__/__/__ YEARS
54		
55	Q329_12R Age epilepsy or seizure disorder most recent [IF Q327 = 10]	__/__/__ YEARS
56		
57	Q329_13AF Age long-sighted (e.g. glasses for reading) began [IF Q328_13A = 1]	__/__/__ YEARS
58		
59		
60		

1		
2		
3	Q329_13AR Age long-sighted (e.g. glasses for reading)	
4	most recent [IF Q328_13A = 1]	__/__/__ YEARS
5		
6	Q329_13BF Age short-sighted (e.g. glasses for distance) began	
7	[IF Q328_13B = 1]	__/__/__ YEARS
8		
9	Q329_13BR Age short-sighted (e.g. glasses for distance) most	
10	recent [IF Q328_13B = 1]	__/__/__ YEARS
11		
12	Q329_13CF Age astigmatism began [IF Q328_13C = 1]	__/__/__ YEARS
13		
14	Q329_13CR Age astigmatism most recent [IF Q328_13C = 1]	__/__/__ YEARS
15		
16	Q329_13DF Age cataracts began [IF Q328_13D = 1]	__/__/__ YEARS
17		
18	Q329_13DR Age cataracts most recent [IF Q328_13D = 1]	__/__/__ YEARS
19		
20	Q329_13EF Age glaucoma began [IF Q328_13E = 1]	__/__/__ YEARS
21		
22	Q329_13ER Age glaucoma most recent [IF Q328_13E = 1]	__/__/__ YEARS
23		
24	Q329_13FF Age macular degeneration began [IF Q328_13F = 1]	__/__/__ YEARS
25		
26	Q329_13FR Age macular degeneration most recent [IF Q328_13F = 1]	__/__/__ YEARS
27		
28	Q329_13GF Age pterygium began [IF Q328_13G = 1]	__/__/__ YEARS
29		
30	Q329_13GR Age pterygium most recent [IF Q328_13G = 1]	__/__/__ YEARS
31		
32	Q329_13HF Age strabismus (“turned” or “lazy” eye) began	
33	[IF Q328_13H = 1]	__/__/__ YEARS
34		
35	Q329_13HR Age strabismus (“turned” or “lazy” eye) most recent	
36	[IF Q328_13H = 1]	__/__/__ YEARS
37		
38	Q329_13IF Age other eye problem began [IF Q328_13I = 1]	__/__/__ YEARS
39		
40	Q329_13IR Age other eye problem most recent [IF Q328_13I = 1]	__/__/__ YEARS
41		
42	Q329_13JF Age unspecified eye problem began	
43	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
44		
45	Q329_13JR Age unspecified eye problem most recent	
46	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
47		
48	Q329_14F Age gallstones began [IF Q327 = 14]	__/__/__ YEARS
49		
50	Q329_14R Age gallstones most recent [IF Q327 = 14]	__/__/__ YEARS
51		
52	Q329_15F Age Graves’ disease began [IF Q327 = 15]	__/__/__ YEARS
53		
54	Q329_15R Age Graves’ disease most recent [IF Q327 = 15]	__/__/__ YEARS
55		
56	Q329_16F Age Hashimoto’s disease began [IF Q327 = 16]	__/__/__ YEARS
57		
58	Q329_16R Age Hashimoto’s disease most recent [IF Q327 = 16]	__/__/__ YEARS
59		
60	Q329_17F Age heart attack began [IF Q327 = 17]	__/__/__ YEARS
	Q329_17R Age heart attack most recent [IF Q327 = 17]	__/__/__ YEARS
	Q329_18F Age heart disease began [IF Q327 = 18]	__/__/__ YEARS

1		
2		
3	Q329_18R Age heart disease most recent [IF Q327 = 18]	___/___/___ YEARS
4		
5	Q329_19F Age high blood pressure began [IF Q327 = 19]	___/___/___ YEARS
6		
7	Q329_19R Age high blood pressure most recent [IF Q327 = 19]	___/___/___ YEARS
8		
9	Q329_20F Age HIV infection began [IF Q327 = 20]	___/___/___ YEARS
10		
11	Q329_20R Age HIV infection most recent [IF Q327 = 20]	___/___/___ YEARS
12		
13	Q329_21F Age kidney disease began [IF Q327 = 21]	___/___/___ YEARS
14		
15	Q329_21R Age kidney disease most recent [IF Q327 = 21]	___/___/___ YEARS
16		
17	Q329_22F Age lupus (SLE) began [IF Q327 = 22]	___/___/___ YEARS
18		
19	Q329_22R Age lupus (SLE) most recent [IF Q327 = 22]	___/___/___ YEARS
20		
21	Q329_23F Age lymphoedema began [IF Q327 = 23]	___/___/___ YEARS
22		
23	Q329_23R Age lymphoedema most recent [IF Q327 = 23]	___/___/___ YEARS
24		
25	Q329_24F Age multiple sclerosis began [IF Q327 = 24]	___/___/___ YEARS
26		
27	Q329_24R Age multiple sclerosis most recent [IF Q327 = 24]	___/___/___ YEARS
28		
29	Q329_25F Age neck problems began [IF Q327 = 25]	___/___/___ YEARS
30		
31	Q329_25R Age neck problems most recent [IF Q327 = 25]	___/___/___ YEARS
32		
33	Q329_26F Age osteoporosis began [IF Q327 = 26]	___/___/___ YEARS
34		
35	Q329_26R Age osteoporosis most recent [IF Q327 = 26]	___/___/___ YEARS
36		
37	Q329_27F Age psoriasis began [IF Q327 = 27]	___/___/___ YEARS
38		
39	Q329_27R Age psoriasis most recent [IF Q327 = 27]	___/___/___ YEARS
40		
41	Q329_28F Age reflux began [IF Q327 = 28]	___/___/___ YEARS
42		
43	Q329_28R Age reflux most recent [IF Q327 = 28]	___/___/___ YEARS
44		
45	Q329_29F Age seasonal allergies began [IF Q327 = 29]	___/___/___ YEARS
46		
47	Q329_29R Age seasonal allergies most recent [IF Q327 = 29]	___/___/___ YEARS
48		
49	Q329_30F Age Sjögren's syndrome began [IF Q327 = 30]	___/___/___ YEARS
50		
51	Q329_30R Age Sjögren's syndrome most recent [IF Q327 = 30]	___/___/___ YEARS
52		
53	Q329_31F Age stroke began [IF Q327 = 31]	___/___/___ YEARS
54		
55	Q329_31R Age stroke most recent [IF Q327 = 31]	___/___/___ YEARS
56		
57	Q329_32F Age tuberculosis began [IF Q327 = 32]	___/___/___ YEARS
58		
59	Q329_32R Age tuberculosis most recent [IF Q327 = 32]	___/___/___ YEARS
60		
	Q329_33AF Age mouth ulcers began [IF Q328_33A = 1]	___/___/___ YEARS
	Q329_33AR Age mouth ulcers most recent [IF Q328_33A = 1]	___/___/___ YEARS

1 Q329\_33BF Age leg ulcers began [IF Q328\_33B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 2  
 3 Q329\_33BR Age leg ulcers most recent [IF Q328\_33B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 4  
 5 Q329\_33CF Age stomach (gastric) ulcers began [IF Q328\_33C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 6  
 7 Q329\_33CR Age stomach (gastric) ulcers most recent [IF Q328\_33C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 8  
 9 Q329\_33DF Age duodenal ulcers began [IF Q328\_33D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 10  
 11 Q329\_33DR Age duodenal ulcers most recent [IF Q328\_33D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 12  
 13 Q329\_33EF Age other ulcers began [IF Q328\_33E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 14  
 15 Q329\_33ER Age other ulcers most recent [IF Q328\_33E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 16  
 17 Q329\_33FF Age unspecified ulcers began  
 18 [IF Q327 = 13 AND Q328\_33A TO Q328\_33E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 19  
 20 Q329\_33FR Age unspecified eye problem most recent  
 21 [IF Q327 = 13 AND Q328\_33A TO Q328\_33F ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 22  
 23 Q329\_34F Age any other chronic pain began [IF Q327 = 34] \_\_\_/\_\_\_/\_\_\_ YEARS  
 24  
 25 Q329\_34R Age any other chronic pain most recent [IF Q327 = 34] \_\_\_/\_\_\_/\_\_\_ YEARS  
 26  
 27 Q329\_35F Age other condition began [IF Q327 = 35] \_\_\_/\_\_\_/\_\_\_ YEARS  
 28  
 29 Q329\_35R Age other condition most recent [IF Q327 = 35] \_\_\_/\_\_\_/\_\_\_ YEARS

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31 Q330 From any experiences in the air, how often would you say you get airsick? Always .....1  
 32 Frequently .....2  
 33 Sometimes .....3  
 34 Rarely .....4  
 35 Never .....5  
 36 Never flown .....6  
 37

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39 Q331 From any experiences at sea, how often would you say you get seasick? Always .....1  
 40 Frequently .....2  
 41 Sometimes .....3  
 42 Rarely .....4  
 43 Never .....5  
 44 Never been on a boat .....6  
 45

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47 Q332 From any experiences riding in cars when not driving, how often would  
 48 you say you get carsick? Always .....1  
 49 Frequently .....2  
 50 Sometimes .....3  
 51 Rarely .....4  
 52 Never .....5  
 53

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Q333 We are interested in finding out about any chronic pain you experience in your daily life. On a scale of 0 – 10, what is your pain on average? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.

- No pain 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- Pain as bad as it could be 10 .....11

\*\*\*\*\*  
IF AT LEAST SOME PAIN ON AVERAGE (Q333 > 0) CONTINUE,  
ELSE GO TO Q339  
\*\*\*\*\*

Q334 How would you rate your pain right now? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.

- No pain 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- Pain as bad as it could be 10 .....11

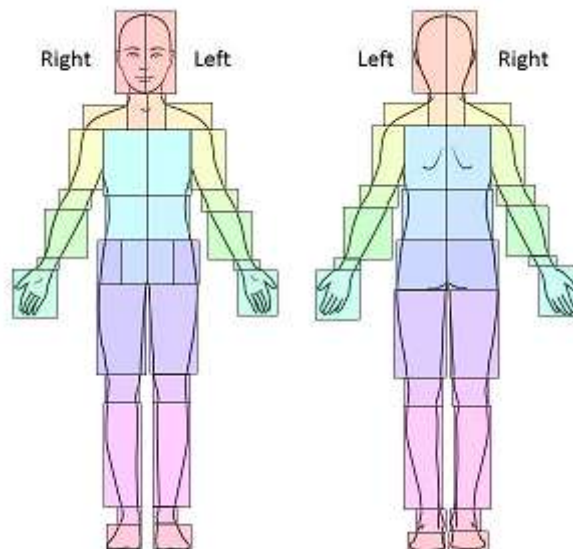
Q335 How long has your **main** pain been present?

- Less than 1 month .....1
- Between 1 and 3 months .....2
- Between 3 and 6 months .....3
- Between 6 and 12 months .....4
- Between 1 and 2 years .....5
- Between 2 and 5 years .....6
- More than 5 years .....7

Q336 Which statement best describes your pain?

- Always present (always the same intensity) .....1
- Always present (level of pain varies) .....2
- Often present (pain-free periods last less than 6 hours) .....3
- Occasionally present (pain occurs once to several times per day, lasting up to an hour) .....4
- Rarely present (pain occurs every few days or weeks) .....5

Q337 On the diagram, please click or tap on the area where your main pain occurs.



Q337A_RF Head right front	No .....1
	Yes .....2
Q337A_LF Head left front	No .....1
	Yes .....2
Q337A_LB Head left back	No .....1
	Yes .....2
Q337A_RB Head right back	No .....1
	Yes .....2
Q337B_RF Neck right front	No .....1
	Yes .....2
Q337B_LF Neck left front	No .....1
	Yes .....2
Q337B_LB Neck left back	No .....1
	Yes .....2
Q337B_RB Neck right back	No .....1
	Yes .....2
Q337C_RF Shoulder right front	No .....1
	Yes .....2
Q337C_LF Shoulder left front	No .....1
	Yes .....2
Q337C_LB Shoulder left back	No .....1
	Yes .....2
Q337C_RB Shoulder right back	No .....1
	Yes .....2
Q337D_RF Upper arm right front	No .....1
	Yes .....2
Q337D_LF Upper arm left front	No .....1
	Yes .....2

1			
2	Q337D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q337D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q337E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q337E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q337E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q337E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q337F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q337F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q337F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q337F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q337G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q337G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q337G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q337G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q337H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q337H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q337H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q337H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q337I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q337I_L Chest left	No .....	1
60		Yes .....	2
	Q337J_R Abdomen right	No .....	1
		Yes .....	2



1			
2	Q337J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q337K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q337K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q337L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q337L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q337M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q337M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q337N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q337N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q337O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q337O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q337P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q337P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q337P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q337P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q337Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q337Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q337Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q337Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q337R_RF Lower leg right front	No .....	1
60		Yes .....	2

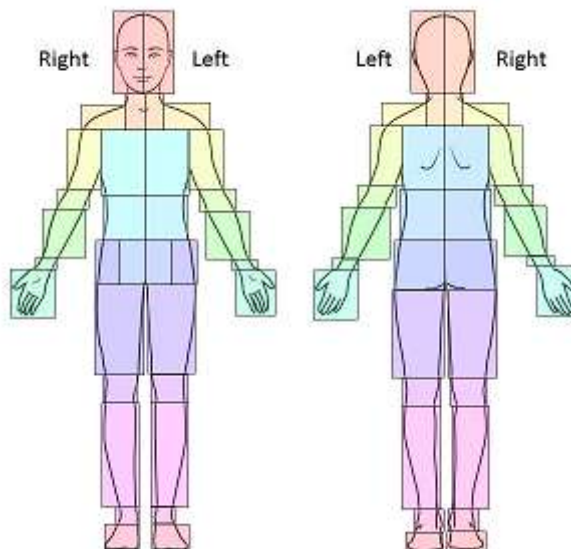
1			
2	Q337R_LB Lower leg left back	No .....	1
3		Yes .....	2
4			
5	Q337R_RB Lower leg right back	No .....	1
6		Yes .....	2
7			
8	Q337S_RF Ankle right front	No .....	1
9		Yes .....	2
10			
11	Q337S_LF Ankle left front	No .....	1
12		Yes .....	2
13			
14	Q337S_LB Ankle left back	No .....	1
15		Yes .....	2
16			
17	Q337S_RB Ankle right back	No .....	1
18		Yes .....	2
19			
20	Q337T_RF Foot right front	No .....	1
21		Yes .....	2
22			
23	Q337T_LF Foot left front	No .....	1
24		Yes .....	2
25			
26	Q337T_LB Foot left back	No .....	1
27		Yes .....	2
28			
29	Q337T_RB Foot right back	No .....	1
30		Yes .....	2

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Q338 On the diagram, please click or tap on any other areas where you experience pain.



Q338A_RF Head right front	No .....1
	Yes .....2
Q338A_LF Head left front	No .....1
	Yes .....2
Q338A_LB Head left back	No .....1
	Yes .....2
Q338A_RB Head right back	No .....1
	Yes .....2
Q338B_RF Neck right front	No .....1
	Yes .....2
Q338B_LF Neck left front	No .....1
	Yes .....2
Q338B_LB Neck left back	No .....1
	Yes .....2
Q338B_RB Neck right back	No .....1
	Yes .....2
Q338C_RF Shoulder right front	No .....1
	Yes .....2
Q338C_LF Shoulder left front	No .....1
	Yes .....2
Q338C_LB Shoulder left back	No .....1
	Yes .....2
Q338C_RB Shoulder right back	No .....1
	Yes .....2
Q338D_RF Upper arm right front	No .....1
	Yes .....2
Q338D_LF Upper arm left front	No .....1
	Yes .....2

1			
2	Q338D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q338D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q338E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q338E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q338E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q338E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q338F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q338F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q338F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q338F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q338G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q338G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q338G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q338G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q338H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q338H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q338H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q338H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q338I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q338I_L Chest left	No .....	1
60		Yes .....	2
	Q338J_R Abdomen right	No .....	1
		Yes .....	2

1			
2	Q338J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q338K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q338K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q338L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q338L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q338M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q338M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q338N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q338N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q338O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q338O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q338P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q338P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q338P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q338P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q338Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q338Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q338Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q338Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q338R_RF Lower leg right front	No .....	1
60		Yes .....	2

1			
2	Q338R_LB Lower leg left back	No .....	1
3		Yes .....	2
4			
5	Q338R_RB Lower leg right back	No .....	1
6		Yes .....	2
7			
8	Q338S_RF Ankle right front	No .....	1
9		Yes .....	2
10			
11	Q338S_LF Ankle left front	No .....	1
12		Yes .....	2
13			
14	Q338S_LB Ankle left back	No .....	1
15		Yes .....	2
16			
17	Q338S_RB Ankle right back	No .....	1
18		Yes .....	2
19			
20	Q338T_RF Foot right front	No .....	1
21		Yes .....	2
22			
23	Q338T_LF Foot left front	No .....	1
24		Yes .....	2
25			
26	Q338T_LB Foot left back	No .....	1
27		Yes .....	2
28			
29	Q338T_RB Foot right back	No .....	1
30		Yes .....	2

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31	Q339	Have you ever worn prescription glasses or contact lenses?	No .....	1
32			Yes .....	2

\*\*\*\*\*  
 IF EVER USED GLASSES OR CONTACT LENSES (Q339 = 2) CONTINUE  
 ELSE GO TO Q342  
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40	Q340	At what age did you first wear prescription glasses or contact lenses?		___/___ YEARS
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43	Q341	For what purpose did you first wear prescription glasses or contact lenses? (Please select all that apply)	To see clearly at a distance .....	1
44			For reading, computer use, or other close work .....	2
45			To correct astigmatism (blurred or distorted vision at all distances) ..	3
46			Other .....	4

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51	Q342	How is your hearing?	Good .....	1
52			Slightly impaired .....	2
53			Very impaired .....	3

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56	Q343	Is it difficult for you to hear when talking with one person in a quiet room?	No, not at all .....	1
57			Sometimes a bit difficult .....	2
58			Yes, very difficult .....	3

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1  
2  
3 Q344 Is it difficult for you to hear when talking with several people at  
4 the same time? No, not at all .....1  
5 Sometimes a bit difficult .....2  
6 Yes, very difficult .....3

7  
8 Q345 Do you have a constant ringing or some other disturbing sound in  
9 your ears (tinnitus)? No .....1  
10 Yes, sometimes, but the sound  
11 does not disturb me .....2  
12 All the time, the sound is very  
13 disturbing .....3

14 Q346 Thank you for answering this section of the questionnaire. It's a big help  
15 to our research!  
16  
17

For peer review only

## Module 9 – Games and gambling

Q375 We would like to ask you about your experiences with various kinds of gambling. By gambling we mean placing a bet on the outcome of a race or a game of skill or chance, or playing a game, including for charity, in which you might win or lose your money. Do not count any gambling that you may have done for a prize other than money, such as a car raffle.

Q376 Have you ever participated in any of the following activities? Please select all that apply.

- |  |           |   |
|--|-----------|---|
| Q376A Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack                 | Yes ..... | 1 |
| Q376B Bet on horse or greyhound races excluding sweeps   | Yes ..... | 1 |
| Q376C Bought instant scratch tickets   | Yes ..... | 1 |
| Q376D Played lotto or any other lottery game like Tattslotto, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno | Yes ..... | 1 |
| Q376E Played Keno at a club, hotel or casino   | Yes ..... | 1 |
| Q376F Played poker for money against other individuals   | Yes ..... | 1 |
| Q376G Played table games at a casino (not including poker), such as Blackjack or Roulette                              | Yes ..... | 1 |
| Q376H Played casino games on the internet  | Yes ..... | 1 |
| Q376I Played bingo at a club or hall (for cash prizes)   | Yes ..... | 1 |
| Q376J Bet on a sporting event like football, cricket or tennis   | Yes ..... | 1 |
| Q376K Played games like cards or mahjong for money at home or any other place  | Yes ..... | 1 |
| Q376L Bet on other games of skill like billiards (pool)  | Yes ..... | 1 |
| Q376M Played any other gambling activity excluding raffles or sweeps   | Yes ..... | 1 |

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IF EVER PARTICIPATED IN ANY (Q376A TO Q376M = 1)  
THEN CONTINUE, ELSE GO TO Q404

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COMPLETE Q377 FOR EACH SELECTED OPTION AT Q376

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1		
2	Q377	During the last 12 months, on how many days have you participated in
3		the following activities?
4		
5	Q377A	Played electronic gaming machines such as pokies, poker
6		machines, video draw poker, or blackjack
7		Not at all in the last 12 months .....1
8		1 – 10 days .....2
9		11 – 100 days .....3
10		More than 100 days .....4
11		
12	Q377B	Bet on horse or greyhound races excluding sweeps
13		Not at all in the last 12 months .....1
14		1 – 10 days .....2
15		11 – 100 days .....3
16		More than 100 days .....4
17		
18	Q377C	Bought instant scratch tickets
19		Not at all in the last 12 months .....1
20		1 – 10 days .....2
21		11 – 100 days .....3
22		More than 100 days .....4
23		
24	Q377D	Played lotto or any other lottery game like Tattsлото, Powerball,
25		the Pools, \$2 Jackpot lottery, or Tatts Keno
26		Not at all in the last 12 months .....1
27		1 – 10 days .....2
28		11 – 100 days .....3
29		More than 100 days .....4
30		
31	Q377E	Played Keno at a club, hotel or casino
32		Not at all in the last 12 months .....1
33		1 – 10 days .....2
34		11 – 100 days .....3
35		More than 100 days .....4
36		
37	Q377F	Played poker for money against other individuals
38		Not at all in the last 12 months .....1
39		1 – 10 days .....2
40		11 – 100 days .....3
41		More than 100 days .....4
42		
43	Q377G	Played table games at a casino (not including poker), such as
44		Blackjack or Roulette
45		Not at all in the last 12 months .....1
46		1 – 10 days .....2
47		11 – 100 days .....3
48		More than 100 days .....4
49		
50	Q377H	Played casino games on the internet
51		Not at all in the last 12 months .....1
52		1 – 10 days .....2
53		11 – 100 days .....3
54		More than 100 days .....4
55		
56	Q377I	Played bingo at a club or hall (for cash prizes)
57		Not at all in the last 12 months .....1
58		1 – 10 days .....2
59		11 – 100 days .....3
60		More than 100 days .....4

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Q377M Played any other gambling activity excluding raffles or sweeps	Not at all in the last 12 months .....	1
	1 – 10 days .....	2
	11 – 100 days .....	3
	More than 100 days .....	4

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\*\*\*\*\*  
 COMPLETE Q378 FOR EACH SELECTED OPTION AT Q376  
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For peer review only

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2  
3 Q378 In your entire life, on how many days have you participated in the  
4 following activities?  
5  
6 Q378A Played electronic gaming machines such as pokies, poker  
7 machines, video draw poker, or blackjack 1 – 10 days .....1  
8 11 – 100 days .....2  
9 More than 100 days .....3  
10  
11 Q378B Bet on horse or greyhound races excluding sweeps 1 – 10 days .....1  
12 11 – 100 days .....2  
13 More than 100 days .....3  
14  
15 Q378C Bought instant scratch tickets 1 – 10 days .....1  
16 11 – 100 days .....2  
17 More than 100 days .....3  
18  
19 Q378D Played lotto or any other lottery game like Tattslotto, Powerball,  
20 the Pools, \$2 Jackpot lottery, or Tatts Keno 1 – 10 days .....1  
21 11 – 100 days .....2  
22 More than 100 days .....3  
23  
24 Q378E Played Keno at a club, hotel or casino 1 – 10 days .....1  
25 11 – 100 days .....2  
26 More than 100 days .....3  
27  
28 Q378F Played poker for money against other individuals 1 – 10 days .....1  
29 11 – 100 days .....2  
30 More than 100 days .....3  
31  
32 Q378G Played table games at a casino (not including poker), such as  
33 Blackjack or Roulette 1 – 10 days .....1  
34 11 – 100 days .....2  
35 More than 100 days .....3  
36  
37 Q378H Played casino games on the internet 1 – 10 days .....1  
38 11 – 100 days .....2  
39 More than 100 days .....3  
40  
41 Q378I Played bingo at a club or hall (for cash prizes) 1 – 10 days .....1  
42 11 – 100 days .....2  
43 More than 100 days .....3  
44  
45 Q378J Bet on a sporting event like football, cricket or tennis 1 – 10 days .....1  
46 11 – 100 days .....2  
47 More than 100 days .....3  
48  
49 Q378K Played games like cards or mahjong for money at home or any  
50 other place 1 – 10 days .....1  
51 11 – 100 days .....2  
52 More than 100 days .....3  
53  
54 Q378L Bet on other games of skill like billiards (pool) 1 – 10 days .....1  
55 11 – 100 days .....2  
56 More than 100 days .....3  
57  
58 Q378M Played any other gambling activity excluding raffles or sweeps 1 – 10 days .....1  
59 11 – 100 days .....2  
60 More than 100 days .....3

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\*\*\*\*\*  
**COMPLETE Q379 FOR EACH SELECTED OPTION AT Q376**  
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- 1  
2  
3 Q379 How old were you (in years) when you first participated in the  
4 following activities?  
5  
6 Q379A Played electronic gaming machines such as pokies, poker  
7 machines, video draw poker, or blackjack \_\_\_/\_\_\_ YEARS  
8  
9 Q379B Bet on horse or greyhound races excluding sweeps \_\_\_/\_\_\_ YEARS  
10  
11 Q379C Bought instant scratch tickets \_\_\_/\_\_\_ YEARS  
12  
13 Q379D Played lotto or any other lottery game like Tattslotto, Powerball,  
14 the Pools, \$2 Jackpot lottery, or Tatts Keno \_\_\_/\_\_\_ YEARS  
15  
16 Q379E Played Keno at a club, hotel or casino \_\_\_/\_\_\_ YEARS  
17  
18 Q379F Played poker for money against other individuals \_\_\_/\_\_\_ YEARS  
19  
20 Q379G Played table games at a casino (not including poker), such as  
21 Blackjack or Roulette \_\_\_/\_\_\_ YEARS  
22  
23 Q379H Played casino games on the internet \_\_\_/\_\_\_ YEARS  
24  
25 Q379I Played bingo at a club or hall (for cash prizes) \_\_\_/\_\_\_ YEARS  
26  
27 Q379J Bet on a sporting event like football, cricket or tennis \_\_\_/\_\_\_ YEARS  
28  
29 Q379K Played games like cards or mahjong for money at home or any other place \_\_\_/\_\_\_ YEARS  
30  
31 Q379L Bet on other games of skill like billiards (pool) \_\_\_/\_\_\_ YEARS  
32  
33 Q379M Played any other gambling activity excluding raffles or sweeps \_\_\_/\_\_\_ YEARS

- 
- 34 Q380 Have you ever gambled at least 10 times in a single year? No .....1  
35 Yes .....2  
36

- 
- 37  
38 Q381 Have you ever gambled at least once a week for at least 6 months in No .....1  
39 a row? (This does not have to be in the same gambling activity.) Yes .....2  
40

41 \*\*\*\*\*  
42 IF ANY GAMBLING IN LAST 12 MONTHS  
43 (ANY OF Q377A TO Q377M = 2, 3 OR 4) CONTINUE, ELSE GO TO Q383  
44 \*\*\*\*\*  
45

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1 2 3 4 5 6 7 8 9 10 11 12 13 14	Q382 In terms of your gambling over the last 12 months, which of the following statements is most accurate for you?	I have only gambled online in the last 12 months .....1 I have mostly gambled online, but I have sometimes gambled offline .....2 About half of my gambling has been online and half has been offline .....3 I have mostly gambled offline, but I have sometimes gambled online .....4 I have never gambled on the internet in the last 12 months .....5
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\*\*\*\*\*  
 IF GAMBLED ONLINE IN LAST 12 MONTHS (Q382 = 1 TO 4), CONTINUE  
 ELSE GO TO Q386  
 \*\*\*\*\*

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	Q383 What year did you first start using the internet for gambling purposes?	Before 1995 .....1 1995 .....2 1996 .....3 1997 .....4 1998 .....5 1999 .....6 2000 .....7 2001 .....8 2002 .....9 2003 .....10 2004 .....11 2005 .....12 2006 .....13 2007 .....14 2008 .....15 2009 .....16 2010 .....17 2011 .....18 2012 .....19 2013 .....20 2014 .....21 2015 .....22 2016 .....23 2017 .....24 2018 .....25 2019 .....26
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Q384 Thinking about the past 12 months, what percentage of the total amount of money you have wagered on all types of gambling has been online?   /  /   PERCENT  
 Enter a number between 1 (for 1 % of the total amount of money) and 100 (for 100 % of the total amount of money). Do not enter decimals.

Q385 Thinking about the past 12 months, what percentage of your total time spent gambling has been online? Enter a number between 1 (for 1 % of the total amount of time) and 100 (for 100 % of the total amount of time). Do not enter decimals.   /  /   PERCENT

\*\*\*\*\*  
 IF EVER GAMBLED AT LEAST 10 TIMES IN A YEAR OR AT LEAST  
 WEEKLY FOR 6 MONTHS (Q380 = 2 OR Q381 = 2), CONTINUE  
 ELSE GO TO Q404  
 \*\*\*\*\*

Q386 These next questions ask you about experiences people sometimes have with gambling.

Q386A Have you ever bet more than you could really afford to lose?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386B Have you ever needed to gamble with larger amounts of money to get the same feeling of excitement?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386C When you gambled, did you ever go back another day to try to win back the money you lost?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386D Have you ever borrowed money or sold anything to get money to gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386E Have you ever felt that you might have a problem with gambling?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386F Has gambling ever caused you any health problems, including stress or anxiety?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386G Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386H Has your gambling caused any financial problems for you or your household?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386I Have you felt guilty about the way you gamble or what happens when you gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4

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Q387 NOT USED FOR PARTICIPANT INPUT

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\*\*\*\*\*  
 IF GAMBLINGScore IS  $\geq 3$  (SUM OF VALUES FROM Q386 IS  $\geq 12$ ),  
 CONTINUE, ELSE GO TO Q404  
 \*\*\*\*\*

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2  
3 Q388 Some of these questions may seem similar to ones that have already been  
4 asked, but there are some slight differences in the wording that may change  
5 the meaning. Because experts don't always agree on the best way to  
6 measure gambling experiences, we are trying several different approaches.  
7 Your answers will help us to better understand the correct ways to ask such  
8 questions. Remember that the following questions are about your entire  
9 lifetime, so please indicate if you have ever had any of these experiences.

- 
- 10  
11 Q389 Has there ever been a period lasting two weeks or longer when you ...
- 12
- 13 Q389A Spent a lot of time thinking about your gambling experiences? No .....1  
14 Yes .....2
- 15
- 16 Q389B Spent a lot of time planning future gambling ventures or bets, No .....1  
17 or thinking about ways of getting money with which to gamble? Yes .....2
- 18
- 19 Q389C Needed to gamble with increasing amounts of money or with No .....1  
20 larger bets than before in order to get the same feeling of excitement? Yes .....2

- 
- 21  
22
- 23 Q390 Have you ever tried to stop, cut down, or control your gambling? No .....1  
24 Yes .....2

25  
26 \*\*\*\*\*  
27 IF EVER TRIED (Q390 = 2) CONTINUE  
28 ELSE GO TO Q395  
29 \*\*\*\*\*

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- 30  
31
- 32 Q391 How many times have you tried to stop, cut down, or control your \_\_\_\_\_ /\_/\_/\_ TIMES  
33 gambling?

- 
- 34  
35
- 36 Q392 Have you ever tried to stop, cut down, or control your gambling, but No .....1  
37 were unable to? Yes, once or twice .....2  
38 Yes, 3 or more times .....3

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- 39  
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- 41 Q393 On one or more of the times when you tried to stop, cut down, or No .....1  
42 control your gambling, were you restless and irritable? Yes .....2
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3	Q394	On one or more of the times when you tried to stop, cut down, or control your gambling, did you ever experience any of the following more than usual?	
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6		Q394A Cravings or urges to gamble?	No .....1
7			Yes .....2
8			
9		Q394B Sadness or depressed mood?	No .....1
10			Yes .....2
11			
12		Q394C Anger	No .....1
13			Yes .....2
14			
15		Q394D Difficulty sleeping	No .....1
16			Yes .....2
17			
18		Q394E Difficulty concentrating	No .....1
19			Yes .....2
20			
21			
22	Q395	Have you ever gambled as a way to escape from personal problems?	No .....1
23			Yes .....2
24			
25			
26	Q396	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?	No .....1
27			Yes .....2
28			
29			
30	Q397	Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?	No .....1
31			Yes, once or twice .....2
32			Yes, 3 or more times .....3
33			
34			
35	Q398	Have you ever lied to family members, friends or others about how much you gambled or how much money you lost gambling?	No .....1
36			Yes, once or twice .....2
37			Yes, 3 or more times .....3
38			
39			
40	Q399	Have you ever deliberately written a cheque that bounced, or stolen or taken things that didn't belong to you in order to gamble?	No .....1
41			Yes .....2
42			
43			
44	Q400	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?	No .....1
45			Yes .....2
46			
47			
48	Q401	Has your gambling ever caused you problems in school, or to lose a job, have trouble with your job, or interfered with your career?	No .....1
49			Yes .....2
50			
51			
52	Q402	Have you ever needed to ask family members or anyone else to lend you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	No .....1
53			Yes .....2
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3	Q403	Please think about the 12-month period in your life when you	
4		experienced the most problems related to gambling. Which	
5		experiences did you have then?	
6			
7	Q403A	Spent a lot of time thinking about gambling experiences	No .....1
8			Yes .....2
9			
10	Q403B	Spent a lot of time planning future gambling or thinking about	No .....1
11		ways of getting money to gamble	Yes .....2
12			
13	Q403C	Needed to gamble with increasing amounts of money to get	No .....1
14		the same feeling of excitement	Yes .....2
15			
16	Q403D	Unable to stop, cut down or control gambling	No .....1
17			Yes .....2
18			
19	Q403E	Restless or irritable when you tried to stop, cut down or	No .....1
20		control gambling	Yes .....2
21			
22	Q403F	Gambled to escape from personal problems	No .....1
23			Yes .....2
24			
25	Q403G	Gambled to relieve feelings of guilt, anxiety, helplessness or	No .....1
26		depression	Yes .....2
27			
28	Q403H	After losing money, you would often return another day to	No .....1
29		get even	Yes .....2
30			
31	Q403I	Lied to family members, friends or others about gambling or	No .....1
32		money lost gambling	Yes .....2
33			
34	Q403J	Wrote a cheque that bounced, or took something that didn't	No .....1
35		belong to you to pay for gambling	Yes .....2
36			
37	Q403K	Gambling caused serious or repeated problems in relationships	No .....1
38		with family or friends	Yes .....2
39			
40	Q403L	Gambling caused problems in school, or work, or loss of a job,	No .....1
41		or interfered with your career	Yes .....2
42			
43	Q403M	Needed family members or anyone else to provide money to	No .....1
44		get out of a desperate situation caused by gambling	Yes .....2

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Q404 Thanks for taking the time to answer these questions!

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## Module 10 – Headaches and migraine

Q405 Have you ever had migraine or recurrent attacks of headaches? No .....1  
Yes .....2

\*\*\*\*\*

IF YES (Q405 = 2) CONTINUE

ELSE GO TO Q428

\*\*\*\*\*

Q406 Associated with your headaches, have you ever had recurrent attacks of any of the following?

Q406A Stomach or intestinal pain/dysfunction No .....1  
Yes .....2

Q406B Nausea, vomiting or diarrhoea No .....1  
Yes .....2

Q406C Visual problems such as blurring, showers of light, blind spots, or double vision No .....1  
Yes .....2

Q407 Would you describe the pain associated with your headaches as: Mild .....1  
Moderate .....2  
Severe .....3  
Unbearable .....4

Q408 How much do your headaches impair your daily activities? Would you say... Not at all .....1  
Interfere with work or social life ...2  
Must stay home from work or school .....3  
Must remain in a dark room (i.e. go to bed) .....4

Q409 Would you describe the headache pain you usually experience as:  
Q409A Throbbing, pulsating or pounding - like being stabbed with a sharp knife No .....1  
Yes .....2  
Q409B Pressing - like a weight pushing down on your head No .....1  
Yes .....2  
Q409C Squeezing - like a tight band around your head No .....1  
Yes .....2

Q410 Do the headaches usually occur on one side of the head? No (pain on both sides) .....1  
Left .....2  
Right .....3  
Either (pain is sometimes on the left and other times on the right side) .....4

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Q411	Associated with your headaches, do you experience enhanced sensitivity to:	
	Q411A Light	No .....1 Yes .....2
	Q411B Smell - such as perfume, petrol or smoke	No .....1 Yes .....2
	Q411C Noise	No .....1 Yes .....2

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Q412	Do these headaches occur in an attack-like manner or are they continuous?	Attack-like .....1 Continuous .....2
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Q413	How old were you the first time you had these headaches (age in years)?	___/___/___ YEARS
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Q414	How old were you the last time you had these headaches (age in years)?	___/___/___ YEARS
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Q415	How many of these headaches have you had during your lifetime?	1-2 .....1 3-4 .....2 5-10 .....3 11-50 .....4 51-100 .....5 More than 100 .....6
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Q416	On average, how long does/did a typical untreated or unsuccessfully treated migraine/headache episode last? Please choose one time frame only.	___/___ DAYS ___/___ HOURS ___/___ MINUTES
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Q417	On average, how often do / did you have these headaches?	Every day .....1 5-6 days per week .....2 3-4 days per week .....3 2 days per week .....4 1 day per week .....5 2-3 days per month .....6 1 day per month .....7 3-11 days per year .....8 Less often .....9
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Q418	Are your headaches aggravated by walking up or down stairs or similar routine physical activity?	No .....1 Yes .....2
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Q419	Associated with your headaches, have you ever had:	
	Q419A Difficulties speaking	No .....1 Yes .....2
	Q419B One-sided numbness or weakness	No .....1 Yes .....2

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Q420 With your headaches, have you ever had visual disturbances lasting several minutes (e.g. deficiency in your visual fields, scintillating zigzag pattern, sparks or stars in your visual field, blurred or double vision, or some other visual disturbance)?

No .....1  
Yes .....2

\*\*\*\*\*  
IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q427  
\*\*\*\*\*

Q421 When you experience your headaches, do they occur between 2 days before and 2 days after your period starts? If you no longer menstruate, please answer according to how your headaches were when you did menstruate.

No .....1  
Yes, I have/had these headaches exclusively around this period of menstruation in at least two out of three menstrual cycles and at no other times of the cycle .....2  
Yes, I have/had these headaches around this period of menstruation in at least two out of three menstrual cycles and additionally at other times of the cycle .....3  
Yes, I have/had these headaches around this period of menstruation, but in less than two out of three menstrual cycles .....4  
Don't know .....5

\*\*\*\*\*  
IF NO (Q421 = 1) OR EXCLUSIVELY AROUND MENSTRUATION (Q421 = 2), GO TO Q424  
ELSE CONTINUE  
\*\*\*\*\*

Q422 Approximately what percentage of your headaches occur around menstruation? Please click on the shaded line to register your response, even if the answer is "0".

\_\_\_/\_\_\_ PERCENT

Q423 Do / did your headaches around menstruation differ from your headaches at other times?

No .....1  
Yes .....2

Q424 Do / did you get your headaches with oral contraceptive (Pill) use? headaches at other times?

No .....1  
Yes .....2  
Not applicable - I've never used oral contraceptives .....3  
Don't know .....4

\*\*\*\*\*  
IF Q322 NOT YET PRESENTED THEN CONTINUE, ELSE GO TO Q426  
\*\*\*\*\*

Q425 Have you reached menopause?

No .....1  
Yes .....2

\*\*\*\*\*  
 IF HAS REACHED MENOPAUSE (Q322 = 2 OR Q425 = 2) CONTINUE,  
 ELSE GO TO Q427  
 \*\*\*\*\*

- Q426 After you reached menopause, did the frequency of your headaches ... ?
- Remain constant .....1
  - Increase, but only the headaches occurring around menstruation .....2
  - Increase, both the headaches occurring around menstruation and at other times .....3
  - Decrease, but only the headaches occurring around menstruation .....4
  - Decrease, both the headaches around menstruation and at other times .....5
  - Not applicable - I haven't reached menopause .....6
  - Don't know .....7

- Q427 Which of the following medications have you ever taken for your migraine or headaches? Please select all that apply.
- Sumatriptan (e.g. Imigran, Iptam, Sumatab, Sumagran, Sumatran) ...1
  - Zolmitriptan (e.g. Zomig, Zoltrip) ..2
  - Rizatriptan (e.g. Maxalt) .....3
  - Naratriptan (e.g. Naramig) .....4
  - Eletriptan (e.g. Relpax) .....5
  - Pizotifen (e.g. Sandomigran) .....6
  - Cyproheptadine (e.g. Periactin) ....7
  - Topiramate (e.g. Topamax, Epiramax, Tamate) .....8
  - Botulinum toxin type A (Botox) ...9
  - Other (specify): .....10
- I have never taken medication for migraine or headaches .....11

Q428 Another section of the questionnaire finished - well done!

# Module 11 – Family

Q429 Is your biological mother still alive? No .....1  
 Yes .....2  
 Don't know .....3

\*\*\*\*\*  
 IF YES (Q429 = 2) CONTINUE  
 IF NO (Q429 = 1) GO TO Q431  
 ELSE GO TO Q434  
 \*\*\*\*\*

---

Q430 How old is your biological mother now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*  
 GO TO Q434  
 \*\*\*\*\*

---

Q431 How old was your biological mother when she died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q432 In what year did she die? \_\_\_/\_\_\_/\_\_\_

---

Q433 What was her cause of death? \_\_\_\_\_

---

Q434 Is your biological father still alive? No .....1  
 Yes .....2  
 Don't know .....3

\*\*\*\*\*  
 IF YES (Q434 = 2) CONTINUE  
 IF NO (Q434 = 1) GO TO Q436  
 ELSE GO TO Q439  
 \*\*\*\*\*

---

Q435 How old is your biological father now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*  
 GO TO Q439  
 \*\*\*\*\*

---

Q436 How old was your biological father when he died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q437 In what year did he die? \_\_\_/\_\_\_/\_\_\_

---

Q438 What was his cause of death? \_\_\_\_\_

---

Q439 Are you a twin (or triplet, etc.) No .....1  
 Yes .....2

1  
2  
3 Q440 How many brothers do you have? Please include full, half, step and \_\_\_\_\_  
4 adopted brothers, including any who have died.

5  
6 \*\*\*\*\*  
7 IF NONE, GO TO Q442 ELSE CONTINUE  
8 \*\*\*\*\*

9  
10  
11 \*\*\*\*\*  
12 FOR EACH BROTHER (MAXIMUM 8), LOOP THROUGH Q441A TO Q441C  
13 \*\*\*\*\*

14 Q441 Please tell us a little bit more about your brother(s)

15  
16 Q441A Brother's relationship to you Full .....1  
17 Half .....2  
18 Step .....3  
19 Adopted .....4

20  
21 Q441B Brother's year of birth \_\_\_\_\_

22  
23 Q441C Brother's age at death (if brother is still alive, leave blank) \_\_\_\_\_ YEARS  
24

25  
26 Q442 How many sisters do you have? Please include full, half, step and \_\_\_\_\_  
27 adopted sisters, including any who have died.

28  
29 \*\*\*\*\*  
30 IF NONE, GO TO Q444, ELSE CONTINUE  
31 \*\*\*\*\*

32  
33  
34 \*\*\*\*\*  
35 FOR EACH SISTER (MAXIMUM 8), LOOP THROUGH Q443A TO Q443C  
36 \*\*\*\*\*

37 Q443 Please tell us a little bit more about your sister(s)

38  
39 Q443A Sister's relationship to you Full .....1  
40 Half .....2  
41 Step .....3  
42 Adopted .....4

43  
44 Q443B Sister's year of birth \_\_\_\_\_

45  
46 Q443C Sister's age at death (if sister is still alive, leave blank) \_\_\_\_\_ YEARS  
47

48  
49 Q444 How many children do you have? Please include biological children, \_\_\_\_\_  
50 stepchildren and adopted children, including any who have died.

51  
52 \*\*\*\*\*  
53 IF NONE, GO TO Q446, ELSE CONTINUE  
54 \*\*\*\*\*

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\*\*\*\*\*  
FOR EACH CHILD (MAXIMUM 10), LOOP THROUGH Q445A TO Q445D  
\*\*\*\*\*

Q445 Please tell us a little bit more about your child/children

Q445A Sex Male 1  
Female 2

Q445B Child's relationship to you Biological child .....1  
Step child .....2  
Adopted child .....3

Q445C Child's year of birth \_/\_/\_/\_

Q445D Child's age at death (if child is still alive, leave blank) \_/\_ YEARS

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Q446 Thank you for completing this section of the questionnaire!

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For peer review only

**Finalise and submit survey**

Q447 Just a couple of final questions about your experience in completing our online questionnaire.

---

Q448	Did you find the length of the questionnaire ... ?	Too brief .....1
		About right .....2
		Too long .....3

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Q449	Did you find completing the questionnaire ... ?	Not at all enjoyable .....1
		Moderately enjoyable .....2
		Very enjoyable .....3

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Q450 Is there any other information that you would like to share that relates to \_\_\_\_\_  
this study? (Maximum length 500 characters)

---

Q451 Select "Finalise and submit survey" to indicate that you have completed  
the survey. Or, select "Table of Contents" to continue the survey.

---

For peer review only

# BMJ Open

## Cohort Profile: The Australian Genetics of Depression Study

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## Cohort Profile: The Australian Genetics of Depression Study

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## Abstract

**Purpose:** Depression is the most common psychiatric disorder and the largest contributor to global disability. The Australian Genetics of Depression study was established to recruit a large cohort of individuals who have been diagnosed with depression at some point in their lifetime. The purpose of establishing this cohort is to investigate genetic and environmental risk factors for depression and response to commonly prescribed antidepressants.

**Participants:** A total of 20,689 participants were recruited through through the Australian Department of Human Services and a media campaign, 75% of whom were female. The average age of participants was 43 years  $\pm$  15 years. Participants completed an online questionnaire that consisted of a compulsory module that assessed self-reported psychiatric history, clinical depression using the Composite Interview Diagnostic Interview Short Form, and experiences of using commonly prescribed antidepressants. Further voluntary modules assessed a wide range of traits of relevance to psychopathology. Participants who reported they were willing to provide a DNA sample (75%) were sent a saliva kit in the mail.

**Findings to date:** 95% of participants reported being given a diagnosis of depression by a medical practitioner and 88% met the criteria for a lifetime depressive episode. 68% of the sample report having been diagnosed with another psychiatric disorder in addition to depression. In line with findings from clinical trials, only 33% of the sample report responding well to the first antidepressant they were prescribed.

**Future plans:** A number of analyses to investigate the genetic architecture of depression and common comorbidities will be conducted. The cohort will contribute to the global effort to identify genetic variants that increase risk to depression. Furthermore, a thorough investigation of genetic and psychosocial predictors of antidepressant response and side-effects is planned.

## Strengths and Limitations

- One of the largest cohorts in the world for studying genetic and psychosocial risk factors for depression and response to antidepressants.
- Wide range of measures collected using the online instrument including diagnostic screening questionnaires for depression and anxiety disorders.
- Access to government medical and pharmaceutical records.
- Low rates of response to the letters recruited pharmaceutical benefits scheme and self-selection may
- Online assessment allowed for recruitment of a large sample but there may be biases attributable to self-report measures and it was not possible to clarify with participants if there were inconsistencies in their responses.

## Introduction

Approximately 20% of Australians will be diagnosed with a depressive disorder in their lifetime. As a consequence of this high prevalence, impact on function and risk to later ill-health and premature death, depressive disorders contribute the largest burden of disease due to common mental disorders [1, 2] and place a substantial burden on the economy in terms of days lost to disability.

Among psychiatric disorders, depression is moderately heritable, with approximately 40% of the variance in liability to depression attributable to genetic factors [3]. Initial efforts to identify depression risk variants using genome-wide association studies (GWAS) did not bear fruit due to insufficient power [4]. Common genetic variants for psychiatric disorders have small effect sizes and hence sample sizes in the tens of thousands of individuals are needed in order to robustly to detect them [5]. Substantial progress has been made in the last few years in identifying genetic variants that increase risk to depressive symptoms and major depression [6-8]. These discoveries have been facilitated by the collaboration of researchers worldwide in the Psychiatric Genomics Consortium (PGC). The most recent GWAS for depression which included data from the PGC, the personal genetics company 23andMe, the UK Biobank, and DeCODE, identified 102 independent genetic variants that increase risk of depression [9]. The identified variants explain only a fraction of the overall liability and larger studies are needed to identify more individual variants and to improve the predictive power of polygenic risk scores, a measure of the genetic vulnerability that an individual possesses. Thus, the psychiatric genomics community aims to collect data on 1 million cases with depression in order to elucidate the genetics of this disorder [5]

Antidepressants are a frontline treatment for moderate to severe depression, but do not provide benefit for all patients and have side effects, leading to poor adherence and reduced quality of life. Variability in response to antidepressants and experiencing side effects have a poorly understood genetic component [10, 11]. As they are one of the most commonly prescribed medications and many individuals are exposed to several different drugs, or drug classes, before symptoms improve, there is an urgent need to understand the reasons for such wide individual variability in therapeutic response and the experience of side effects. Results from pharmacogenetic studies of response and side effects have been mixed, likely because of insufficient sample sizes [12-16].

Large studies of deeply-phenotyped patients are needed to reveal the biological underpinnings of this clinically heterogeneous disorder and to better match patients to therapies so as to reduce the time to remission. For these reasons, we established the Australian Genetics of Depression Study (AGDS).

## Objectives

This study had three primary objectives. The first was to recruit 10,000 cases with depression in Australia to contribute to the global effort to identify genetic variants conferring risk to depression. The second was to further elucidate genetic and non-genetic risk factors for antidepressant response and side-effects. The third was to dissect genetic heterogeneity in depression by leveraging existing GWAS results for depression to investigate whether are differences among subtypes of depression. Our aim was to contribute to the wider PGC effort by increasing the sample size of cases of

1  
2  
3 depression in order to identify genetic variants that increase risk to the disorder, as well as  
4 antidepressant response. Here we describe the aims of the study, the genetic and phenotype data  
5 collection procedures and the characteristics of the sample.  
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## 10 **Cohort Description**

### 11 **Design**

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14 The AGDS is an analytical study designed to assess the contribution of genetic variation to risk of  
15 depression and therapeutic response to antidepressants. In order to maximise the sample size for  
16 genetic analysis, the focus was on recruiting participants who had been diagnosed with depression  
17 at some point in their life. An online survey was used to assess history of depression and use and  
18 experiences of antidepressants. Controls for genetic analysis come from a separate study conducted  
19 in Queensland in which participants were asked if they were ever diagnosed with depression.  
20  
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### 23 **Recruitment Strategy**

#### 24 **Cases**

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27 Participants were recruited to the Australian Genetics of Depression Study  
28 ([www.geneticsofdepression.org.au](http://www.geneticsofdepression.org.au)) using two separate approaches: (i) recruitment based on  
29 nationwide, pharmaceutical prescription history in the last 4.5 years and (ii) a media publicity  
30 campaign throughout Australia. A schematic of the design and aims of the study is shown in Figure 1.  
31  
32

#### 33 *Recruitment via pharmaceutical prescription history*

34  
35 The Australian Government subsidises certain healthcare services through the Medicare Benefits  
36 Scheme (MBS) and prescription medications through the Pharmaceutical Benefits Scheme (PBS).  
37 Records for the most recent 4.5 years' services provided are retained by the Australian Government  
38 Department of Human Services (DHS). While these records are not accessible to researchers for the  
39 purposes of identifying potential research study participants, DHS is able to send invitations on  
40 behalf of researchers to individuals meeting specific selection criteria to invite them to participate in  
41 relevant research studies.  
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45 After receiving approval from the DHS research ethics committee, two waves of recruitment were  
46 undertaken using this method. A pilot study in which DHS sent 10,000 invitation letters to Australian  
47 residents aged 18-30 who had received four or more prescriptions in the previous 4.5 years for any  
48 of the 10 most commonly prescribed antidepressant medications (single medication or a  
49 combination) was initiated in September 2016. Only community patients were selected; individuals  
50 with residential locations in the PBS database corresponding to hospitals, aged-care facilities and  
51 correctional facilities were excluded. This group of invitees was 65% female, reflecting the higher  
52 prevalence of depression in women. Potential participants were sent a letter by the DHS explaining  
53 that were being contacted on behalf of researchers at QIMR Berghofer to invite them to participate  
54 in a study of the genetics of depression. The letter provided details of the study website and also a  
55 phone number that they could contact for more information. A total of 294 individuals responded to  
56 this invitation over a six month period and enrolled in the study.  
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3 The second DHS-based recruitment wave started in April 2017 and involved sending 100,000  
4 invitation letters using similar selection criteria to the pilot study, except that the upper age  
5 restriction for participants was removed.  
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### 10 *Recruitment through Media Publicity Campaign*

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12 A Sydney-based public relations company specialising in health sector campaigns (VIVA!  
13 Communications) was contracted to manage the media campaign, which was launched on April 4  
14 2017 and utilised a combination of national broadcast, print, and social media to promote  
15 knowledge of and interest in the study among the general community. This coincided with the  
16 second wave of recruitment through DHS. The campaign encouraged participation among  
17 “Australian adults who have been, or are continuing to be treated for clinical depression by a doctor,  
18 psychologist, or psychiatrist”. A second wave of the media campaign was initiated 6 months after  
19 the initial one in September 2017 using similar procedures.  
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### 26 **Enrolment Procedure**

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28 In both the DHS recruitment letter and the media public appeal, potential participants were asked to  
29 go to the study website which was hosted on the secure QIMR Berghofer server. Upon going to the  
30 website, the information sheet which provided details of the aims of the study as well as a consent  
31 form were available for viewing. The information sheet provided telephone and e-mail contact  
32 details for the study co-ordinator and institute ethics committee in case participants had any  
33 questions. Those not interested in participating were provided with simple instructions on how to  
34 exit the website. The identity of potential participants was not known to the researchers prior to  
35 their decision to enrol in the study. The DHS did not provide identifying information to the research  
36 team on who was mailed. Before being asked to provide any identifying information, prospective  
37 participants were asked to confirm that they had read and understood the information sheet, to  
38 confirm that they would be willing to provide a saliva sample for genotyping, and to sign the study  
39 informed consent.  
40  
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44 Upon confirming that they would like to enrol in the study, participants were asked to provide their  
45 name, age and contact details which were stored securely on the QIMR server. After providing these  
46 details, each participant was assigned a unique link to the questionnaire which was hosted on the  
47 Qualtrics website. This transition between websites was seamless to the participant. Participation in  
48 this study was not remunerated.  
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### 53 **Record Linkage - Access to Medicare and PBS records**

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55 Participants were also asked to consent to provide access to their list of Medicare and  
56 Pharmaceutical Benefits Scheme records for the previous 4.5 years, and approximately 75% of  
57 participants did so. This consent process was separate to the overall consent to participate in the  
58 study, and participants could still enrol in the study without allowing access to these records. The  
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3 consent form had to conform to the requirements of the Department of Human Services.  
4 Participants were shown an example of what MBS and PBS records look like prior to consenting so  
5 they would know what information would be available to researchers. Within the MBS and PBS data,  
6 the identifiers for the providing doctor, medical service, or pharmacy are randomised so the  
7 provider and location are protected. It is possible to identify repeated claims from the same provider  
8 but not who the provider is.  
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## 14 **Measures**

### 16 **Development and structure of the questionnaire**

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18 The content of the Australian Genetics of Depression Study online questionnaire was developed over  
19 a period of 19 months between January 2015 and September 2016. The object was to maximise the  
20 amount of clinically relevant information collected with the shortest time commitment required of  
21 participants. To this end, we utilised a modular structure (Figure 2), with a core module eliciting  
22 essential information on self-report mental health diagnoses, medication response and side effects,  
23 depression diagnosis using the relevant section from the Composite International Diagnostic  
24 Interview (CIDI), screens for suicidality, mania and psychosis, and a question about family history of  
25 psychiatric disorders. Several psychiatrists in Australia and internationally with expertise in gene  
26 mapping studies and in studies of antidepressant response were consulted about the content of the  
27 questionnaire.  
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32 Ten additional “satellite” modules assessed a range of complex traits of relevance to mental health  
33 using a variety of scales and questionnaires (Figure 2). One module screened for clinical anxiety  
34 using the CIDI. The questionnaire was administered online using the Qualtrics™ software. Responses  
35 to individual questionnaire items were only required for items critical to phrasing of future  
36 questionnaire items and skip functionality (e.g. age, sex, number of children). The satellite modules  
37 could be completed in any order the participant chose once they had completed the core module.  
38 Participants were able to leave the survey and return at their convenience. Rates of completion of  
39 the satellite modules are show in Supplementary Table 1. They ranged from 58% for the Games and  
40 Gambling module to 76% for the Experiences of Healthcare module.  
41  
42  
43

44 Extensive beta testing was conducted by research staff at QIMR Berghofer and external consultants  
45 to ensure that there were no inconsistencies in the questionnaire and that the appropriate question  
46 skips were in place.  
47  
48

49 Screenshots of the title page, sections of the questionnaire and the module selection page are  
50 shown in Supplementary Figure 1a-d.  
51  
52  
53

### 54 **Study measures**

55  
56 As shown in Figure 2, a wide range of self-report variables of relevance to mental health were  
57 collected. For brevity, we report only on the primary measures of interest. The full questionnaire is  
58 available as a Supplementary Appendix.  
59  
60

## Measures – core module

### Mental Health History

Participants were asked “Have you ever been diagnosed with any of the following” and were presented with a list of mental health disorders with “Depression” as the first response option. We also evaluated whether participants met the 2013 update to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing. pp. 5–25 ) criteria for major depressive disorder using the CIDI. The diagnostic questions for depression were focused on the worst period of depression that a participant had experienced. Age at worst episode as well as the age at which the participant had first had a 2 week period of dysphoria or anhedonia as well as age at most recent episode were assessed. Participants were also asked to report the number of periods of at least 2 weeks of dysphoria or anhedonia they had ever had.

### *Antidepressants*

To assess whether participants had taken antidepressants to treat depression, the question “Have you ever taken any of the following antidepressants (even if it wasn’t for depression or anxiety)?” was presented with a list of the 20 most commonly used antidepressants in Australia in addition to their common trade names. If they had taken one or more of the 10 most frequently prescribed antidepressants in Australia according to PBS records (sertraline, escitalopram, venlafaxine, fluoxetine, citalopram, desvenlafaxine, duloxetine, mirtazapine, amitriptyline and paroxetine), they were then asked “Why were you prescribed [name of antidepressant]”. The focus on collecting more detailed information on the 10 most common antidepressants was so as to align with the recruitment criteria from the PBS.

### *Benefits and Side-Effects of 10 most common antidepressants*

Perceived effectiveness of each antidepressant medication was assessed by asking participants “How well does/did [name of antidepressant] work for you?”, with response options of “very well”, “moderately well”, “not at all well” and “don’t know”. Participants were also asked to select from a list of all side-effects that they experienced from taking each antidepressant. The list of side effects was generated from the “very common” (frequency  $\geq 10\%$ ) and “common” (frequency  $\geq 1\%$  and  $<10\%$ ) side effects listed in the Consumer Medication Information for each antidepressant. A total of 24 side-effects were included with an “other” option also provided. Participants were also asked if they stopped taking any of the antidepressants because of side effects.

### *Saliva collection and DNA extraction*

Several brands of saliva DNA kits were tested for suitability for use, including cost, ease of handling, and yield and quality of extracted DNA. Among those with the best quality reports, the Isohelix

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3 GeneFix™ GFX-02 2mL saliva collector was selected due it being the most compact, reliable, easy to  
4 use, lightweight, and therefore the least expensive to mail to participants.  
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6  
7 After completing the core module of the questionnaire, participants were emailed to confirm their  
8 delivery address and their readiness to receive a saliva DNA kit. Upon confirmation, they were  
9 mailed a spit kit, together with a consent form specific to the treatment of genetic information to be  
10 signed and returned with the tube. We found that this confirmation step markedly increased  
11 compliance. Saliva samples were returned by study participants by pre-paid post. If the kit was not  
12 returned after 2 months, study personnel followed up by phone or email in order to maximise return  
13 rates. Upon return of the kit, DNA was extracted from the saliva sample and stored in freezers.  
14

15  
16 Genotyping was conducted using the Illumina Global Screening Array 2.0 (GSA) and is now ready for  
17 analysis. GSA was developed by human genetic disease researchers to maximise utility for gene-  
18 mapping. It includes a common variant backbone component that maximises information for  
19 imputation of common variants in multiple ethnic populations as well as a suite of common and rare  
20 variants selected for known or likely association with a range of genetic disorders. Importantly for  
21 the purposes of this study, it includes several genetic variants with known pharmacogenetic  
22 associations from the Pharmacogenomics Knowledgebase (PharmGKB,  
23 <https://www.pharmgkb.org/>).  
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### 30 **Participant and Patient Involvement**

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32 Patients were not consulted directly about the design of the study but a number of psychiatrists  
33 were consulted to ensure that the outcome measures reflect the variety of patient experiences seen  
34 in clinical practice. Two participants were featured in the promotional material and press conference  
35 for the study to encourage others with a history of clinical depression to enrol in the study. All  
36 papers that include data from the cohort will be sent to participants via email.  
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### 41 ***Controls – the QSkin study***

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43 The primary aim of the AGDS was to recruit as many individuals with depression as possible. There  
44 was no publicity initiated to recruit controls because an appropriate control sample is available at  
45 QIMR Berghofer from the QSkin Sun & Health Study. QSkin was established in 2010 to investigate  
46 risk factors for melanoma and other skin cancers in a randomly sampled cohort of individuals aged  
47 between (40-69 years) from the state of Queensland [17]. To date, more than 40,000 participants  
48 have enrolled in QSkin. Recently, a genetics arm of the study was initiated following a similar  
49 protocol for collection of DNA using saliva kits returned by mail. At the time of saliva collection,  
50 participants were asked about their medical history, including whether they have ever been  
51 diagnosed with or treated for depression, bipolar disorder, schizophrenia/psychosis, anxiety,  
52 obsessive compulsive disorder, bulimia, anorexia nervosa, autism or ADHD. In addition, women were  
53 asked if they experienced either antenatal or postnatal depression. Moreover, participants were  
54 consented for access to MBS and PBS records which will permit screening for use of antidepressants  
55 in addition to the disease checklist screening items above. QSkin is a separate study to the AGDS and  
56 hence the Qskin participants did not complete the detailed questionnaire used in the AGDS.  
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3 More than 18,000 participants have been genotyped on the same SNP microarray chip – the Illumina  
4 GSA - and the genotype data will be merged with the AGDS study prior to genome-wide imputation.  
5 The QSkin study thus provides a large sample of Australian controls selected at random from the  
6 population and genotyped on the same SNP chip.  
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## 10 11 12 13 **Results**

### 14 15 16 **Sample Characteristics**

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18 As of 3 September 2018, questionnaire responses had been received from 20,689 participants, 75%  
19 of whom were female. The age distribution of participants, by sex, is shown for this recruitment  
20 wave in Figure 3. By the same date, saliva samples were returned by 15,807 participants (76% of the  
21 participant group). The average age of participants was 43 years  $\pm$  15 years (range 18 – 90 years),  
22 with the demographic characteristics of the cohort, as a function of recruitment method, being  
23 outlined in Table 1.  
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### 29 30 **Findings to date**

#### 31 32 **Mental Health History**

33 Among respondents, 98.5% reported having discussed mental health problems with a professional  
34 and 19,803 (93.4%) respondents reported having received a diagnosis of depression. The next most  
35 commonly reported diagnoses were Anxiety Disorder (55.0%), Posttraumatic Stress Disorder (14.0%)  
36 and Social Anxiety Disorder (11.4%). The frequency of all self-reported diagnoses is shown in Table  
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#### 40 41 **Depression diagnosed by CIDI**

42 The DSM-5 outlines the following criteria for a depressive episode: dysphoria and/or anhedonia  
43 most of the day, nearly every day for at least 2 weeks and experiencing at least 5 out of 9 symptoms  
44 (including dysphoria or anhedonia). Consistent with the high rates of self-report diagnosis in the  
45 sample, 17,698 out of 20,165 individuals who completed the depression screening section met the  
46 criteria for a depressive episode. Additionally, 358 individuals reported not having had a 2-week  
47 period of dysphoria or anhedonia; another 1,239 reported that their symptoms persisted for less  
48 than half the day and 161 did not endorse at least 5 of the 9 symptoms required.  
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52 Mean age at onset was 22. The distribution of age at onset by sex is shown in Figure 4. Consistent  
53 with previous studies, the peaks between ages 10-15 and 16-20 highlight that adolescence is a peak  
54 time for developing depression. The proportion of men in each category increases with increasing  
55 age, highlighting that men are more at risk to develop depression later in life.  
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58 The median number of episodes reported was 6, with the most commonly reported number of  
59 periods of at least 2 weeks with depression being 13+. Only 4% of the sample report experiencing  
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3 only one depressive episode (Figure 5), indicating that the sample is enriched for severe, recurrent  
4 depression.  
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6 The median duration of the worst episode was 12 weeks. More than 10% of the sample reported  
7 that the worst episode that they experienced was longer than a year in duration (Figure 6).  
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## 10 11 12 **Family History**

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14 Out of 19,400 individuals who responded to the question about family history, 13,505 (70%)  
15 reported that a first-degree relative (parent, sibling or child) had been diagnosed with a mental  
16 health disorder. The most commonly reported diagnosis in relatives was depression, (with 11,929  
17 individuals), followed by generalised anxiety disorder (GAD) and bipolar disorder (Figure 7).  
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## 20 21 22 **Antidepressant Usage**

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24 A total of 95% of the sample (n = 19,585) reported taking an antidepressant. Of those reporting  
25 antidepressant use, 93% (n = 18,174) reported taking the antidepressant for depression and 51%  
26 reported taking for anxiety.  
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29 Among those taking antidepressants, the mean number of antidepressants taken was 2.75 (S.D. =  
30 2.05, range = 1-14). Only 33% of the sample had ever taken only one antidepressant, with 42%  
31 reporting having taken 3 or more different antidepressants (Figure 8).  
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34 For the 10 most common antidepressants listed, the number and percentage of participants with  
35 experiences of each medication are shown in Table 3. Reported effectiveness of the 10 most  
36 common antidepressants is shown in Figure 9. The rates of endorsement of the most common side-  
37 effects across the 10 most common antidepressants are shown in Table 4. More detailed analyses on  
38 the therapeutic benefits and side-effects of different antidepressants will follow in subsequent  
39 papers.  
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## 42 43 44 **Discussion**

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46 The Australian Genetics of Depression Study was established to recruit a large sample of participants  
47 in Australia who have experienced depression in order to better understand risk factors for  
48 depression, treatment response, and side-effects. Participants provided extensive information on  
49 their experience with depression through a web-based questionnaire and the majority provided a  
50 saliva sample for genotyping. Through two modes of recruitment – government medical and  
51 pharmaceutical records and a large media campaign – more than 20,000 individuals were recruited  
52 to participate over a 2 year period. With extensive follow-up through email and, at the stage of  
53 getting saliva samples returned, phone follow-up by experienced interviewers, 76% of those enrolled  
54 returned a saliva sample.  
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3 The media campaign was the more successful of the two methods as more than 80% of the sample  
4 was recruited in this way. Approximately 2.5% of those sent letters by the Department of Human  
5 Services enrolled in the study. There may be several reasons for the low rate of participation from  
6 this method. Firstly, as antidepressants are prescribed for a range of conditions, many of those sent  
7 letters may not have had depression and hence decided not to participate. Secondly, letters may be  
8 easily discarded by recipients as unsolicited mail may not be well received. Lastly, the media  
9 campaign included interviews with both study investigators and individuals with lived experience of  
10 depression who encouraged others to participate. As more information can be conveyed about the  
11 importance of the research through a TV or radio interview, it likely had a bigger impact on potential  
12 participants.  
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17 While the media campaign was more effective for this study, depression is a relatively common  
18 disorder and therefore amenable to a media campaign that reaches a substantial proportion of the  
19 population. For rarer disorders, recruitment through the Pharmaceutical Benefits Scheme could be  
20 an efficient method of reaching potential participants, particularly when a drug is used to treat only  
21 one disorder and so all those prescribed it will have a diagnosis.  
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24 The mean age among those recruited through the media was lower than through the PBS scheme  
25 and had higher rates of university completion. This suggests that the former may be closer to a  
26 random sample from the population. Likewise, there are differences in the mean age (42.8 years vs  
27 60.8 years) and education level (78% with a post-high school qualification compared to 56%)  
28 between the case sample from AGDS and the controls from QSkin. Some of the differences in  
29 education level may be a cohort effect as the proportion of the population with tertiary  
30 qualifications is increasing over time. According to Australian census data, the proportion of the  
31 population with a post-school qualification increased from 46% to 56% between 2006 and 2016[18].  
32 However, there may be a response bias whereby participants with higher levels of education are  
33 more likely to enroll in a genetic study. Higher levels of education have been found to be associated  
34 with participation in the optional components of volunteer studies such as the Avon Longitudinal  
35 Study of Parents and Children (ALSPAC)[19, 20] and UK Biobank[21, 22]. These differences could  
36 confound genetic association results and therefore we will conduct a number of sensitivity analyses  
37 such as comparing only cases and controls with matched education levels to investigate the  
38 influence of education differences on the analyses. Likewise, we will compare differences between  
39 those who returned a spit kit and those who did not return a kit to assess whether there is response  
40 bias that needs to be addressed.  
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47 Volunteer participation could also cause bias towards recruiting participants with less severe forms  
48 of depression. We will endeavour to investigate this response bias by comparing results from our  
49 analyses with those from smaller datasets recruited in clinical settings and to other datasets with a  
50 broad spectrum of severity of depression. It has been shown that those with more severe depression  
51 have higher mean polygenic risk scores for depression than those with less severe depression. By  
52 comparing the distribution of polygenic risk scores to other samples, we can assess the effect of  
53 response bias on the severity of depression in AGDS. Our initial analyses suggest that many of the  
54 participants have had severe depression as they report large numbers of episodes and nearly 50%  
55 report having had symptoms in the past 4 weeks. Likewise, the reported rates of response to the  
56 first prescribed antidepressant are nearly identical to those from the STAR\*D clinical trial (33%)  
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3 [23].Based on the self-report data on number of episodes and other measures of severity, the AGDS  
4 sample has high rates of severe depression.  
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9 Our results highlight the high rate of comorbidities with depressive disorders in real-world settings  
10 [24]. Understanding the pattern of comorbidities and how it relates to response to treatment,  
11 emergence of side-effects (e.g greater anxiety or agitation in those with comorbid anxiety disorders),  
12 and underlying genetic variations are aspects of the disorder that this scale of study can address.  
13 Specifically it will be of interest to test if there are different genetic or environmental risk factors to  
14 onset, course of illness, response to pharmacological treatment or emergence of specific side-effects  
15 for those with depression and comorbid anxiety compared to depression without anxiety. In  
16 addition, we will test specific proposed subtypes of depression (e.g perinatal depression, atypical  
17 depression, chronic depression, early-onset vs late-onset depression or depression with hypomanic  
18 or brief manic features) that may show evidence of distinct genetic risk factors for onset or  
19 treatment response).  
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24 Participants reported high rates of mental disorders in their first-degree relatives, highlighting the  
25 well-established genetic component of and the covariance between psychiatric disorders [25]. High  
26 rates of familial disorders may reflect that participants were more likely to participate in a genetic  
27 study if they have a family history or that participants shared details of the study with family  
28 members. Familial relationships within the participants will be controlled for in future genetic  
29 analyses.  
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32  
33 Nearly half of participants reported taking 3 or more antidepressants to treat depression and thus  
34 having considerable time to improvement in symptoms. Moreover, side-effects are common and in  
35 many cases cause individuals to stop taking a drug. These results confirm the urgent need to identify  
36 risk factors for non-response to certain drugs and to reduce side effects. Not only will such advances  
37 improve the lives of patients but they will also assist to reduce costs attributable to delays in  
38 achieving illness remission. In collecting a wide range of environmental, social and genetic data,  
39 AGDS will make a significant contribution to our understanding of variability in response and side  
40 effects.  
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#### 45 **Acknowledgments**

46  
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55 Communications for their effort in promoting the study. We also acknowledge David Whiteman and  
56 Catherine Olsen from Qskin.  
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### Author Contributions

EMB, KK, SEM, JJM, RP, NRW, IBH and NGM designed the AGDS study. DFL, SC, DJS, LS, JL revised and tested the online questionnaire and provided intellectual input into the content. EMB and KK analysed the data. EMB, KK and NGM drafted the manuscript. SEM, LCC, JJM, NRW, IBH, RP, LS and DJS revised the article for intellectual content. All authors have read and approve pf the final version.

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### Competing Interests

The Authors declare that there are no relevant competing interests.

### Patient Consent

Obtained

### Ethics Approval

All study protocols were approved by the QIMR Berghofer Medical Research Institute Human Research Ethics Committee. The protocol for approaching participants through the DHS, enrolling them in the study, and consenting for all phases of the study (including invitation to future related studies) and accessing MBS and PBS records was approved by the Ethics Department of the Department of Human Services.

### Data sharing statement

Data used in this analysis and described in this article are available to all interested researchers through collaboration. Please contact NGM ([Nick.Martin@qimrberghofer.edu.au](mailto:Nick.Martin@qimrberghofer.edu.au)).

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3 **Figure 1.** Schematic of the Australian Genetics of Depression Study  
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5 **Figure 2.** Overview of the structure and content of the AGDS questionnaire with median amount of  
6 time taken to complete each module during piloting of the questionnaire.  
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8 **Figure 3.** Age distribution by sex of participants in AGDS  
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10 **Figure 4.** Age at onset of depression by sex  
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12 **Figure 5.** Number of reported depressive episodes among those meeting criteria for Major  
13 Depressive Disorder by sex  
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15 **Figure 6.** Duration of worst depressive episode by sex  
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17 **Figure 7.** Frequency of reported diagnoses in first-degree relatives of participants  
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19 **Figure 8.** Distribution of the number of prescribed antidepressants taken by participants  
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21 **Figure 9.** Reported efficacy of the most commonly prescribed antidepressants (numbers with each  
22 response are shown inside the bar)  
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Table 1. Demographic and study participation characteristics of study sample

	Prescription History Invitation	Public Appeal	Total In AGDS	QSKIN (genotyped sample)
Number of participants	2,963	17,726	20,689	17,218
Age in years				
Mean (SD)	45.5 (16.3)	42.3 (15.1)	42.8 (15.3)	60.8 (8.9)
Range	18 - 89	18 - 90	18 - 90	43 - 87
Sex				
Female	2,192(74%)	13,323(75%)	15,515 (75%)	9469 (55%)
Male	771 (26%)	4,376 (25%)		7749 (45%)
Unspecified	0 (0%)	27 (0.2%)	5,147 (25%) 27 (0.1%)	0 (0%)
Marital status				
Never married	788 (27%)	5,604 (32%)	6,392 (31%)	N/A
Married/de facto relationship	1,678 (57%) 423 (14%)	9,079 (51%) 2,733 (15%)	10,757 (52%)	
Separated/divorced	64 (2%)	276 (1.5%)	3,156 (15%)	
Widowed	10 (0.3%)	34 (0.2%)	340 (1.6%)	
Information not provided			44 (0.2%)	
Education (completed or partially completed)				
Junior high school or less	286 (9%)	842 (5%)	1,118 (5.4%)	1,003 (6%)
Senior high school	318 (11%)	1,283 (7%)	1,601 (7.7%)	5,568 (31%)
Certificate or diploma	819 (28%)	3,653 (21%)	4,472 (22%)	5,001 (28%)
Degree	772 (26%)	5,837 (33%)	6,609 (32%)	4,960 (28%)*
Postgraduate	556 (19%)	4,448 (25%)	5,004 (24%)	
Information not provided	212 (7%)	1,663 (9%)	1,885 (10%)	1,104 (6%)
Provided saliva sample	2,217 (75%)	13,339 (76%)	15,616 (76%)	17,218 (100%)
Permitted Medicare and Pharmaceutical Benefits Scheme data access	2,637 (89%)	13,117 (74%)	15,754 (76%)	16,482 (95.7%)

\* In the QSKIN sample, participants were not asked whether they had a postgraduate degree. Those with postgraduate degrees will be included in the degree category.

Table 2. Self-reported mental health diagnostic history of study sample. Participants may report more than one diagnosis.

<b>Depression</b>	19603	94.7
<b>Anxiety Disorder</b>	11375	55.0
<b>PTSD</b>	2900	14.0
<b>Social Anxiety Disorder</b>	2359	11.4
<b>Panic Disorder</b>	1960	9.5
<b>Bipolar</b>	1943	9.4
<b>Personality Disorder</b>	1200	5.9
<b>Obsessive Compulsive Disorder</b>	1175	5.8
<b>ADD/ADHD</b>	847	4.1
<b>Substance Use Disorder</b>	764	3.7
<b>Anorexia Nervosa</b>	731	3.6
<b>Specific Phobia</b>	724	3.6
<b>Bulimia Nervosa</b>	638	3.1
<b>Seasonal Affective Disorder</b>	582	2.8
<b>Agoraphobia</b>	448	2.2
<b>Autism</b>	331	1.6
<b>Schizophrenia</b>	184	0.9
<b>Hoarding Disorder</b>	100	0.5
<b>Tourette's</b>	27	0.1

Table 3. Frequency of antidepressant taken in AGDS. Participants may report taking more than one antidepressant

<b>Sertraline</b>	9132	44.12
<b>Escitalopram</b>	7076	34.19
<b>Venlafaxine</b>	6287	30.38
<b>Fluoxetine</b>	5823	28.14
<b>Citalopram</b>	4060	19.62
<b>Desvenlafaxine</b>	4042	19.53
<b>Duloxetine</b>	3168	15.31
<b>Mirtazapine</b>	3134	15.14
<b>Amitriptyline</b>	2593	12.53
<b>Paroxetine</b>	2471	11.94
<b>Other</b>	2212	10.69
<b>Fluvoxamine</b>	793	3.83
<b>Moclobemide</b>	491	2.37
<b>Dothiepin</b>	448	2.16
<b>Nortriptyline</b>	345	1.67
<b>Reboxetine</b>	341	1.65
<b>Imipramine</b>	322	1.56
<b>Doxepin</b>	287	1.39
<b>Clomipramine</b>	228	1.1
<b>Tranlycypromine</b>	212	1.02
<b>Phenelzine</b>	146	0.71
<b>Mianserin</b>	86	0.42
<b>Never taken antidepressants</b>	976	4.72

Table 4. Proportion of all individuals who have taken one of the top 10 most commonly prescribed antidepressants that endorse each side-effect.

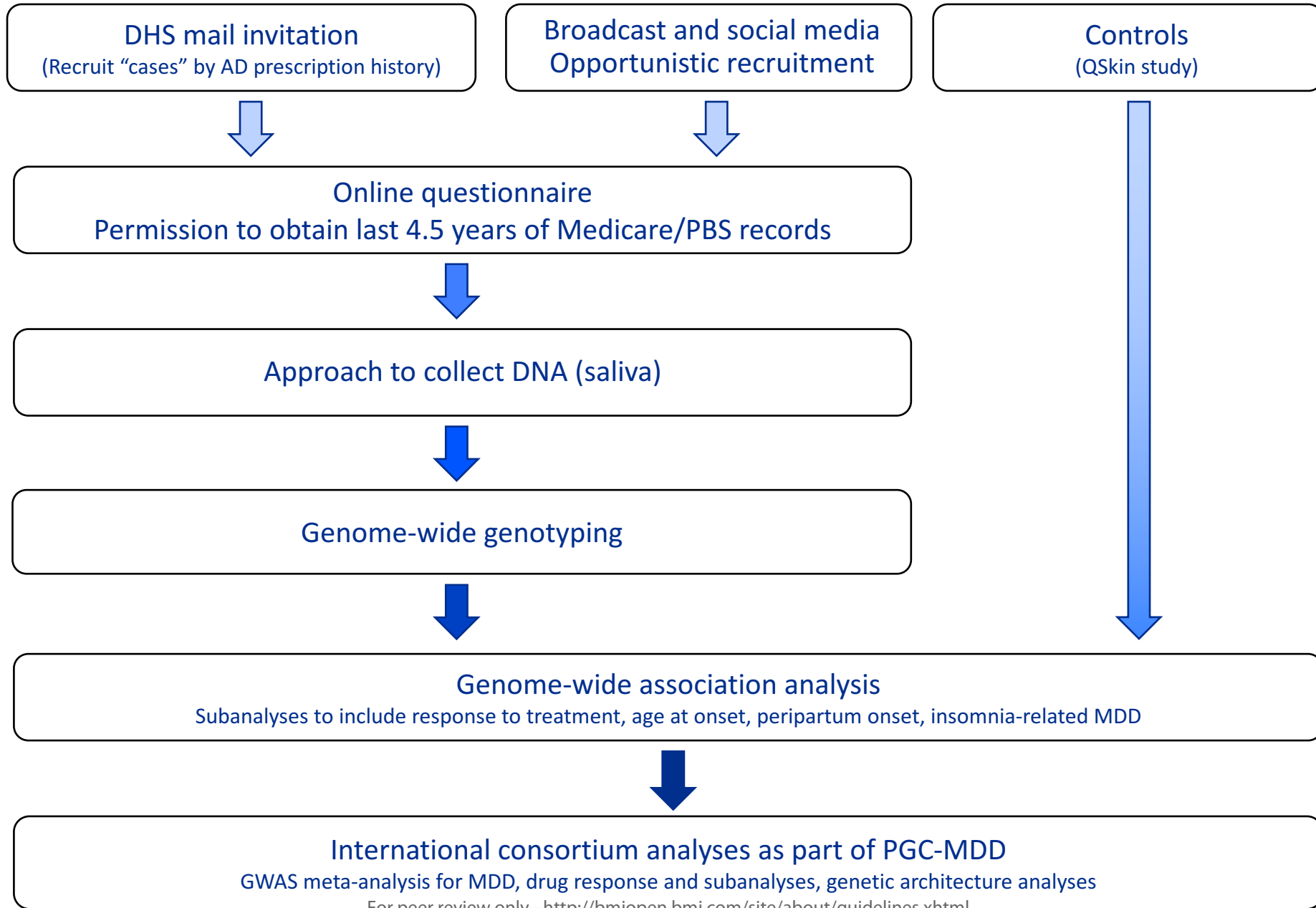
Reduced sex drive	35.0
Weight gain	26.3
Dry mouth	21.6
Nausea	17.6
Drowsiness	16.1
Insomnia	16.0
Dizziness	15.6
Fatigue	14.4
Sweating	14.0
Headache	14.0
Suicidal thoughts	12.3
Anxiety	11.6
Agitation	11.4
Shaking	9.3
Constipation	6.6
Diarrhoea	4.7
Suicide attempt	4.3
Blurred vision	3.9
Muscle pain	3.4
Vomiting	2.7
Weight loss	2.4
Runny nose	1.3
Rash	1.0

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# General Physical and Mental Health

## Anxieties and Phobias

Generalised anxiety disorder  
 Panic disorder  
 Specific phobia  
 Agoraphobia  
 Social phobia  
 (all based on DSM-5 criteria) **5 mins**

Current physical health  
 Current mental health  
 SPHERE-12  
 Kessler-10  
 Days out of role **3 mins**

## Substance Use

Substances	Measures
<ul style="list-style-type: none"> <li>Alcohol</li> <li>Tobacco</li> <li>E-cigarettes</li> <li>Illegal drugs</li> <li>Prescription medication</li> <li>Over-the-counter medication</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime use <b>9 mins</b></li> <li>Age of first use</li> <li>Maximum use frequency</li> <li>Pattern of use with/without antidepressants</li> <li>Lifetime substance use disorder (based on DSM 5)</li> </ul>

## Family

Parents, siblings, children  
 Age / age at death  
 Cause of death  
 Siblings and children  
 Relationship (biological, step, adopted)  
 Sex  
 Year of birth, age at death **2 mins**

## Genetics of Depression Core Module

Demographic information Mental health diagnostic history Antidepressants <ul style="list-style-type: none"> <li>Prescription history</li> <li>Effectiveness and side-effects</li> <li>Concurrent medications</li> </ul> Mental health disorder screening <ul style="list-style-type: none"> <li>Depression (based on DSM 5 criteria), age of onset</li> </ul>	Pregnancy and parenting (women) <ul style="list-style-type: none"> <li>Morning sickness</li> <li>Breastfeeding</li> <li>Peripartum depression</li> </ul> Self-harm Suicidality (SIDAS) Mania (adapted from ASRM) Psychosis (adapted from CAPE)
---	--

**21 mins median**

## Health Care

Focus on mental health or behavioural problems  
 Reasons for avoiding / delaying seeking care  
 Sources of help / information  

- Health care professionals
- Family / friends
- Self-help
- Other

 Effectiveness of help **3 mins**

## Migraine

IHS Classification ICHD-II  
 Migraine without aura  
 Migraine with aura  
 Pure menstrual migraine  
 Menstrually-related migraine **3 mins**

## Personality and Mental Health

Personality measures  

- EPQ Extraversion and Neuroticism
- Loneliness (Three-Item Loneliness Scale)

 Supplementary mental health disorder screening  

- OCD (OCI-R)
- Borderline personality (PAI-BOR) **8 mins**
- ADHD (ASRS-v1.1)

## Gambling

Gambling participation and frequency  
 Online gambling participation  
 Problem gambling severity (PGSI modified for lifetime) **2 mins**  
 Screen for gambling problems (NODS)

## Life Events

12-month serious problems getting along with others  
 Intimate Bond Measure (short form)  
 Social attachments  
 Conflictual relationships **11 mins**  
 Duke Social Support Index  
 12-month Serious Life E vents  
 PTSD screen, including LEC-5 and age of exposure  
 Age at first consensual sex  
 Sexual preference

## General Health

Asthma and allergic disease Sun exposure Women's reproductive health Pain Hearing loss	Disease checklist and age of onset <ul style="list-style-type: none"> <li>Autoimmune diseases</li> <li>Cancer</li> <li>Cardiovascular disease</li> <li>Diabetes</li> <li>Eye health</li> <li>Musculoskeletal conditions</li> <li>Respiratory diseases</li> </ul>
--	---

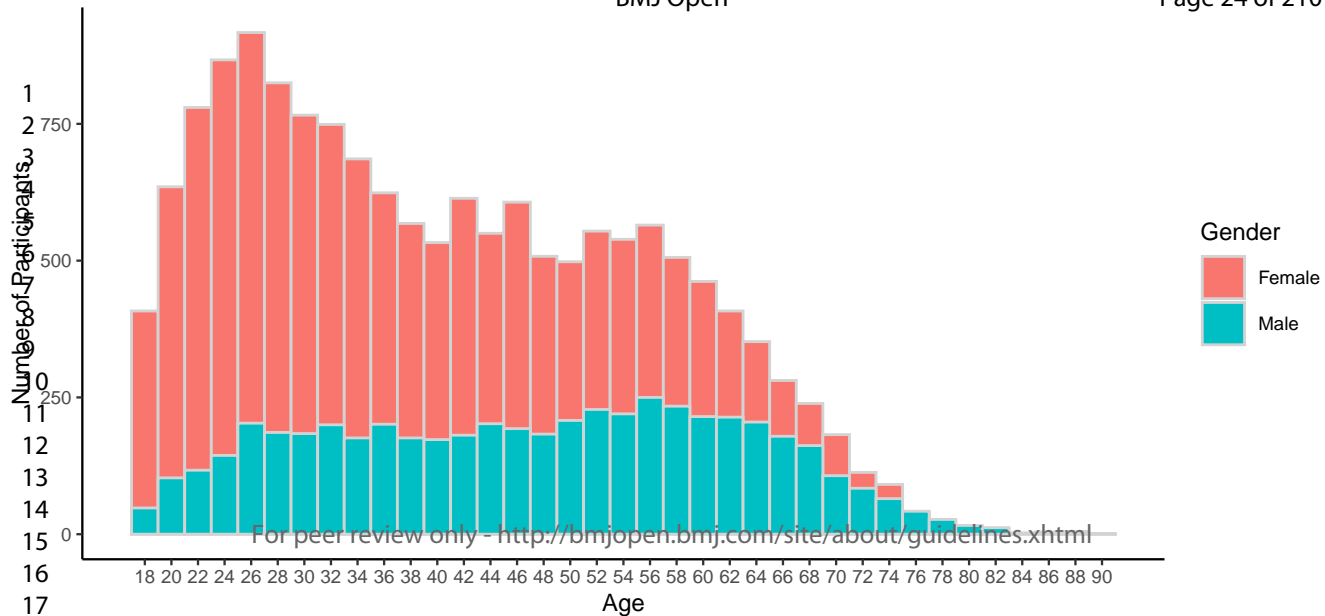
**10 mins**

## Work and Sleep

Work schedule (shiftwork, on-call, overtime, FIFO)  
 Average work days per week  
 Sleep  

- Sleep quality (ISI with supplementary PSQI items)
- Epworth Sleepiness Scale
- Sleep apnea
- Chronotype (MEQ)
- Caffeine consumption
- Seasonal effects (SPAQ)

**10 mins**

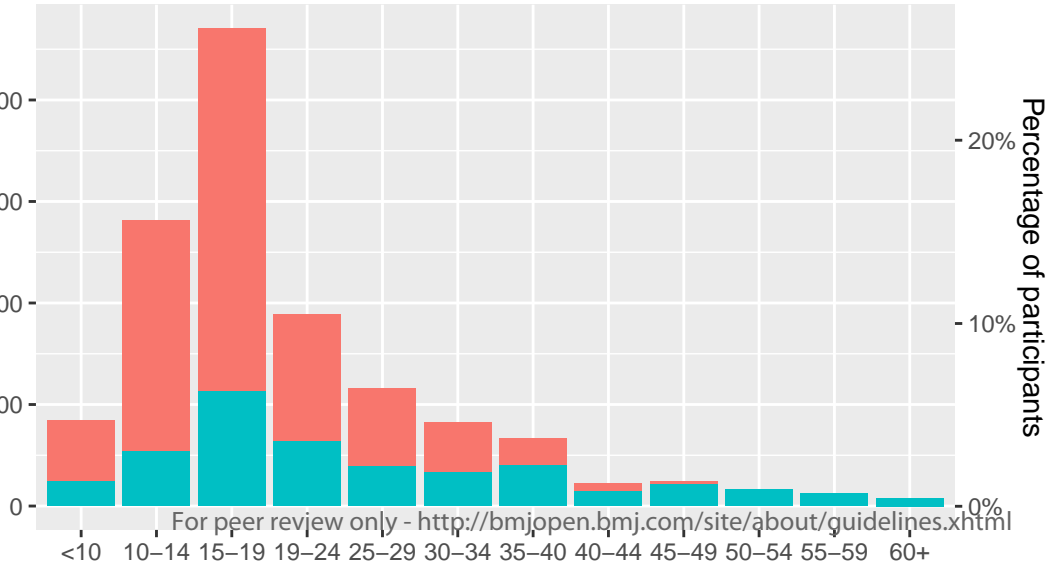


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# Age at Onset by Sex

BMJ Open

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Percentage of participants

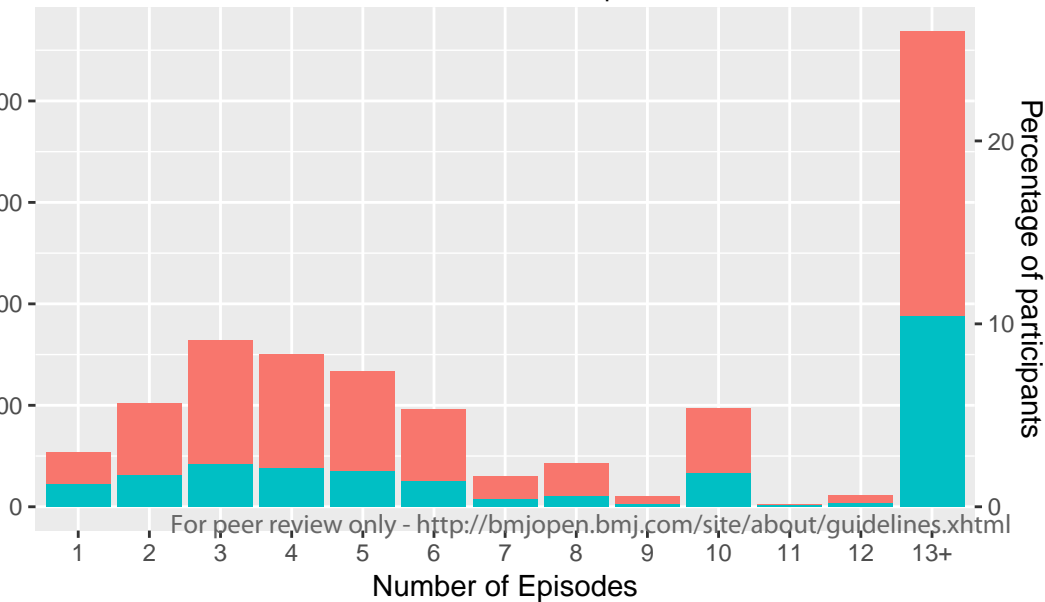
Sex  
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Male

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# Number of Depressive Episodes

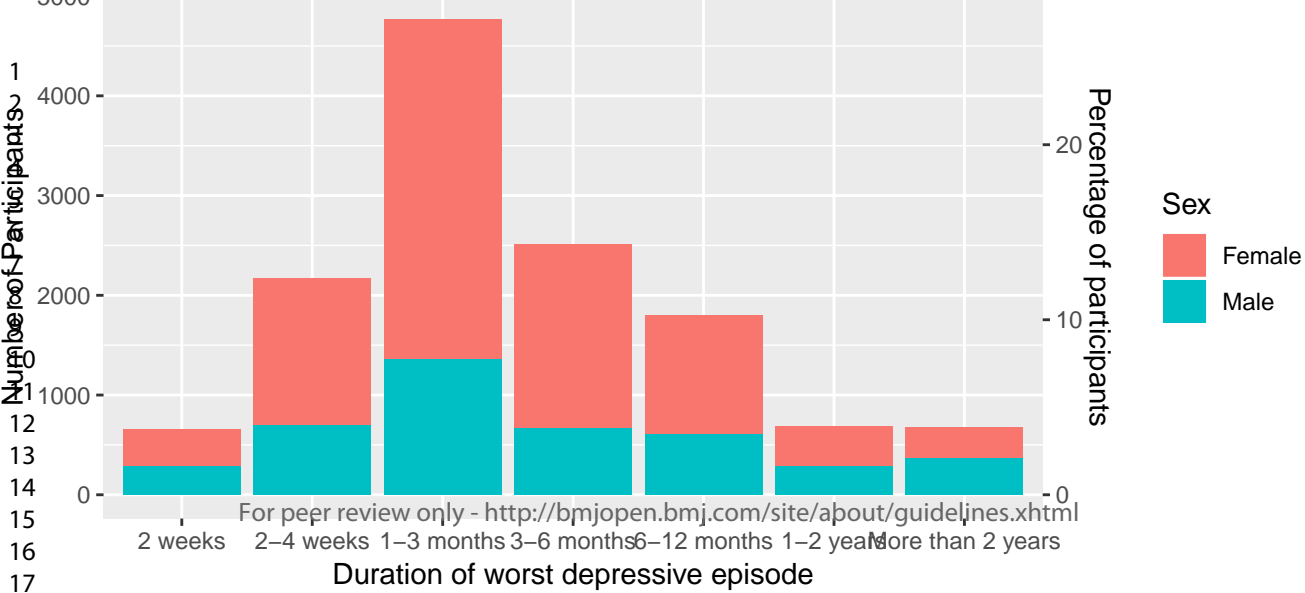
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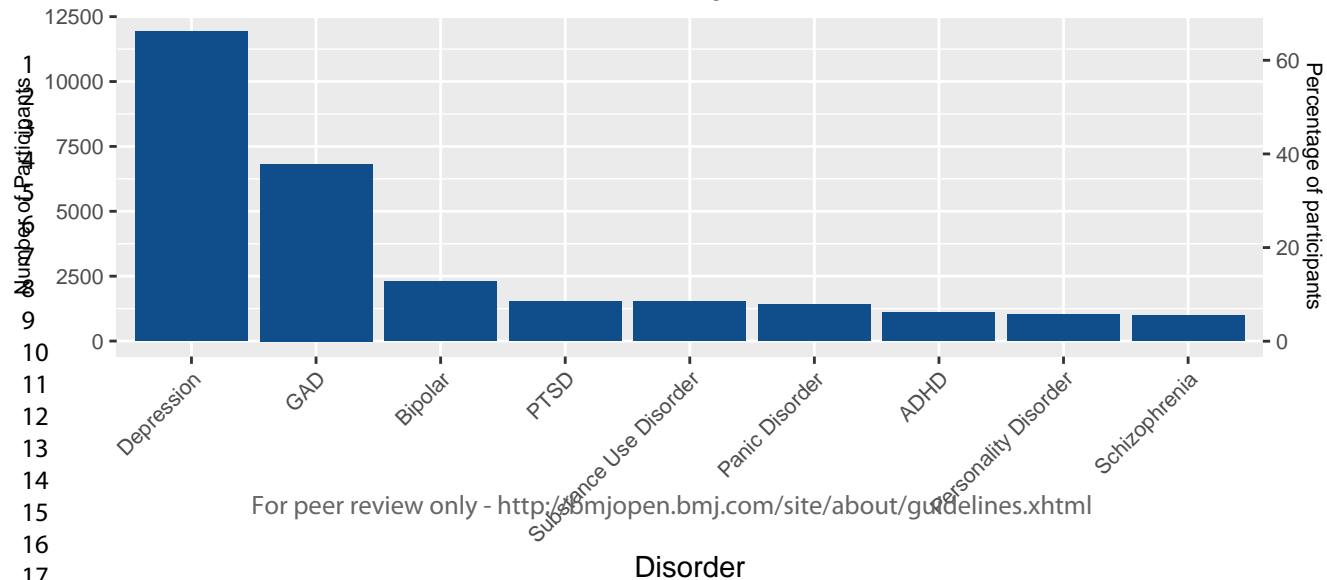
# Duration of worst depressive episode in AGDS sample



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# Frequency of Reported Diagnoses in First-Degree Relatives

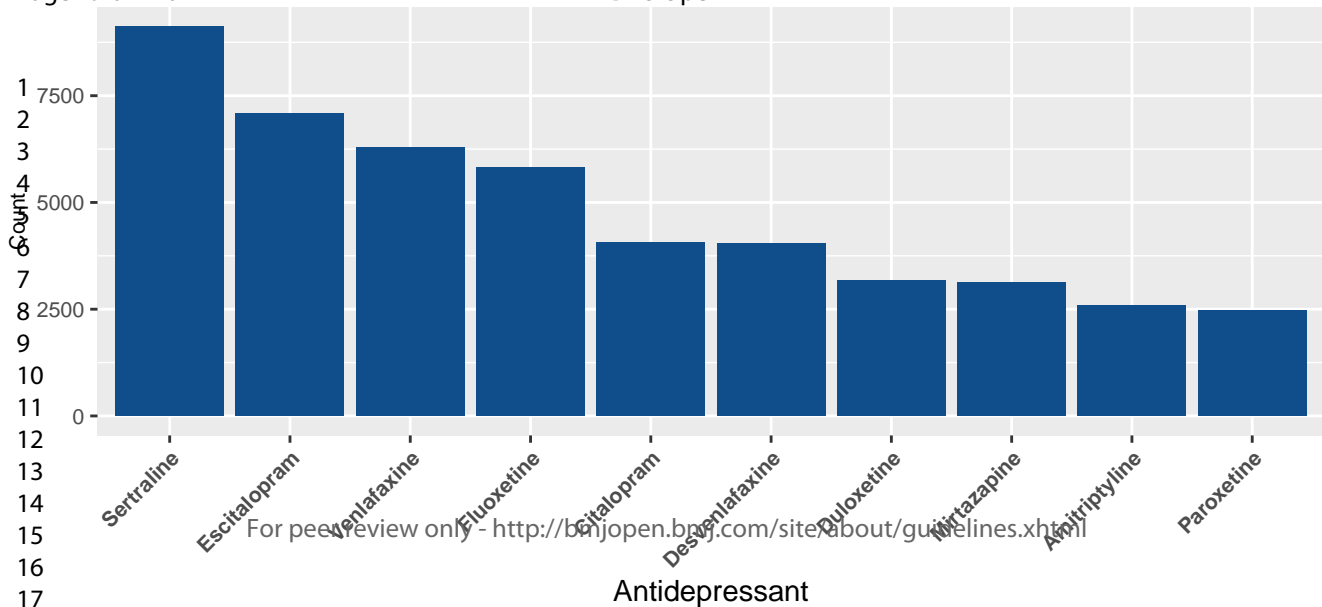


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# Frequency of Antidepressant in AGDS

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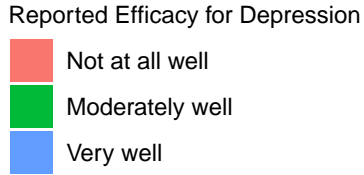
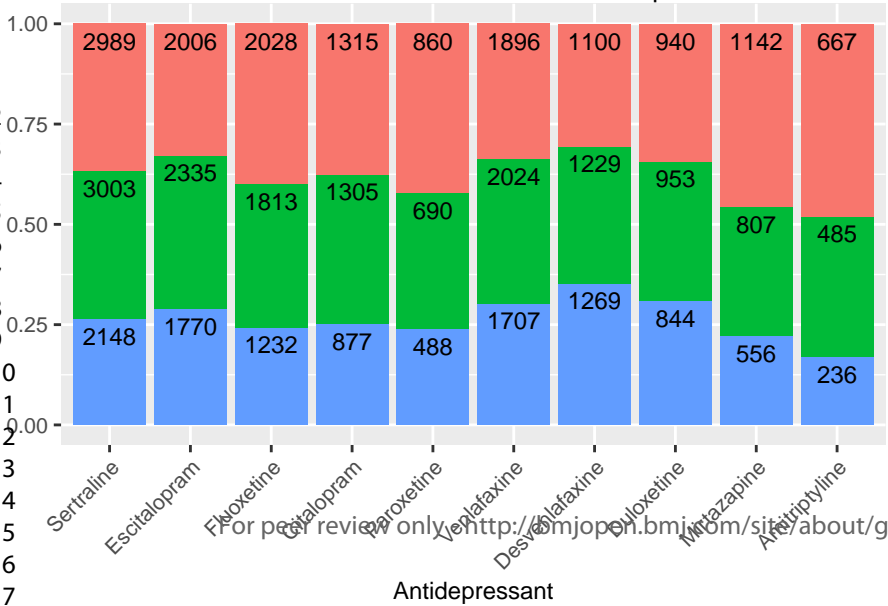
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# Efficacy of 10 most commonly used Antidepressants

BMJ Open

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Supplementary Table 1. Rate of completion of satellite modules in Australian Genetics of Depression Study.

Module	Number of Participants	Percentage of Participants Completed
Core Module	20679	100
Module 2	15153	73.2
Module 3	15782	76.3
Module 4	15074	72.9
Module 5	14682	71.0
Module 6	14266	69.0
Module 7	13874	67.1
Module 8	11874	57.4
Module 9	13919	67.3
Module 10	13706	66.2
Module 11	15374	74.3

## Supplementary Figures

### Supp Figure 1a-d.

Screenshots from the Australian Genetics of Depression study



## Genetics of risk and response to treatment of depression

Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression.

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

**Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled.**

Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

Once this core questionnaire is completed you will be presented with a table of contents containing several modules. You may complete the other modules in any order you like. Depending on your answers, the series of modules should take around 60 minutes to complete. Once again, you can start and leave these modules as you please using the questionnaire link we emailed you.

**Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.**

1  
2  
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4  Q9 Have you ever been diagnosed with any of the following? *Please select all that apply.*



Depression



Bipolar disorder

7  Premenstrual dysphoric mood disorder

8  Schizophrenia

9  Anorexia nervosa

10  Bulimia

11  Attention-deficit/hyperactivity disorder (ADD/ADHD)

12  Autism spectrum disorder (Autism, Asperger's disorder)

13  Tourette's disorder

14  Anxiety disorder (Generalised anxiety disorder)

15  Panic disorder

16  Obsessive compulsive disorder

17  Hoarding disorder

18  Posttraumatic stress disorder (PTSD)

19  Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)

20  Seasonal affective disorder (SAD)

21  Social anxiety disorder (also known as Social phobia)

22  Agoraphobia

23  Personality disorder

24  Substance use disorder

25  None of the above

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39 Have you ever taken any of the following antidepressants (even if it wasn't for depression or anxiety)? *Please select all that apply.*

- 40  Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)
- 41  Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)
- 42  Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)
- 43  Amitriptyline (e.g. Endep)
- 44  Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)
- 45  Desvenlafaxine (e.g. Pristiq, Desfax)
- 46  Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)
- 47  Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)
- 48  Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)
- 49  Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)
- 50  A different antidepressant that isn't listed above
- 51  I have never taken antidepressants
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QIMR Berghofer Medical Research Institute THE UNIVERSITY OF QUEENSLAND AUSTRALIA | qbi queensland brain institute THE UNIVERSITY OF SYDNEY SAHMRI South Australian Health and Medical Research Institute

Thank you for completing the Core Module of our online survey. The following sections of the survey may be completed in any order you wish.

If you are completing this survey on a mobile device, you may need to click on the Table of Contents symbol to move between survey modules. It looks like this and is located at the top left corner of each screen.

When you are finished, select the "Finalise and Submit Survey" link below.

- [Anxieties and Phobias \(approx. 5 minutes\)](#)
- [General Physical and Mental Health \(approx. 3 minutes\)](#)
- [Alcohol, Tobacco and Other Substances \(approx. 10 minutes\)](#)
- [Experiences of Health Care \(approx. 4 minutes\)](#)
- [Thoughts, Feelings and Behaviours \(approx. 10 minutes\)](#)
- [Life Events \(approx. 10 minutes\)](#)
- [Work and Sleep \(approx. 15 minutes\)](#)
- [General Health and Lifestyle \(approx. 15 minutes\)](#)
- [Games and Gambling \(approx. 3 minutes\)](#)
- [Headaches and Migraines \(approx. 5 minutes\)](#)
- [Family \(approx. 2 minutes\)](#)
- [Finalise and Submit Survey](#)

Peer review only

# MDD PROJECT

## GENETICS OF RISK AND RESPONSE TO TREATMENT OF DEPRESSION

### QUESTIONNAIRE STRUCTURE AND SPSS DATAFILE CODING MANUAL

## Table of Contents

How to Use this Manual.....	3
Introduction.....	4
Module 1 – Core.....	5
Module 1b – Anxiety Disorders.....	50
Module 12 – General and Physical Health.....	56
Module 2 – Alcohol, tobacco and other substances.....	59
Module 3 – Experiences of health care.....	93
Module 4 – Thoughts, feelings and behaviours.....	97
Module 5 – Life Events.....	107
Module 6 – Work and Sleep.....	118
Module 7 – General health and lifestyle.....	132
Module 9 – Games and gambling.....	160
Module 10 – Headaches and migraine.....	170
Module 11 – Family.....	174
Finalise and submit survey.....	177

## How to Use this Manual

This manual describes the contents of the online questionnaire completed by MDD study participants. It includes:

- Questionnaire structure;
- Item numbers;
- Item text;
- Skip logic; and
- Coding of data in the MDD SPSS data set (after export and recoding)

Item numbers (Qxxx) refer to the question numbers assigned sequentially to the individual questionnaire items in the Qualtrics questionnaire.

Blue text denotes the variable name corresponding to the item in the MDD SPSS data set.

Skip logic instructions are denoted by lines of asterisks (\*\*\*\*\*) above and below. Skip logic algorithms are in magenta text.

## Introduction

Q1 NOT USED FOR PARTICIPANT INPUT Autocoded .....1

---

Q2 Browser Meta Info

Q2_1_TEXT	Browser	_____
Q2_2_TEXT	Browser version	_____
Q2_3_TEXT	Operating system	_____
Q2_4_TEXT	Screen resolution	_____
Q2_5_TEXT	Flash version	_____
Q2_6_TEXT	Java support	_____
Q2_7_TEXT	User agent	_____

---

Q3 Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression. Autocoded .....1

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled. Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

Once this core questionnaire is completed you will be presented with a table of contents containing several modules. You may complete the other modules in any order you like. Depending on your answers, the series of modules should take around 60 minutes to complete. Once again, you can start and leave these modules as you please using the questionnaire link we emailed you.

Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.

Should you have any technical difficulties in completing the questionnaire, please contact the project coordinator at QIMR Berghofer Medical Research Institute, via the contact details in the e-mail we have sent you.



**Module 1 – Core**

**Q4** Are you male or female? Male ..... 1  
 Female ..... 2  
 Unspecified ..... 3

Note: This question refers to biological sex, not gender.  
 Responses to this question are used to select questionnaire items that may be relevant to the medical history of the participant.

**Q5** How old are you now? \_\_\_/\_\_\_/\_\_\_ YEARS

**Q6** What is your marital status? Married ..... 1  
 Separated ..... 2  
 Divorced ..... 3  
 Widowed ..... 4  
 Never married ..... 5  
 Living with partner/defacto (for a period of six months or longer) ..... 6

\*\*\*\*\*  
 IF MALE (Q4 = 1) GO TO Q8 ELSE CONTINUE  
 \*\*\*\*\*

**Q7** Have you ever been pregnant? No ..... 1  
 Yes ..... 2

**Q8** Have you ever talked to a doctor or psychologist about your mental health? No ..... 1  
 Yes ..... 2  
 Don't know ..... 3

\*\*\*\*\*  
 IF NEVER TALKED WITH DOCTOR OR PSYCHOLOGIST (Q8 ≠ 2),  
 GO TO Q10 ELSE CONTINUE  
 \*\*\*\*\*

1			
2	Q9	Have you ever been diagnosed with any of the following?	
3		Please select all that apply.	
4			
5	Q9_1	Depression	Yes .....1
6	Q9_2	Bipolar disorder	Yes .....1
7	Q9_3	Premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
8	Q9_4	Schizophrenia	Yes .....1
9	Q9_5	Anorexia nervosa	Yes .....1
10	Q9_6	Bulimia	Yes .....1
11	Q9_7	Attention-deficit/hyperactivity disorder (ADD/ADHD)	Yes .....1
12	Q9_8	Autism spectrum disorder (Autism, Asperger's disorder)	Yes .....1
13	Q9_9	Tourette's disorder	Yes .....1
14	Q9_10	Anxiety disorder (Generalised anxiety disorder)	Yes .....1
15	Q9_11	Panic disorder	Yes .....1
16	Q9_12	Obsessive compulsive disorder	Yes .....1
17	Q9_13	Hoarding disorder	Yes .....1
18	Q9_14	Posttraumatic stress disorder (PTSD)	Yes .....1
19	Q9_15	Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)	Yes .....1
20	Q9_16	Seasonal affective disorder (SAD)	Yes .....1
21	Q9_17	Social anxiety disorder (also known as Social phobia)	Yes .....1
22	Q9_18	Agoraphobia	Yes .....1
23	Q9_19	Personality disorder	Yes .....1
24	Q9_20	Substance use disorder	Yes .....1
25	Q9_21	None of the above	Yes .....1

26			
27			
28	Q10	Have you ever taken any of the following antidepressants	
29		(even if it wasn't for depression or anxiety)? Please select	
30		all that apply.	
31			
32	Q10_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	Yes .....1
33	Q10_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	Yes .....1
34	Q10_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafx, Venla, Venlexor)	Yes .....1
35	Q10_4	Amitriptyline (e.g. Endep)	Yes .....1
36	Q10_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	Yes .....1
37	Q10_6	Desvenlafaxine (e.g. Pristiq, Desfax)	Yes .....1
38	Q10_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	Yes .....1
39	Q10_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	Yes .....1
40	Q10_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	Yes .....1
41	Q10_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	Yes .....1
42	Q10_11	A different antidepressant that isn't listed above	Yes .....1
43	Q10_12	I have never taken antidepressants	Yes .....1

\*\*\*\*\*  
 IF NEVER TAKEN ANTIDEPRESSANTS (Q10\_12 = 1), GO TO Q30  
 ELSE IF DIFFERENT ANTIDEPRESSANT (Q10\_11 = 1), GO TO Q11  
 ELSE GO TO Q12  
 \*\*\*\*\*

1 Q11 Have you ever taken any of the following antidepressants  
 2 (even if it wasn't for depression or anxiety)? Please select all that apply.  
 3  
 4 Q11\_1 Dothiepin (e.g. Dothep) Yes .....1  
 5 Q11\_2 Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam) Yes .....1  
 6 Q11\_3 Doxepin (e.g. Sinequan, Deptran) Yes .....1  
 7 Q11\_4 Nortriptyline (e.g. Allegron) Yes .....1  
 8 Q11\_5 Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix) Yes .....1  
 9 Q11\_6 Clomipramine (e.g. Anafranil, Placil) Yes .....1  
 10 Q11\_7 Reboxetine (e.g. Edronax) Yes .....1  
 11 Q11\_8 Mianserin (e.g. Lumin) Yes .....1  
 12 Q11\_9 Imipramine (e.g. Tofranil, Tolerade) Yes .....1  
 13 Q11\_10 Tranylcypromine (e.g. Parnate) Yes .....1  
 14 Q11\_11 Phenelzine (e.g. Nardil) Yes .....1  
 15 Q11\_12 A different antidepressant that isn't listed above Yes .....1

16  
 17 \*\*\*\*\*  
 18 IF EVER TAKEN ANY ANTIDEPRESSANTS (ANY OF Q10\_1 TO Q10\_11 = 1  
 19 OR ANY OF Q11\_1 TO Q11\_12 = 1), CONTINUE  
 20 ELSE GO TO Q30  
 21 \*\*\*\*\*  
 22

23  
 24 Q12 When you were taking these antidepressants, were you No .....1  
 25 also taking any other prescribed medication? Yes .....2  
 26 Don't know .....3  
 27

28 \*\*\*\*\*  
 29 IF TAKING OTHER MEDICATION (Q12 = 2) CONTINUE,  
 30 ELSE GO TO Q14  
 31 \*\*\*\*\*  
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33  
 34 Q13 Have you ever taken any of the following medications while you were  
 35 also taking antidepressants?  
 36  
 37 Q13\_1 Largactil, Modecate, Stelazine or Neulactil Yes .....1  
 38 Q13\_2 Haloperidol (e.g. Serenace, Haldol decanoate) Yes .....1  
 39 Q13\_3 Latuda or Zeldox Yes .....1  
 40 Q13\_4 Fluvoxol Depot or Clopixol Depot Yes .....1  
 41 Q13\_5 Asenapine (e.g. Saphris) Yes .....1  
 42 Q13\_6 Olanzapine (e.g. Lanzek, Ozin, Zypine, Zyprexa) Yes .....1  
 43 Q13\_7 Quetiapine (e.g. Delucon, Kaptan, Quetia, Quetiaccord,  
 44 Seronia, Seroquel, Syquet) Yes .....1  
 45 Q13\_8 Amisulpride (e.g. Solian, Sulprix) Yes .....1  
 46 Q13\_9 Aripiprazole (e.g. Abilify) Yes .....1  
 47 Q13\_10 Paliperidone (e.g. Invega) Yes .....1  
 48 Q13\_11 Risperidone (e.g. Ozidal, Rispa, Risperdal, Rispericor,  
 49 Rispernia, Rixadone) Yes .....1  
 50 Q13\_12 Lithium carbonate (e.g. Lithicarb, Quilonum) Yes .....1  
 51 Q13\_13 Alprazolam (e.g. Alprax, Kalma) Yes .....1  
 52 Q13\_14 Diazepam (e.g. Valium, Antenex, Ranzepam, Valpam) Yes .....1  
 53 Q13\_15 Oxazepam (e.g. Serepax, Alepam, Murelax) Yes .....1  
 54 Q13\_16 Nitrazepam (e.g. Mogadon, Alodorm) Yes .....1  
 55 Q13\_17 Temazepam (e.g. Normison, Temaze, Temtabs) Yes .....1

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 57 Q14 NOT USED FOR PARTICIPANT INPUT  
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 59

60 \*\*\*\*\*  
 IF NO ANTIDEPRESSANT SELECTED AT Q10, GO TO Q22

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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_11 = 1), COMPLETE Q15 TO Q21  
\*\*\*\*\*

For peer review only

1 Q15 Why were you prescribed [X FROM Q10]? Please select  
 2 all that apply.  
 3  
 4 Q15\_1\_x1 Sertraline prescribed for depression Yes .....1  
 5 Q15\_2\_x1 Sertraline prescribed for bipolar disorder Yes .....1  
 6 Q15\_3\_x1 Sertraline prescribed for anxiety Yes .....1  
 7 Q15\_4\_x1 Sertraline prescribed for panic disorder Yes .....1  
 8 Q15\_5\_x1 Sertraline prescribed for obsessive compulsive disorder Yes .....1  
 9 Q15\_6\_x1 Sertraline prescribed for specific phobia Yes .....1  
 10 Q15\_7\_x1 Sertraline prescribed for posttraumatic stress disorder Yes .....1  
 11 Q15\_8\_x1 Sertraline prescribed for premenstrual dysphoric mood  
 12 disorder (WOMEN ONLY) Yes .....1  
 13 Q15\_9\_x1 Sertraline prescribed for menopausal symptoms Yes .....1  
 14 (WOMEN ONLY)  
 15 Q15\_10\_x1 Sertraline prescribed for chronic pain Yes .....1  
 16 Q15\_11\_x1 Sertraline prescribed for quitting smoking Yes .....1  
 17 Q15\_12\_x1 Sertraline prescribed for sleep problems (e.g. insomnia) Yes .....1  
 18 Q15\_13\_x1 Sertraline prescribed for restless legs syndrome Yes .....1  
 19 Q15\_14\_x1 Sertraline prescribed for premature ejaculation (MEN ONLY) Yes .....1  
 20 Q15\_15\_x1 Sertraline prescribed for attention-deficit/hyperactivity  
 21 disorder Yes .....1  
 22 Q15\_16\_x1 Sertraline prescribed for other reason Yes .....1  
 23 Q15\_16\_TEXT\_x1 Other reason Sertraline was prescribed \_\_\_\_\_  
 24 Q15\_17\_x1 Participant unsure why Sertraline was prescribed Yes .....1  
 25  
 26 Q15\_1\_x2 Escitalopram prescribed for depression Yes .....1  
 27 Q15\_2\_x2 Escitalopram prescribed for bipolar disorder Yes .....1  
 28 Q15\_3\_x2 Escitalopram prescribed for anxiety Yes .....1  
 29 Q15\_4\_x2 Escitalopram prescribed for panic disorder Yes .....1  
 30 Q15\_5\_x2 Escitalopram prescribed for obsessive compulsive disorder Yes .....1  
 31 Q15\_6\_x2 Escitalopram prescribed for specific phobia Yes .....1  
 32 Q15\_7\_x2 Escitalopram prescribed for posttraumatic stress disorder Yes .....1  
 33 Q15\_8\_x2 Escitalopram prescribed for premenstrual dysphoric mood  
 34 disorder (WOMEN ONLY) Yes .....1  
 35 Q15\_9\_x2 Escitalopram prescribed for menopausal symptoms Yes .....1  
 36 (WOMEN ONLY)  
 37 Q15\_10\_x2 Escitalopram prescribed for chronic pain Yes .....1  
 38 Q15\_11\_x2 Escitalopram prescribed for quitting smoking Yes .....1  
 39 Q15\_12\_x2 Escitalopram prescribed for sleep problems (e.g. insomnia) Yes .....1  
 40 Q15\_13\_x2 Escitalopram prescribed for restless legs syndrome Yes .....1  
 41 Q15\_14\_x2 Escitalopram prescribed for premature ejaculation (MEN  
 42 ONLY) Yes .....1  
 43 Q15\_15\_x2 Escitalopram prescribed for attention-deficit/hyperactivity  
 44 disorder Yes .....1  
 45 Q15\_16\_x2 Escitalopram prescribed for other reason Yes .....1  
 46 Q15\_16\_TEXT\_x2 Other reason Escitalopram was prescribed \_\_\_\_\_  
 47 Q15\_17\_x2 Participant unsure why Escitalopram was prescribed Yes .....1  
 48  
 49 Q15\_1\_x3 Venlafaxine prescribed for depression Yes .....1  
 50 Q15\_2\_x3 Venlafaxine prescribed for bipolar disorder Yes .....1  
 51 Q15\_3\_x3 Venlafaxine prescribed for anxiety Yes .....1  
 52 Q15\_4\_x3 Venlafaxine prescribed for panic disorder Yes .....1  
 53 Q15\_5\_x3 Venlafaxine prescribed for obsessive compulsive disorder Yes .....1  
 54 Q15\_6\_x3 Venlafaxine prescribed for specific phobia Yes .....1  
 55 Q15\_7\_x3 Venlafaxine prescribed for posttraumatic stress disorder Yes .....1  
 56 Q15\_8\_x3 Venlafaxine prescribed for premenstrual dysphoric mood  
 57 disorder (WOMEN ONLY) Yes .....1  
 58 Q15\_9\_x3 Venlafaxine prescribed for menopausal symptoms Yes .....1  
 59 (WOMEN ONLY)  
 60 Q15\_10\_x3 Venlafaxine prescribed for chronic pain Yes .....1  
 Q15\_11\_x3 Venlafaxine prescribed for quitting smoking Yes .....1  
 Q15\_12\_x3 Venlafaxine prescribed for sleep problems (e.g. insomnia) Yes .....1  
 Q15\_13\_x3 Venlafaxine prescribed for restless legs syndrome Yes .....1

1			
2	Q15_14_x3	Venlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
3			
4	Q15_15_x3	Venlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
5	Q15_16_x3	Venlafaxine prescribed for other reason	Yes .....1
6	Q15_16_TEXT_x3	Other reason Venlafaxine was prescribed	_____
7	Q15_17_x3	Participant unsure why Venlafaxine was prescribed	Yes .....1
8			
9	Q15_1_x4	Amitriptyline prescribed for depression	Yes .....1
10	Q15_2_x4	Amitriptyline prescribed for bipolar disorder	Yes .....1
11	Q15_3_x4	Amitriptyline prescribed for anxiety	Yes .....1
12	Q15_4_x4	Amitriptyline prescribed for panic disorder	Yes .....1
13	Q15_5_x4	Amitriptyline prescribed for obsessive compulsive disorder	Yes .....1
14	Q15_6_x4	Amitriptyline prescribed for specific phobia	Yes .....1
15	Q15_7_x4	Amitriptyline prescribed for posttraumatic stress disorder	Yes .....1
16	Q15_8_x4	Amitriptyline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
17			
18	Q15_9_x4	Amitriptyline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
19			
20	Q15_10_x4	Amitriptyline prescribed for chronic pain	Yes .....1
21	Q15_11_x4	Amitriptyline prescribed for quitting smoking	Yes .....1
22	Q15_12_x4	Amitriptyline prescribed for sleep problems (e.g. insomnia)	Yes .....1
23	Q15_13_x4	Amitriptyline prescribed for restless legs syndrome	Yes .....1
24	Q15_14_x4	Amitriptyline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
25			
26	Q15_15_x4	Amitriptyline prescribed for attention-deficit/hyperactivity disorder	Yes .....1
27	Q15_16_x4	Amitriptyline prescribed for other reason	Yes .....1
28	Q15_16_TEXT_x4	Other reason Amitriptyline was prescribed	_____
29	Q15_17_x4	Participant unsure why Amitriptyline was prescribed	Yes .....1
30			
31	Q15_1_x5	Mirtazapine prescribed for depression	Yes .....1
32	Q15_2_x5	Mirtazapine prescribed for bipolar disorder	Yes .....1
33	Q15_3_x5	Mirtazapine prescribed for anxiety	Yes .....1
34	Q15_4_x5	Mirtazapine prescribed for panic disorder	Yes .....1
35	Q15_5_x5	Mirtazapine prescribed for obsessive compulsive disorder	Yes .....1
36	Q15_6_x5	Mirtazapine prescribed for specific phobia	Yes .....1
37	Q15_7_x5	Mirtazapine prescribed for posttraumatic stress disorder	Yes .....1
38	Q15_8_x5	Mirtazapine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
39			
40	Q15_9_x5	Mirtazapine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
41			
42	Q15_10_x5	Mirtazapine prescribed for chronic pain	Yes .....1
43	Q15_11_x5	Mirtazapine prescribed for quitting smoking	Yes .....1
44	Q15_12_x5	Mirtazapine prescribed for sleep problems (e.g. insomnia)	Yes .....1
45	Q15_13_x5	Mirtazapine prescribed for restless legs syndrome	Yes .....1
46	Q15_14_x5	Mirtazapine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
47			
48	Q15_15_x5	Mirtazapine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
49	Q15_16_x5	Mirtazapine prescribed for other reason	Yes .....1
50	Q15_16_TEXT_x5	Other reason Mirtazapine was prescribed	_____
51	Q15_17_x5	Participant unsure why Mirtazapine was prescribed	Yes .....1
52			
53	Q15_1_x6	Desvenlafaxine prescribed for depression	Yes .....1
54	Q15_2_x6	Desvenlafaxine prescribed for bipolar disorder	Yes .....1
55	Q15_3_x6	Desvenlafaxine prescribed for anxiety	Yes .....1
56	Q15_4_x6	Desvenlafaxine prescribed for panic disorder	Yes .....1
57	Q15_5_x6	Desvenlafaxine prescribed for obsessive compulsive disorder	Yes .....1
58	Q15_6_x6	Desvenlafaxine prescribed for specific phobia	Yes .....1
59	Q15_7_x6	Desvenlafaxine prescribed for posttraumatic stress disorder	Yes .....1
60	Q15_8_x6	Desvenlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1

1	Q15_9_x6	Desvenlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
2			
3	Q15_10_x6	Desvenlafaxine prescribed for chronic pain	Yes .....1
4	Q15_11_x6	Desvenlafaxine prescribed for quitting smoking	Yes .....1
5	Q15_12_x6	Desvenlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
6	Q15_13_x6	Desvenlafaxine prescribed for restless legs syndrome	Yes .....1
7	Q15_14_x6	Desvenlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
8			
9	Q15_15_x6	Desvenlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
10			
11	Q15_16_x6	Desvenlafaxine prescribed for other reason	Yes .....1
12	Q15_16_TEXT_x6	Other reason Desvenlafaxine was prescribed	_____
13	Q15_17_x6	Participant unsure why Desvenlafaxine was prescribed	Yes .....1
14			
15	Q15_1_x7	Citalopram prescribed for depression	Yes .....1
16	Q15_2_x7	Citalopram prescribed for bipolar disorder	Yes .....1
17	Q15_3_x7	Citalopram prescribed for anxiety	Yes .....1
18	Q15_4_x7	Citalopram prescribed for panic disorder	Yes .....1
19	Q15_5_x7	Citalopram prescribed for obsessive compulsive disorder	Yes .....1
20	Q15_6_x7	Citalopram prescribed for specific phobia	Yes .....1
21	Q15_7_x7	Citalopram prescribed for posttraumatic stress disorder	Yes .....1
22	Q15_8_x7	Citalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
23			
24	Q15_9_x7	Citalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
25			
26	Q15_10_x7	Citalopram prescribed for chronic pain	Yes .....1
27	Q15_11_x7	Citalopram prescribed for quitting smoking	Yes .....1
28	Q15_12_x7	Citalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
29	Q15_13_x7	Citalopram prescribed for restless legs syndrome	Yes .....1
30	Q15_14_x7	Citalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
31			
32	Q15_15_x7	Citalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
33	Q15_16_x7	Citalopram prescribed for other reason	Yes .....1
34	Q15_16_TEXT_x7	Other reason Citalopram was prescribed	_____
35	Q15_17_x7	Participant unsure why Citalopram was prescribed	Yes .....1
36			
37	Q15_1_x8	Fluoxetine prescribed for depression	Yes .....1
38	Q15_2_x8	Fluoxetine prescribed for bipolar disorder	Yes .....1
39	Q15_3_x8	Fluoxetine prescribed for anxiety	Yes .....1
40	Q15_4_x8	Fluoxetine prescribed for panic disorder	Yes .....1
41	Q15_5_x8	Fluoxetine prescribed for obsessive compulsive disorder	Yes .....1
42	Q15_6_x8	Fluoxetine prescribed for specific phobia	Yes .....1
43	Q15_7_x8	Fluoxetine prescribed for posttraumatic stress disorder	Yes .....1
44	Q15_8_x8	Fluoxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
45			
46	Q15_9_x8	Fluoxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
47			
48	Q15_10_x8	Fluoxetine prescribed for chronic pain	Yes .....1
49	Q15_11_x8	Fluoxetine prescribed for quitting smoking	Yes .....1
50	Q15_12_x8	Fluoxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
51	Q15_13_x8	Fluoxetine prescribed for restless legs syndrome	Yes .....1
52	Q15_14_x8	Fluoxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
53			
54	Q15_15_x8	Fluoxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
55	Q15_16_x8	Fluoxetine prescribed for other reason	Yes .....1
56	Q15_16_TEXT_x8	Other reason Fluoxetine was prescribed	_____
57	Q15_17_x8	Participant unsure why Fluoxetine was prescribed	Yes .....1
58			
59	Q15_1_x9	Duloxetine prescribed for depression	Yes .....1
60	Q15_2_x9	Duloxetine prescribed for bipolar disorder	Yes .....1
	Q15_3_x9	Duloxetine prescribed for anxiety	Yes .....1



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2	Q15_4_x9	Duloxetine prescribed for panic disorder	Yes .....1
3	Q15_5_x9	Duloxetine prescribed for obsessive compulsive disorder	Yes .....1
4	Q15_6_x9	Duloxetine prescribed for specific phobia	Yes .....1
5	Q15_7_x9	Duloxetine prescribed for posttraumatic stress disorder	Yes .....1
6	Q15_8_x9	Duloxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
7	Q15_9_x9	Duloxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
8			
9	Q15_10_x9	Duloxetine prescribed for chronic pain	Yes .....1
10	Q15_11_x9	Duloxetine prescribed for quitting smoking	Yes .....1
11	Q15_12_x9	Duloxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
12	Q15_13_x9	Duloxetine prescribed for restless legs syndrome	Yes .....1
13	Q15_14_x9	Duloxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
14			
15	Q15_15_x9	Duloxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
16			
17	Q15_16_x9	Duloxetine prescribed for other reason	Yes .....1
18	Q15_16_TEXT_x9	Other reason Duloxetine was prescribed	_____
19	Q15_17_x9	Participant unsure why Duloxetine was prescribed	Yes .....1
20			
21	Q15_1_x10	Paroxetine prescribed for depression	Yes .....1
22	Q15_2_x10	Paroxetine prescribed for bipolar disorder	Yes .....1
23	Q15_3_x10	Paroxetine prescribed for anxiety	Yes .....1
24	Q15_4_x10	Paroxetine prescribed for panic disorder	Yes .....1
25	Q15_5_x10	Paroxetine prescribed for obsessive compulsive disorder	Yes .....1
26	Q15_6_x10	Paroxetine prescribed for specific phobia	Yes .....1
27	Q15_7_x10	Paroxetine prescribed for posttraumatic stress disorder	Yes .....1
28	Q15_8_x10	Paroxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
29			
30	Q15_9_x10	Paroxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
31			
32	Q15_10_x10	Paroxetine prescribed for chronic pain	Yes .....1
33	Q15_11_x10	Paroxetine prescribed for quitting smoking	Yes .....1
34	Q15_12_x10	Paroxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
35	Q15_13_x10	Paroxetine prescribed for restless legs syndrome	Yes .....1
36	Q15_14_x10	Paroxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
37			
38	Q15_15_x10	Paroxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
39			
40	Q15_16_x10	Paroxetine prescribed for other reason	Yes .....1
41	Q15_16_TEXT_x10	Other reason Paroxetine was prescribed	_____
42	Q15_17_x10	Participant unsure why Paroxetine was prescribed	Yes .....1
43			
44	Q16	How old were you when you started taking [X FROM Q10]?	
45			
46	Q16_x1n	Age started taking Sertraline	___/___/___ YEARS
47	Q16_x2n	Age started taking Escitalopram	___/___/___ YEARS
48	Q16_x3n	Age started taking Venlafaxine	___/___/___ YEARS
49	Q16_x4n	Age started taking Amitriptyline	___/___/___ YEARS
50	Q16_x5n	Age started taking Mirtazapine	___/___/___ YEARS
51	Q16_x6n	Age started taking Desvenlafaxine	___/___/___ YEARS
52	Q16_x7n	Age started taking Citalopram	___/___/___ YEARS
53	Q16_x8n	Age started taking Fluoxetine	___/___/___ YEARS
54	Q16_x9n	Age started taking Duloxetine	___/___/___ YEARS
55	Q16_x10n	Age started taking Paroxetine	___/___/___ YEARS
56			
57			
58			
59			
60			



1	Q17	For how long did you take / have you been taking [X FROM Q10]?	
2			
3			
4	Q17_x1	Time taking Sertraline	1 - 3 months .....1
5			4 - 6 months .....2
6			7 - 12 months .....3
7			Between 1 and 2 years .....4
8			Between 2 and 3 years .....5
9			Between 3 and 4 years .....6
10			More than 4 years .....7
11			
12	Q17_x2	Time taking Escitalopram	1 - 3 months .....1
13			4 - 6 months .....2
14			7 - 12 months .....3
15			Between 1 and 2 years .....4
16			Between 2 and 3 years .....5
17			Between 3 and 4 years .....6
18			More than 4 years .....7
19			
20	Q17_x3	Time taking Venlafaxine	1 - 3 months .....1
21			4 - 6 months .....2
22			7 - 12 months .....3
23			Between 1 and 2 years .....4
24			Between 2 and 3 years .....5
25			Between 3 and 4 years .....6
26			More than 4 years .....7
27			
28	Q17_x4	Time taking Amitriptyline	1 - 3 months .....1
29			4 - 6 months .....2
30			7 - 12 months .....3
31			Between 1 and 2 years .....4
32			Between 2 and 3 years .....5
33			Between 3 and 4 years .....6
34			More than 4 years .....7
35			
36	Q17_x5	Time taking Mirtazapine	1 - 3 months .....1
37			4 - 6 months .....2
38			7 - 12 months .....3
39			Between 1 and 2 years .....4
40			Between 2 and 3 years .....5
41			Between 3 and 4 years .....6
42			More than 4 years .....7
43			
44	Q17_x6	Time taking Desvenlafaxine	1 - 3 months .....1
45			4 - 6 months .....2
46			7 - 12 months .....3
47			Between 1 and 2 years .....4
48			Between 2 and 3 years .....5
49			Between 3 and 4 years .....6
50			More than 4 years .....7
51			
52	Q17_x7	Time taking Citalopram	1 - 3 months .....1
53			4 - 6 months .....2
54			7 - 12 months .....3
55			Between 1 and 2 years .....4
56			Between 2 and 3 years .....5
57			Between 3 and 4 years .....6
58			More than 4 years .....7
59			
60	Q17_x8	Time taking Fluoxetine	1 - 3 months .....1
			4 - 6 months .....2
			7 - 12 months .....3
			Between 1 and 2 years .....4

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Q17\_x9

Time taking Duloxetine

Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7
1 - 3 months	1
4 - 6 months	2
7 - 12 months	3
Between 1 and 2 years	4
Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7

Q17\_x10

Time taking Paroxetine

1 - 3 months	1
4 - 6 months	2
7 - 12 months	3
Between 1 and 2 years	4
Between 2 and 3 years	5
Between 3 and 4 years	6
More than 4 years	7

For peer review only

1	Q18	How well does / did each antidepressant [X FROM Q10] work for you?	
2			
3	Q18_xx1	How well Sertraline works	Not at all well .....1
4			Moderately well .....2
5			Very well .....3
6			Don't know .....4
7			
8	Q18_xx2	How well Escitalopram works	Not at all well .....1
9			Moderately well .....2
10			Very well .....3
11			Don't know .....4
12			
13	Q18_xx3	How well Venlafaxine works	Not at all well .....1
14			Moderately well .....2
15			Very well .....3
16			Don't know .....4
17			
18	Q18_xx4	How well Amitriptyline works	Not at all well .....1
19			Moderately well .....2
20			Very well .....3
21			Don't know .....4
22			
23	Q18_x5	How well Mirtazapine works	Not at all well .....1
24			Moderately well .....2
25			Very well .....3
26			Don't know .....4
27			
28	Q18_xx6	How well Desvenlafaxine works	Not at all well .....1
29			Moderately well .....2
30			Very well .....3
31			Don't know .....4
32			
33	Q18_xx7	How well Citalopram works	Not at all well .....1
34			Moderately well .....2
35			Very well .....3
36			Don't know .....4
37			
38	Q18_xx8	How well Fluoxetine works	Not at all well .....1
39			Moderately well .....2
40			Very well .....3
41			Don't know .....4
42			
43	Q18_xx9	How well Duloxetine works	Not at all well .....1
44			Moderately well .....2
45			Very well .....3
46			Don't know .....4
47			
48	Q18_xx10	How well Paroxetine works	Not at all well .....1
49			Moderately well .....2
50			Very well .....3
51			Don't know .....4

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Q19 NOT USED FOR PARTICIPANT INPUT

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1			
2	Q20	After taking [X FROM Q10] for a period of time, did you ever	
3		experience any further symptoms associated with the condition for	
4		which you were prescribed antidepressants?	
5	Q20_1	Further symptoms after taking Sertraline	No .....1
6			Yes .....2
7			
8	Q20_2	Further symptoms after taking Escitalopram	No .....1
9			Yes .....2
10			
11	Q20_3	Further symptoms after taking Venlafaxine	No .....1
12			Yes .....2
13			
14	Q20_4	Further symptoms after taking Amitriptyline	No .....1
15			Yes .....2
16			
17	Q20_5	Further symptoms after taking Mirtazapine	No .....1
18			Yes .....2
19			
20	Q20_6	Further symptoms after taking Desvenlafaxine	No .....1
21			Yes .....2
22			
23	Q20_7	Further symptoms after taking Citalopram	No .....1
24			Yes .....2
25			
26	Q20_8	Further symptoms after taking Fluoxetine	No .....1
27			Yes .....2
28			
29	Q20_9	Further symptoms after taking Duloxetine	No .....1
30			Yes .....2
31			
32	Q20_10	Further symptoms after taking Paroxetine	No .....1
33			Yes .....2
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1	Q21	How long did the improvement in symptoms you experienced after taking [X FROM Q10] last for?	
2			
3			
4	Q21_1	Duration of improvement from Sertraline	Less than a month .....1
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in symptoms .....7
11			
12			
13	Q21_2	Duration of improvement from Escitalopram	Less than a month .....1
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in symptoms .....7
20			
21			
22	Q21_3	Duration of improvement from Venlafaxine	Less than a month .....1
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in symptoms .....7
29			
30			
31	Q21_4	Duration of improvement from Amitriptyline	Less than a month .....1
32			1 to 2 months .....2
33			3 to 6 months .....3
34			7 to 12 months .....4
35			More than 12 months .....5
36			Not sure .....6
37			I didn't have any improvement in symptoms .....7
38			
39	Q21_5	Duration of improvement from Mirtazapine	Less than a month .....1
40			1 to 2 months .....2
41			3 to 6 months .....3
42			7 to 12 months .....4
43			More than 12 months .....5
44			Not sure .....6
45			I didn't have any improvement in symptoms .....7
46			
47			
48	Q21_6	Duration of improvement from Desvenlafaxine	Less than a month .....1
49			1 to 2 months .....2
50			3 to 6 months .....3
51			7 to 12 months .....4
52			More than 12 months .....5
53			Not sure .....6
54			I didn't have any improvement in symptoms .....7
55			
56	Q21_7	Duration of improvement from Citalopram	Less than a month .....1
57			1 to 2 months .....2
58			3 to 6 months .....3
59			7 to 12 months .....4
60			More than 12 months .....5
			Not sure .....6

1			I didn't have any improvement in symptoms .....7
2			
3			
4	Q21_8	Duration of improvement from Fluoxetine	Less than a month .....2
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in symptoms .....7
11			
12			
13	Q21_9	Duration of improvement from Duloxetine	Less than a month .....2
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in symptoms .....7
20			
21			
22	Q21_10	Duration of improvement from Paroxetine	Less than a month .....2
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in symptoms .....7
29			

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31 Q22\_1 Overall, how would you rate the benefits of taking \_\_\_\_\_ STARS  
 32 antidepressants?  
 33 (Lowest / worst rating = 1 star, highest / best rating =5 stars)  
 34

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36	Q23	What were the best aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken .</i> Please select all that apply.	
37			
38			
39			
40	Q23_1	Relief of depressive symptoms (low mood, sadness, loss of pleasure in life)	Yes .....1
41			
42	Q23_2	Relief of other key symptoms (e.g. sleep disturbance, anxiety, loss of sex drive)	Yes .....1
43			
44	Q23_3	Reduction in suicidal thinking or actions	Yes .....1
45	Q23_4	Return of normal emotions	Yes .....1
46	Q23_5	Improved relationships with those I am close to	Yes .....1
47	Q23_6	Getting back to normal daily activities	Yes .....1
48	Q23_7	Restored control over my mood and actions	Yes .....1
49	Q23_8	Other benefit	Yes .....1

50 Q23\_8\_TEXT Specified other benefit of antidepressant(s) \_\_\_\_\_

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54	Q24	Did you experience side effects from any antidepressant?	No .....1
55			Yes .....2

\*\*\*\*\*  
 IF NO SIDE EFFECTS (Q24 = 1), GO TO Q29  
 IF SIDE EFFECTS (Q24 = 2) BUT NO ANTIDEPRESSANT SELECTED AT Q10  
 (NONE OF Q10\_1 TO Q10\_10 = 1), GO TO Q27  
 ELSE CONTINUE  
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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_10 = 1), COMPLETE Q25  
\*\*\*\*\*

For peer review only

1			
2	Q25	Which side effects did you experience from the following	
3		antidepressant(s)? Please select all that apply.	
4			
5	Q25_1_1	Dry mouth from Sertraline	Yes .....1
6	Q25_1_2	Dry mouth from Escitalopram	Yes .....1
7	Q25_1_3	Dry mouth from Venlafaxine	Yes .....1
8	Q25_1_4	Dry mouth from Amitriptyline	Yes .....1
9	Q25_1_5	Dry mouth from Mirtazapine	Yes .....1
10	Q25_1_6	Dry mouth from Desvenlafaxine	Yes .....1
11	Q25_1_7	Dry mouth from Citalopram	Yes .....1
12	Q25_1_8	Dry mouth from Fluoxetine	Yes .....1
13	Q25_1_9	Dry mouth from Duloxetine	Yes .....1
14	Q25_1_10	Dry mouth from Paroxetine	Yes .....1
15			
16	Q25_2_1	Sweating from Sertraline	Yes .....1
17	Q25_2_2	Sweating from Escitalopram	Yes .....1
18	Q25_2_3	Sweating from Venlafaxine	Yes .....1
19	Q25_2_4	Sweating from Amitriptyline	Yes .....1
20	Q25_2_5	Sweating from Mirtazapine	Yes .....1
21	Q25_2_6	Sweating from Desvenlafaxine	Yes .....1
22	Q25_2_7	Sweating from Citalopram	Yes .....1
23	Q25_2_8	Sweating from Fluoxetine	Yes .....1
24	Q25_2_9	Sweating from Duloxetine	Yes .....1
25	Q25_2_10	Sweating from Paroxetine	Yes .....1
26			
27	Q25_3_1	Nausea from Sertraline	Yes .....1
28	Q25_3_2	Nausea from Escitalopram	Yes .....1
29	Q25_3_3	Nausea from Venlafaxine	Yes .....1
30	Q25_3_4	Nausea from Amitriptyline	Yes .....1
31	Q25_3_5	Nausea from Mirtazapine	Yes .....1
32	Q25_3_6	Nausea from Desvenlafaxine	Yes .....1
33	Q25_3_7	Nausea from Citalopram	Yes .....1
34	Q25_3_8	Nausea from Fluoxetine	Yes .....1
35	Q25_3_9	Nausea from Duloxetine	Yes .....1
36	Q25_3_10	Nausea from Paroxetine	Yes .....1
37			
38	Q25_4_1	Vomiting from Sertraline	Yes .....1
39	Q25_4_2	Vomiting from Escitalopram	Yes .....1
40	Q25_4_3	Vomiting from Venlafaxine	Yes .....1
41	Q25_4_4	Vomiting from Amitriptyline	Yes .....1
42	Q25_4_5	Vomiting from Mirtazapine	Yes .....1
43	Q25_4_6	Vomiting from Desvenlafaxine	Yes .....1
44	Q25_4_7	Vomiting from Citalopram	Yes .....1
45	Q25_4_8	Vomiting from Fluoxetine	Yes .....1
46	Q25_4_9	Vomiting from Duloxetine	Yes .....1
47	Q25_4_10	Vomiting from Paroxetine	Yes .....1
48			
49	Q25_5_1	Diarrhoea from Sertraline	Yes .....1
50	Q25_5_2	Diarrhoea from Escitalopram	Yes .....1
51	Q25_5_3	Diarrhoea from Venlafaxine	Yes .....1
52	Q25_5_4	Diarrhoea from Amitriptyline	Yes .....1
53	Q25_5_5	Diarrhoea from Mirtazapine	Yes .....1
54	Q25_5_6	Diarrhoea from Desvenlafaxine	Yes .....1
55	Q25_5_7	Diarrhoea from Citalopram	Yes .....1
56	Q25_5_8	Diarrhoea from Fluoxetine	Yes .....1
57	Q25_5_9	Diarrhoea from Duloxetine	Yes .....1
58	Q25_5_10	Diarrhoea from Paroxetine	Yes .....1
59			
60	Q25_6_1	Constipation from Sertraline	Yes .....1
	Q25_6_2	Constipation from Escitalopram	Yes .....1
	Q25_6_3	Constipation from Venlafaxine	Yes .....1
	Q25_6_4	Constipation from Amitriptyline	Yes .....1
	Q25_6_5	Constipation from Mirtazapine	Yes .....1



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2	Q25_6_6	Constipation from Desvenlafaxine	Yes .....1
3	Q25_6_7	Constipation from Citalopram	Yes .....1
4	Q25_6_8	Constipation from Fluoxetine	Yes .....1
5	Q25_6_9	Constipation from Duloxetine	Yes .....1
6	Q25_6_10	Constipation from Paroxetine	Yes .....1
7			
8	Q25_7_1	Headache from Sertraline	Yes .....1
9	Q25_7_2	Headache from Escitalopram	Yes .....1
10	Q25_7_3	Headache from Venlafaxine	Yes .....1
11	Q25_7_4	Headache from Amitriptyline	Yes .....1
12	Q25_7_5	Headache from Mirtazapine	Yes .....1
13	Q25_7_6	Headache from Desvenlafaxine	Yes .....1
14	Q25_7_7	Headache from Citalopram	Yes .....1
15	Q25_7_8	Headache from Fluoxetine	Yes .....1
16	Q25_7_9	Headache from Duloxetine	Yes .....1
17	Q25_7_10	Headache from Paroxetine	Yes .....1
18			
19	Q25_8_1	Dizziness from Sertraline	Yes .....1
20	Q25_8_2	Dizziness from Escitalopram	Yes .....1
21	Q25_8_3	Dizziness from Venlafaxine	Yes .....1
22	Q25_8_4	Dizziness from Amitriptyline	Yes .....1
23	Q25_8_5	Dizziness from Mirtazapine	Yes .....1
24	Q25_8_6	Dizziness from Desvenlafaxine	Yes .....1
25	Q25_8_7	Dizziness from Citalopram	Yes .....1
26	Q25_8_8	Dizziness from Fluoxetine	Yes .....1
27	Q25_8_9	Dizziness from Duloxetine	Yes .....1
28	Q25_8_10	Dizziness from Paroxetine	Yes .....1
29			
30	Q25_9_1	Shaking from Sertraline	Yes .....1
31	Q25_9_2	Shaking from Escitalopram	Yes .....1
32	Q25_9_3	Shaking from Venlafaxine	Yes .....1
33	Q25_9_4	Shaking from Amitriptyline	Yes .....1
34	Q25_9_5	Shaking from Mirtazapine	Yes .....1
35	Q25_9_6	Shaking from Desvenlafaxine	Yes .....1
36	Q25_9_7	Shaking from Citalopram	Yes .....1
37	Q25_9_8	Shaking from Fluoxetine	Yes .....1
38	Q25_9_9	Shaking from Duloxetine	Yes .....1
39	Q25_9_10	Shaking from Paroxetine	Yes .....1
40			
41	Q25_10_1	Muscle pain from Sertraline	Yes .....1
42	Q25_10_2	Muscle pain from Escitalopram	Yes .....1
43	Q25_10_3	Muscle pain from Venlafaxine	Yes .....1
44	Q25_10_4	Muscle pain from Amitriptyline	Yes .....1
45	Q25_10_5	Muscle pain from Mirtazapine	Yes .....1
46	Q25_10_6	Muscle pain from Desvenlafaxine	Yes .....1
47	Q25_10_7	Muscle pain from Citalopram	Yes .....1
48	Q25_10_8	Muscle pain from Fluoxetine	Yes .....1
49	Q25_10_9	Muscle pain from Duloxetine	Yes .....1
50	Q25_10_10	Muscle pain from Paroxetine	Yes .....1
51			
52	Q25_11_1	Drowsiness from Sertraline	Yes .....1
53	Q25_11_2	Drowsiness from Escitalopram	Yes .....1
54	Q25_11_3	Drowsiness from Venlafaxine	Yes .....1
55	Q25_11_4	Drowsiness from Amitriptyline	Yes .....1
56	Q25_11_5	Drowsiness from Mirtazapine	Yes .....1
57	Q25_11_6	Drowsiness from Desvenlafaxine	Yes .....1
58	Q25_11_7	Drowsiness from Citalopram	Yes .....1
59	Q25_11_8	Drowsiness from Fluoxetine	Yes .....1
60	Q25_11_9	Drowsiness from Duloxetine	Yes .....1
61	Q25_11_10	Drowsiness from Paroxetine	Yes .....1
62			
63	Q25_12_1	Difficulty getting to sleep from Sertraline	Yes .....1
64	Q25_12_2	Difficulty getting to sleep from Escitalopram	Yes .....1

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2	Q25_12_3	Difficulty getting to sleep from Venlafaxine	Yes .....1
3	Q25_12_4	Difficulty getting to sleep from Amitriptyline	Yes .....1
4	Q25_12_5	Difficulty getting to sleep from Mirtazapine	Yes .....1
5	Q25_12_6	Difficulty getting to sleep from Desvenlafaxine	Yes .....1
6	Q25_12_7	Difficulty getting to sleep from Citalopram	Yes .....1
7	Q25_12_8	Difficulty getting to sleep from Fluoxetine	Yes .....1
8	Q25_12_9	Difficulty getting to sleep from Duloxetine	Yes .....1
9	Q25_12_10	Difficulty getting to sleep from Paroxetine	Yes .....1
10	Q25_13_1	Increased anxiety from Sertraline	Yes .....1
11	Q25_13_2	Increased anxiety from Escitalopram	Yes .....1
12	Q25_13_3	Increased anxiety from Venlafaxine	Yes .....1
13	Q25_13_4	Increased anxiety from Amitriptyline	Yes .....1
14	Q25_13_5	Increased anxiety from Mirtazapine	Yes .....1
15	Q25_13_6	Increased anxiety from Desvenlafaxine	Yes .....1
16	Q25_13_7	Increased anxiety from Citalopram	Yes .....1
17	Q25_13_8	Increased anxiety from Fluoxetine	Yes .....1
18	Q25_13_9	Increased anxiety from Duloxetine	Yes .....1
19	Q25_13_10	Increased anxiety from Paroxetine	Yes .....1
20			
21	Q25_14_1	Agitation from Sertraline	Yes .....1
22	Q25_14_2	Agitation from Escitalopram	Yes .....1
23	Q25_14_3	Agitation from Venlafaxine	Yes .....1
24	Q25_14_4	Agitation from Amitriptyline	Yes .....1
25	Q25_14_5	Agitation from Mirtazapine	Yes .....1
26	Q25_14_6	Agitation from Desvenlafaxine	Yes .....1
27	Q25_14_7	Agitation from Citalopram	Yes .....1
28	Q25_14_8	Agitation from Fluoxetine	Yes .....1
29	Q25_14_9	Agitation from Duloxetine	Yes .....1
30	Q25_14_10	Agitation from Paroxetine	Yes .....1
31	Q25_15_1	Fatigue or weakness from Sertraline	Yes .....1
32	Q25_15_2	Fatigue or weakness from Escitalopram	Yes .....1
33	Q25_15_3	Fatigue or weakness from Venlafaxine	Yes .....1
34	Q25_15_4	Fatigue or weakness from Amitriptyline	Yes .....1
35	Q25_15_5	Fatigue or weakness from Mirtazapine	Yes .....1
36	Q25_15_6	Fatigue or weakness from Desvenlafaxine	Yes .....1
37	Q25_15_7	Fatigue or weakness from Citalopram	Yes .....1
38	Q25_15_8	Fatigue or weakness from Fluoxetine	Yes .....1
39	Q25_15_9	Fatigue or weakness from Duloxetine	Yes .....1
40	Q25_15_10	Fatigue or weakness from Paroxetine	Yes .....1
41			
42	Q25_16_1	Weight gain from Sertraline	Yes .....1
43	Q25_16_2	Weight gain from Escitalopram	Yes .....1
44	Q25_16_3	Weight gain from Venlafaxine	Yes .....1
45	Q25_16_4	Weight gain from Amitriptyline	Yes .....1
46	Q25_16_5	Weight gain from Mirtazapine	Yes .....1
47	Q25_16_6	Weight gain from Desvenlafaxine	Yes .....1
48	Q25_16_7	Weight gain from Citalopram	Yes .....1
49	Q25_16_8	Weight gain from Fluoxetine	Yes .....1
50	Q25_16_9	Weight gain from Duloxetine	Yes .....1
51	Q25_16_10	Weight gain from Paroxetine	Yes .....1
52	Q25_17_1	Weight loss from Sertraline	Yes .....1
53	Q25_17_2	Weight loss from Escitalopram	Yes .....1
54	Q25_17_3	Weight loss from Venlafaxine	Yes .....1
55	Q25_17_4	Weight loss from Amitriptyline	Yes .....1
56	Q25_17_5	Weight loss from Mirtazapine	Yes .....1
57	Q25_17_6	Weight loss from Desvenlafaxine	Yes .....1
58	Q25_17_7	Weight loss from Citalopram	Yes .....1
59	Q25_17_8	Weight loss from Fluoxetine	Yes .....1
60	Q25_17_9	Weight loss from Duloxetine	Yes .....1
	Q25_17_10	Weight loss from Paroxetine	Yes .....1

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Q25_18_1	Rash from Sertraline	Yes .....1
Q25_18_2	Rash from Escitalopram	Yes .....1
Q25_18_3	Rash from Venlafaxine	Yes .....1
Q25_18_4	Rash from Amitriptyline	Yes .....1
Q25_18_5	Rash from Mirtazapine	Yes .....1
Q25_18_6	Rash from Desvenlafaxine	Yes .....1
Q25_18_7	Rash from Citalopram	Yes .....1
Q25_18_8	Rash from Fluoxetine	Yes .....1
Q25_18_9	Rash from Duloxetine	Yes .....1
Q25_18_10	Rash from Paroxetine	Yes .....1
Q25_19_1	Runny nose from Sertraline	Yes .....1
Q25_19_2	Runny nose from Escitalopram	Yes .....1
Q25_19_3	Runny nose from Venlafaxine	Yes .....1
Q25_19_4	Runny nose from Amitriptyline	Yes .....1
Q25_19_5	Runny nose from Mirtazapine	Yes .....1
Q25_19_6	Runny nose from Desvenlafaxine	Yes .....1
Q25_19_7	Runny nose from Citalopram	Yes .....1
Q25_19_8	Runny nose from Fluoxetine	Yes .....1
Q25_19_9	Runny nose from Duloxetine	Yes .....1
Q25_19_10	Runny nose from Paroxetine	Yes .....1
Q25_20_1	Reduced sexual desire / function from Sertraline	Yes .....1
Q25_20_2	Reduced sexual desire / function from Escitalopram	Yes .....1
Q25_20_3	Reduced sexual desire / function from Venlafaxine	Yes .....1
Q25_20_4	Reduced sexual desire / function from Amitriptyline	Yes .....1
Q25_20_5	Reduced sexual desire / function from Mirtazapine	Yes .....1
Q25_20_6	Reduced sexual desire / function from Desvenlafaxine	Yes .....1
Q25_20_7	Reduced sexual desire / function from Citalopram	Yes .....1
Q25_20_8	Reduced sexual desire / function from Fluoxetine	Yes .....1
Q25_20_9	Reduced sexual desire / function from Duloxetine	Yes .....1
Q25_20_10	Reduced sexual desire / function from Paroxetine	Yes .....1
Q25_21_1	Blurred vision from Sertraline	Yes .....1
Q25_21_2	Blurred vision from Escitalopram	Yes .....1
Q25_21_3	Blurred vision from Venlafaxine	Yes .....1
Q25_21_4	Blurred vision from Amitriptyline	Yes .....1
Q25_21_5	Blurred vision from Mirtazapine	Yes .....1
Q25_21_6	Blurred vision from Desvenlafaxine	Yes .....1
Q25_21_7	Blurred vision from Citalopram	Yes .....1
Q25_21_8	Blurred vision from Fluoxetine	Yes .....1
Q25_21_9	Blurred vision from Duloxetine	Yes .....1
Q25_21_10	Blurred vision from Paroxetine	Yes .....1
Q25_22_1	Suicidal thoughts from Sertraline	Yes .....1
Q25_22_2	Suicidal thoughts from Escitalopram	Yes .....1
Q25_22_3	Suicidal thoughts from Venlafaxine	Yes .....1
Q25_22_4	Suicidal thoughts from Amitriptyline	Yes .....1
Q25_22_5	Suicidal thoughts from Mirtazapine	Yes .....1
Q25_22_6	Suicidal thoughts from Desvenlafaxine	Yes .....1
Q25_22_7	Suicidal thoughts from Citalopram	Yes .....1
Q25_22_8	Suicidal thoughts from Fluoxetine	Yes .....1
Q25_22_9	Suicidal thoughts from Duloxetine	Yes .....1
Q25_22_10	Suicidal thoughts from Paroxetine	Yes .....1
Q25_23_1	Attempted suicide from Sertraline	Yes .....1
Q25_23_2	Attempted suicide from Escitalopram	Yes .....1
Q25_23_3	Attempted suicide from Venlafaxine	Yes .....1
Q25_23_4	Attempted suicide from Amitriptyline	Yes .....1
Q25_23_5	Attempted suicide from Mirtazapine	Yes .....1
Q25_23_6	Attempted suicide from Desvenlafaxine	Yes .....1
Q25_23_7	Attempted suicide from Citalopram	Yes .....1

1			
2	Q25_23_8	Attempted suicide from Fluoxetine	Yes .....1
3	Q25_23_9	Attempted suicide from Duloxetine	Yes .....1
4	Q25_23_10	Attempted suicide from Paroxetine	Yes .....1
5			
6	Q25_24_1	Other side effect from Sertraline	Yes .....1
7	Q25_24_2	Other side effect from Escitalopram	Yes .....1
8	Q25_24_3	Other side effect from Venlafaxine	Yes .....1
9	Q25_24_4	Other side effect from Amitriptyline	Yes .....1
10	Q25_24_5	Other side effect from Mirtazapine	Yes .....1
11	Q25_24_6	Other side effect from Desvenlafaxine	Yes .....1
12	Q25_24_7	Other side effect from Citalopram	Yes .....1
13	Q25_24_8	Other side effect from Fluoxetine	Yes .....1
14	Q25_24_9	Other side effect from Duloxetine	Yes .....1
15	Q25_24_10	Other side effect from Paroxetine	Yes .....1
16	Q25_25_1	No side effects from Sertraline	Yes .....1
17	Q25_25_2	No side effects from Escitalopram	Yes .....1
18	Q25_25_3	No side effects from Venlafaxine	Yes .....1
19	Q25_25_4	No side effects from Amitriptyline	Yes .....1
20	Q25_25_5	No side effects from Mirtazapine	Yes .....1
21	Q25_25_6	No side effects from Desvenlafaxine	Yes .....1
22	Q25_25_7	No side effects from Citalopram	Yes .....1
23	Q25_25_8	No side effects from Fluoxetine	Yes .....1
24	Q25_25_9	No side effects from Duloxetine	Yes .....1
25	Q25_25_10	No side effects from Paroxetine	Yes .....1

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\*\*\*\*\*  
 FOR EACH ANTIDEPRESSANT WITH NOMINATED SIDE-EFFECTS  
 (ANY OF Q25\_1\_1 TO Q25\_124\_10 = 1), COMPLETE Q26  
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Peer review only

1	Q26	Did you have to stop taking any antidepressant because of side effects?	
2			
3			
4	Q26_1	Stopped taking Sertraline because of side effects	No .....1
5			Yes .....2
6			
7	Q26_2	Stopped taking Escitalopram because of side effects	No .....1
8			Yes .....2
9			
10	Q26_3	Stopped taking Venlafaxine because of side effects	No .....1
11			Yes .....2
12			
13	Q26_4	Stopped taking Amitriptyline because of side effects	No .....1
14			Yes .....2
15			
16	Q26_5	Stopped taking Mirtazapine because of side effects	No .....1
17			Yes .....2
18			
19	Q26_6	Stopped taking Desvenlafaxine because of side effects	No .....1
20			Yes .....2
21			
22	Q26_7	Stopped taking Citalopram because of side effects	No .....1
23			Yes .....2
24			
25	Q26_8	Stopped taking Fluoxetine because of side effects	No .....1
26			Yes .....2
27			
28	Q26_9	Stopped taking Duloxetine because of side effects	No .....1
29			Yes .....2
30			
31	Q26_10	Stopped taking Paroxetine because of side effects	No .....1
32			Yes .....2

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34 Q27\_1 Overall, how would you rate the side-effects of taking antidepressants? \_\_ STARS

35

36 Lowest / worst rating (for example, very bad side effects)

37 = 1 star, highest / best rating (for example, no side effects or

38 only very mild side effects) = 5 stars

39

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41	Q28	What were the worst aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken.</i>	
42		Please select all that apply.	
43			
44			
45	Q28_1	New side-effects like nausea, headache, drowsiness, fatigue, sexual dysfunction	Yes .....1
46			
47	Q28_2	Increased depressive symptoms like anxiety, agitation, sleep disturbance	Yes .....1
48			
49	Q28_3	Knowing that I needed to take medications to get well	Yes .....1
50	Q28_4	Telling others that I needed to take medications	Yes .....1
51	Q28_5	Increased suicidal thoughts or actions	Yes .....1
52	Q28_6	Interfered with my capacity to do normal daily activities	Yes .....1
53	Q28_7	Increased direct costs (e.g seeing doctors, buying medications)	Yes .....1
54	Q28_8	Other	Yes .....1
55			
56	Q28_8_TEXT	Other worst aspect	_____

---

1  
2  
3 Q43 The next section asks about experiences you might have had with common mental health problems. Have you ever had a time in your life when you felt depressed (e.g. sad, empty or hopeless) for two weeks or more in a row? No .....1  
4 Yes .....2  
5  
6

7  
8  
9 Q44 Have you ever had a time in your life lasting two weeks or more when you lost interest in all or almost all activities (things like hobbies, work, sport, socialising or other activities that you usually enjoyed)? No .....1  
10 Yes .....2  
11  
12

13 \*\*\*\*\*  
14 IF (Q43 = 2 OR Q44 = 2) THEN CONTINUE  
15 IF (Q43 = 1 AND Q44 = 1) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
16 ELSE GO TO Q70.  
17 \*\*\*\*\*

18  
19  
20 Q45 Please think of the period in your life, lasting at least two weeks, when your feelings of depression or loss of interest were worst. How much of the day did these feelings usually last? All day long .....1  
21 Most of the day .....2  
22 About half of the day .....3  
23 Less than half of the day .....4  
24

25 \*\*\*\*\*  
26 IF MOST OF THE DAY OR MORE (Q45 = 1 OR 2) THEN CONTINUE.  
27 IF HALF THE DAY OR LESS (Q45 = 3 OR 4) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
28 ELSE GO TO Q70.  
29 \*\*\*\*\*

30  
31  
32 Q46 During this period when your feelings of depression or loss of interest were worst, did you feel this way...? Every day .....1  
33 Almost every day .....2  
34 Less often .....3  
35

36 \*\*\*\*\*  
37 IF ALMOST EVERY DAY OR MORE (Q46 = 1 OR Q46 = 2) CONTINUE.  
38 IF LESS OFTEN (Q46 = 3) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
39 ELSE GO TO Q70.  
40 \*\*\*\*\*

41  
42  
43 Q47 Did you gain or lose weight without trying, or did you stay about the same? Gained .....1  
44 Lost .....2  
45 Both gained and lost weight .....3  
46 Stayed about the same .....4  
47 Was on a diet at the time .....5  
48

49 \*\*\*\*\*  
50 IF GAINED AND/OR LOST WEIGHT (Q47 = 1, 2 OR 3) THEN CONTINUE  
51 ELSE GO TO Q49  
52 \*\*\*\*\*

53  
54  
55 Q48 About how much did your weight change? Please enter your response in kilograms. \_\_\_/\_\_\_/\_\_\_ KILOGRAMS  
56  
57  
58  
59  
60

1 Q49 Was your appetite substantially different from your usual No .....1  
 2 appetite nearly every day for at least two weeks during that Yes .....2  
 3 period of time?  
 4  
 5

6 Q50 Did you have more difficulty falling asleep or staying asleep No .....1  
 7 than usual? Yes .....2  
 8

9 \*\*\*\*\*  
 10 IF YES (Q50 = 2) THEN CONTINUE, ELSE GO TO Q52  
 11 \*\*\*\*\*  
 12

13 Q51 How often did you have these difficulties with sleep? Every night .....1  
 14 Nearly every night .....2  
 15 Less often .....3  
 16  
 17

18 Q52 Were you sleeping much more than usual? No .....1  
 19 Yes .....2  
 20

21 \*\*\*\*\*  
 22 IF YES (Q52 = 2) THEN CONTINUE, ELSE GO TO Q54  
 23 \*\*\*\*\*  
 24

25 Q53 How often were you sleeping much more than usual? Every night .....1  
 26 Nearly every night .....2  
 27 Less often .....3  
 28

29 Q54 During that period, were you so fidgety or restless that you were No .....  
 30 unable to sit still? Yes .....2  
 31

32 Q55 Were you talking or moving much more slowly than is normal for you? No .....  
 33 Yes .....2  
 34

35 Q56 Did you feel fatigued or have less energy than usual? No .....1  
 36 Yes .....2  
 37

38 Q57 Did you feel worthless or guilty? No .....1  
 39 Yes .....2  
 40

41 Q58 Did you have difficulty thinking, concentrating or making No .....1  
 42 decisions? Yes .....2  
 43

44 Q59 Did you think a lot about death - either your own, someone No .....1  
 45 else's, or death in general? Yes .....2  
 46

47 Q60 How long did that period of time last, in weeks? \_\_\_/\_\_\_/\_\_\_ WEEKS  
 48  
 49  
 50  
 51  
 52  
 53  
 54  
 55



1  
2  
3 Q61 About how old were you when you experienced this worst \_\_\_\_\_ YEARS  
4 period?  
5

6  
7 Q62 Did this worst period start within 2 months of the death of No .....1  
8 someone close to you or after a stressful or traumatic event Yes .....2  
9 in your life?  
10

11  
12 Q63 During that time, did you seek help from a doctor or other No .....1  
13 health professional? Yes .....2  
14

15  
16 Q64 How many periods have you had in your life where you felt \_\_\_\_\_ PERIODS  
17 depressed or lost interest in things every day or nearly every  
18 day for at least two weeks?  
19

20  
21 Q65\_n How old were you the first time you had a period of at least \_\_\_\_\_ YEARS  
22 two weeks like this (whether or not you received any help for  
23 it)? Please put your age in years. An approximate age is fine.  
24

25  
26 Q66\_n How old were you the last time you had a period of at least \_\_\_\_\_ YEARS  
27 two weeks like this (whether or not you received any help for  
28 it)? Please put your age in years. An approximate age is fine.  
29

30  
31 \*\*\*\*\*  
32 IF FEMALE (Q4 = 2) AND HAS EVER BEEN PREGNANT (Q7 = 2) THEN CONTINUE  
33 ELSE GO TO Q70  
34 \*\*\*\*\*

35  
36 Q67 Did any of your periods of depression (lasting two weeks  
37 or more) start during pregnancy or within the weeks or  
38 months following delivery? (If you experienced this in  
39 more than one pregnancy / after more than one delivery,  
40 please select all that apply.)

41 Q67\_1 No depression during or shortly after pregnancy .....1  
42 Q67\_2 Depression during pregnancy .....1  
43 Q67\_3 Depression within 4 weeks of delivery .....1  
44 Q67\_4 Depression between 4 and 6 weeks after delivery .....1  
45 Q67\_5 Depression between 6 weeks and 3 months after delivery .....1  
46 Q67\_6 Depression between 3 and 6 months after delivery .....1  
47

48 \*\*\*\*\*  
49 IF NO (Q67\_1 = 1) GO TO Q469, ELSE CONTINUE  
50 \*\*\*\*\*  
51

52  
53 Q68 Were you ever treated for post-natal depression? No .....1  
54 Yes .....2  
55

56  
57 Q69 Have you ever had any periods of depression (lasting two No .....1  
58 weeks or more) that did not start during pregnancy or within Yes .....2  
59 the weeks or months following delivery?  
60



The next few questions are about your experiences during and soon after pregnancy.

Q469 Are you currently pregnant? No .....1  
 Yes .....2

\*\*\*\*\*  
 IF YES (Q469 = 2) THEN CONTINUE, ELSE GO TO Q471  
 \*\*\*\*\*

Q347 How many times have you been pregnant? (please include your current pregnancy.) If you're unsure, please provide your best estimate. 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13+

\*\*\*\*\*  
 IF Q347 = 2 OR MORE, CONTINUE, ELSE GO TO Q349  
 \*\*\*\*\*

Q470 How many of your previous pregnancies have resulted in live births (including caesarean section)? *Please DO NOT include your current pregnancy.* [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347] 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13+

\*\*\*\*\*  
 GO TO Q349  
 \*\*\*\*\*

1			
2	Q471	How many times have you been pregnant? If you're unsure, please	1
3		provide your best estimate.	2
4			3
5			4
6			5
7			6
8			7
9			8
10			9
11			10
12			11
13			12
14			13+

---

16	Q348	How many of these pregnancies resulted in live births (including	0
17		caesarean section)? [NUMBER MUST BE LESS THAN OR EQUAL	1
18		TO RESPONSE TO Q471]	2
19			3
20			4
21			5
22			6
23			7
24			8
25			9
26			10
27			11
28			12
29			13+

---

33	Q349	Have you ever been pregnant with twins (or triplets, etc.)?	
34		No .....	1
35		Yes, twins .....	2
36		Yes, triplets (or more than	
37		triplets).....	3
38		Don't know.....	4
39		*****	
40		IF TWINS (Q349 = 2) THEN CONTINUE	
41		ELSE IF TRIPLETS OR MORE (Q349 = 3) THEN GO TO Q351	
42		ELSE GO TO Q364	
43		*****	

---

45	Q350	Are your twins?	
46		Identical (frequently mistaken	
47		by people who know them)? .....	1
48		Non-identical (no more alike	
49		than normal brothers or	
50		sisters)?.....	2
51		Unsure .....	3
52		*****	
53		GO TO Q352	
54		*****	

---

1  
2  
3 Q351 Are your triplets (or quads, etc.)? All identical (frequently mistaken  
4 by people who know them)? .....1  
5 All non-identical (no more alike  
6 than normal brothers or  
7 sisters)?.....2  
8 Some are identical to each other,  
9 but not all .....3  
10 Unsure .....4

---

11  
12 Q352 Were the twins (or triplets, etc.) conceived with the help of No .....1  
13 assisted reproduction technologies, such as IVF, hormone Yes .....2  
14 treatment or alternative/natural fertility treatment? Unsure .....3  
15

---

16  
17 Q364 During how many of your pregnancies did you feel sad, miserable, or 0  
18 very anxious? By this we mean a period of at least 2 weeks when you 1  
19 were not yourself and which was worse than the normal ups and downs 2  
20 of life. [NUMBER MUST BE LESS THAN OR EQUAL TO 3  
21 RESPONSE TO Q347/Q471] 4  
22 5  
23 6  
24 7  
25 8  
26 9  
27 10  
28 11  
29 12  
30 13+  
31

---

32  
33 \*\*\*\*\*  
34 IF NO PREGNANCIES (Q364 = 0) GO TO Q354 (MORNING SICKNESS).  
35 IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
36 ELSE GO TO Q366  
37 \*\*\*\*\*

38  
39  
40 Q365 After how many of your deliveries, within the first six months postpartum, 0  
41 did you feel sad, miserable, or very anxious? By this we mean a period of 1  
42 at least 2 weeks, when you were not yourself and which was worse than the 2  
43 normal ups and downs of life. [NUMBER MUST BE LESS THAN OR 3  
44 EQUAL TO RESPONSE TO Q347/Q471] 4  
45 5  
46 6  
47 7  
48 8  
49 9  
50 10  
51 11  
52 12  
53 13+

---

54  
55 \*\*\*\*\*  
56 IF EVER DEPRESSED DURING OR SOON AFTER PREGNANCY  
57 (Q364 > 0 OR Q365 > 0) THEN CONTINUE  
58 ELSE GO TO Q353  
59 \*\*\*\*\*  
60

1			
2			
3	Q366	Please think about the worst episode during pregnancy or after delivery.	
4		During the worst episode of feeling sad, miserable, or very anxious during	
5		pregnancy or following delivery, how often:	
6			
7		Q366A Did you feel able to laugh or see the funny side of things?	Never .....1
8			Rarely .....2
9			Sometimes .....3
10			Often .....4
11		Q366B Were you able to look forward to things with excitement?	Never .....1
12			Rarely .....2
13			Sometimes .....3
14			Often .....4
15			
16		Q366C Did you blame yourself unnecessarily when things went wrong?	Never .....1
17			Rarely .....2
18			Sometimes .....3
19			Often .....4
20			
21		Q366D Were you anxious or worried for no good reason?	Never .....1
22			Rarely .....2
23			Sometimes .....3
24			Often .....4
25			
26		Q366E Did you feel scared or panicky for no good reason?	Never .....1
27			Rarely .....2
28			Sometimes .....3
29			Often .....4
30			
31		Q366F Did you feel overwhelmed?	Never .....1
32			Rarely .....2
33			Sometimes .....3
34			Often .....4
35			
36		Q366G Were you so unhappy that you had difficulty sleeping?	Never .....1
37			Rarely .....2
38			Sometimes .....3
39			Often .....4
40			
41		Q366H Did you feel sad or miserable?	Never .....1
42			Rarely .....2
43			Sometimes .....3
44			Often .....4
45			
46		Q366I Were you so unhappy that you cried?	Never .....1
47			Rarely .....2
48			Sometimes .....3
49			Often .....4
50			
51		Q366J Did the thought of harming yourself occur to you?	Never .....1
52			Rarely .....2
53			Sometimes .....3
54			Often .....4
55	<hr/>		
56			
57			
58			
59			
60			

1 Q367 During the worst episode of feeling sad, miserable, or very anxious during pregnancy or following delivery:

2

3 Q367A Were the symptoms so severe that you sought professional help? No .....1

4 Yes .....2

5

6 Q367B Did the symptoms cause you problems or interfere with your No .....1

7 day-to-day life? Yes .....2

8

9 Q367C Did you require psychiatric hospitalisation because of these No .....1

10 symptoms? Yes .....2

11

---

12

13 Q368 Did you receive any form of treatment such as counselling or medication No treatment .....1

14 because of depression during pregnancy or following delivery? Counselling .....2

15 Medication .....3

16 Counselling and medication .....4

17

---

18

19 Q369 During the worst episode - when did these symptoms begin? During pregnancy .....1

20 After delivery .....2

21

22 \*\*\*\*\*

23 IF DURING PREGNANCY (Q369 = 1) THEN CONTINUE

24 IF AFTER DELIVERY (Q369 = 2) THEN GO TO Q371

25 \*\*\*\*\*

26

27

28 Q370 At approximately what stage of pregnancy did the symptoms begin? 1st trimester .....1

29 2nd trimester .....2

30 3rd trimester .....3

31

32 \*\*\*\*\*

33 GO TO Q372

34 \*\*\*\*\*

35

36

37 Q371 Approximately how long after delivery did the symptoms begin? 0 - 4 weeks .....1

38 1 - 3 months .....2

39 More than 3 months after deliver...3

40

---

41

42 Q372 During the worst episode, how long did these symptoms last? Up to 2 weeks .....1

43 2 - 4 weeks .....2

44 1 - 3 months .....3

45 3 - 6 months .....4

46 More than 6 months .....5

47

---

48 Q373 How old were you during the worst episode? \_\_\_/\_\_\_ YEARS

49

---

50

51

52

53

54 Q353 While many women experience morning sickness, there are No .....1

55 differences in how severe morning sickness is. Did you have any Yes .....2

56 morning sickness, nausea or vomiting during any of your

57 pregnancies?

58

59 \*\*\*\*\*

60 IF YES (Q353 = 2) THEN CONTINUE, ELSE GO TO Q361

\*\*\*\*\*

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\*\*\*\*\*  
IF PREGNANT MORE THAN ONCE (Q347 > 1 OR Q471>1) THEN CONTINUE  
ELSE GO TO Q355  
\*\*\*\*\*

Q354 Thinking about all of the pregnancies you have had, during which pregnancy did you have the worst morning sickness? Please provide your answer as a number - for example answer 1 for your first pregnancy. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347/Q471]

1  
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9  
10  
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12  
13+

For peer review only

1 Q355 Thinking back to each pregnancy, which of the following best describes  
 2 your experience: Please choose one option for each pregnancy listed.  
 3

4 Q355A 1st pregnancy

- 5 I did not have any nausea  
 6 or vomiting. ....1  
 7 Nausea and/or vomiting for less  
 8 than 7 days, but I didn't see a  
 9 doctor about this and it didn't  
 10 disrupt my daily routine. ....2  
 11 Nausea and/or vomiting for more  
 12 than 7 days, but I didn't see a  
 13 doctor about this. It didn't  
 14 disrupt my daily routine. ....3  
 15 It disrupted my daily routine  
 16 but it didn't affect my weight  
 17 and I didn't need medication  
 18 to manage it. ....4  
 19 It really disrupted my daily  
 20 routine and I was prescribed  
 21 medication (or was put on a drip)  
 22 but it didn't lead to weight loss. ....5  
 23 It really disrupted my daily  
 24 routine. I lost weight. I was  
 25 prescribed medication or was  
 26 put on a drip or feeding tube. ....6  
 27 I don't remember or am unsure. ....7

28 Q355B Pregnancy with worst morning sickness [IF Q354 > 1]

- 29 I did not have any nausea  
 30 or vomiting. ....1  
 31 Nausea and/or vomiting for less  
 32 than 7 days, but I didn't see a  
 33 doctor about this and it didn't  
 34 disrupt my daily routine. ....2  
 35 Nausea and/or vomiting for more  
 36 than 7 days, but I didn't see a  
 37 doctor about this. It didn't  
 38 disrupt my daily routine. ....3  
 39 It disrupted my daily routine  
 40 but it didn't affect my weight  
 41 and I didn't need medication  
 42 to manage it. ....4  
 43 It really disrupted my daily  
 44 routine and I was prescribed  
 45 medication (or was put on a drip)  
 46 but it didn't lead to weight loss. ....5  
 47 It really disrupted my daily  
 48 routine. I lost weight. I was  
 49 prescribed medication or was  
 50 put on a drip or feeding tube. ....6  
 51 I don't remember or am unsure. ....7
- 
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21
- Q356 There are also differences in how long morning sickness lasts. Thinking back to each pregnancy listed, did you have any morning sickness ...
- Q356A In the first trimester (weeks 1 – 12) of the 1st pregnancy No .....1  
Yes .....2
- Q356B In the second trimester (weeks 13-24) of the 1st pregnancy No .....1  
Yes .....2
- Q356C In the third trimester (weeks 25 - birth) of the 1st pregnancy No .....1  
Yes .....2
- Q356D In the first trimester (weeks 1 – 12) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- Q356E In the second trimester (weeks 13-24) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- Q356F In the third trimester (weeks 25 - birth) of the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- 

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31
- Q357 Did you go to a hospital because of nausea or vomiting during each pregnancy listed (even if you weren't admitted)?
- Q357A In your 1st pregnancy No .....1  
Yes .....2
- Q357A In the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
Yes .....2
- 

- 32  
33  
34  
35  
36  
37  
38
- Q358 How old were you at the start of ...
- Q358A Your 1st pregnancy \_\_\_/\_\_\_ YEARS
- Q358B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_\_/\_\_\_ YEARS
- 

39  
40  
41  
42  
43

\*\*\*\*\*  
IF NEVER MULTIPLE PREGNANCY (Q349 ≠ 2 OR 3) THEN CONTINUE  
ELSE GO TO Q360  
\*\*\*\*\*

- 44  
45  
46  
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48  
49  
50  
51  
52  
53
- Q359 Were you pregnant with ...
- Q359A 1st pregnancy A boy .....1  
A girl .....2  
Don't know.....3
- Q359B The pregnancy with the worst morning sickness [IF Q354 > 1] A boy .....1  
A girl .....2  
Don't know.....3

54  
55  
56  
57

\*\*\*\*\*  
GO TO Q361  
\*\*\*\*\*

---



1 Q360 Were you pregnant with ...  
 2  
 3 Q360A 1st pregnancy \_\_ BOYS  
 4 \_\_ GIRLS  
 5 \_\_ UNKNOWN SEX  
 6  
 7 Q360B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_ BOYS  
 8 \_\_ GIRLS  
 9 \_\_ UNKNOWN SEX  
 10

11  
 12 \*\*\*\*\*  
 13 IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
 14 ELSE GO TO Q70  
 15 \*\*\*\*\*

16  
 17  
 18  
 19 Q361 Did you breastfeed any of your children? Please include any None of my children were  
 20 breastfeeding even if you were also bottle-feeding. breastfed .....1  
 21 Only some of my children were  
 22 breastfed .....2  
 23 All of my children were breastfed ..3  
 24

25 \*\*\*\*\*  
 26 IF ONLY SOME (Q361 = 2) THEN CONTINUE  
 27 IF ALL (Q361 = 3) GO TO Q363  
 28 IF NONE (Q361 = 1) GO TO Q70  
 29 \*\*\*\*\*

30  
 31  
 32 Q362 Did you breastfeed your first child? Please include any breastfeeding No .....1  
 33 even if you were also bottle-feeding. Yes .....2  
 34

35 \*\*\*\*\*  
 36 IF YES (Q359 = 2) THEN CONTINUE, ELSE GO TO Q70  
 37 \*\*\*\*\*

38  
 39  
 40 Q363 How long (in months) did you breastfeed your first child for? Please \_\_/\_ MONTHS  
 41 include any breastfeeding even if you were also bottle-feeding.  
 42  
 43

44  
 45 Q70 As stated in the consent form you read before commencing the questionnaire, all of the information you provide  
 46 is kept confidential, unless someone is at risk of serious harm. Your responses to the questions in the next  
 47 section will be reviewed by one of our staff, who may contact you if your responses indicate you are at risk of  
 48 serious harm.  
 49

50  
 51 Q71 Have you ever injured yourself on purpose? No .....1  
 52 Yes .....2  
 53

54 \*\*\*\*\*  
 55 IF YES (Q71 = 2) CONTINUE, ELSE GO TO Q73  
 56 \*\*\*\*\*

1			
2			
3	Q72	Did you intend to ...	
4			
5	Q72_2	... experience pain or suffering as a result of your self-injury?	Not at all .....1
6			[unlabelled intermediate] .....2
7			[unlabelled intermediate] .....3
8			[unlabelled intermediate] .....4
9			Very much .....5
10			
11	Q72_9	... die as a result of your self-injury?	Not at all .....1
12			[unlabelled intermediate] .....2
13			[unlabelled intermediate] .....3
14			[unlabelled intermediate] .....4
15			Very much .....5

16			
17	Q73	In the past month, how often have you had thoughts about suicide?	Never .....1
18			[unlabelled intermediate] .....2
19			[unlabelled intermediate] .....3
20			[unlabelled intermediate] .....4
21			[unlabelled intermediate] .....5
22			[unlabelled intermediate] .....6
23			[unlabelled intermediate] .....7
24			[unlabelled intermediate] .....8
25			[unlabelled intermediate] .....9
26			[unlabelled intermediate] .....10
27			Always .....11

\*\*\*\*\*  
 IF NEVER (Q73 = 1) GO TO Q78, ELSE CONTINUE  
 \*\*\*\*\*

28			
29			
30			
31			
32			
33	Q74	In the past month, how much control have you had over these thoughts?	No control / do not control .....1
34			[unlabelled intermediate] .....2
35			[unlabelled intermediate] .....3
36			[unlabelled intermediate] .....4
37			[unlabelled intermediate] .....5
38			[unlabelled intermediate] .....6
39			[unlabelled intermediate] .....7
40			[unlabelled intermediate] .....8
41			[unlabelled intermediate] .....9
42			[unlabelled intermediate] .....10
43			Full control .....11

44			
45			
46	Q75	In the past month, how close have you come to making a suicide attempt?	Not at all close .....1
47			[unlabelled intermediate] .....2
48			[unlabelled intermediate] .....3
49			[unlabelled intermediate] .....4
50			[unlabelled intermediate] .....5
51			[unlabelled intermediate] .....6
52			[unlabelled intermediate] .....7
53			[unlabelled intermediate] .....8
54			[unlabelled intermediate] .....9
55			[unlabelled intermediate] .....10
56			Have made an attempt .....11

1 2 3 4 5 6 7 8 9 10 11 12 13	Q76	In the past month, to what extent have you felt tormented by thoughts of suicide?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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14 15 16 17 18 19 20 21 22 23 24 25 26	Q77	In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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27 28 29 30	Q78	Have you ever seriously thought about killing yourself?	No .....1 Yes .....2
----------------------	-----	---	-------------------------

31 32 33 34	Q79	Have you ever made a plan about how you would kill yourself?	No .....1 Yes .....2
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35 36 37	Q80	How many times have you actually tried to kill yourself? _____/____/____ TIMES
----------------	-----	--

\*\*\*\*\*  
 IF EVER SERIOUS SUICIDAL THOUGHTS, PLANS OR ACTIONS  
 (Q78 = 2 OR Q79 = 2 OR Q80 > 0) CONTINUE  
 ELSE IF ANY SUICIDAL THOUGHTS IN PAST MONTH (Q73 > 1) GO TO Q82  
 ELSE GO TO Q84  
 \*\*\*\*\*

38 39 40 41 42 43 44 45 46 47 48 49	Q81_n	What was the earliest age at which you had serious thoughts about killing yourself, made a plan about how you would kill yourself, or actually tried to kill yourself? _____ YEARS
--	-------	--

1  
2  
3 Q82 You may find it helpful to talk to a Lifeline counsellor. Autocoded .....1  
4 Lifeline have telephone counsellors, available 24 hours a  
5 day, who are trained and have experience talking with people  
6 who are having difficulties and who feel so bad that taking  
7 their own life sometimes seems to be the only answer. Even  
8 more importantly, the counsellors can give you ideas about  
9 where and how to get further help. Contact details for Lifeline  
10 are below, so please write them down.  
11 PHONE NUMBER FOR LIFELINE: 13 11 14  
12 WEBSITE: www.lifeline.org.au  
13 General information about mental health can be found at:  
14 BEYOND BLUE WEBSITE: www.beyondblue.org.au

15  
16 Q83 Have any of your first degree relatives (that is a parent, No .....1  
17 brother, sister or child) ever been diagnosed with a mental Yes .....2  
18 health disorder?  
19

20 \*\*\*\*\*

21 IF ANY FIRST DEGREE RELATIVES DIAGNOSED (Q83 = 2)  
22 CONTINUE, ELSE GO TO Q85

23 \*\*\*\*\*

24  
25  
26 Q84 Which mental health disorders has/have your first degree  
27 relative(s) been diagnosed with? (Please select all that  
28 apply, including if multiple family members have had  
29 different diagnoses.)  
30  
31 Q84\_1 Depression Yes .....1  
32 Q84\_2 Bipolar disorder Yes .....1  
33 Q84\_3 Schizophrenia Yes .....1  
34 Q84\_4 Anorexia nervosa Yes .....1  
35 Q84\_5 Bulimia Yes .....1  
36 Q84\_6 Anxiety (Generalised anxiety disorder) Yes .....1  
37 Q84\_7 Panic disorder Yes .....1  
38 Q84\_8 Obsessive compulsive disorder Yes .....1  
39 Q84\_9 Posttraumatic stress disorder Yes .....1  
40 Q84\_10 Specific phobia Yes .....1  
41 Q84\_11 Seasonal affective disorder Yes .....1  
42 Q84\_12 Social phobia (also known as Social anxiety disorder) Yes .....1  
43 Q84\_13 Attention-deficit/hyperactivity disorder (ADD/ADHD) Yes .....1  
44 Q84\_14 Autism spectrum disorder (Autism, Asperger's disorder) Yes .....1  
45 Q84\_15 Tourette's disorder Yes .....1  
46 Q84\_16 Personality disorder Yes .....1  
47 Q84\_17 Substance use disorder Yes .....1  
48 Q84\_18 Other (please specify) Yes .....1  
49 Q84\_18\_TEXT Specified other mental health disorder \_\_\_\_\_

- 1  
2  
3 Q85 Have you ever experienced a definite period where for more than 2 or 3  
4 days ...
- 5 Q85\_1 You felt much happier or more cheerful than usual? No .....1  
6 Yes .....2  
7 Don't know .....3
- 8  
9 Q85\_2 You felt much more self-confident than usual? No .....1  
10 Yes .....2  
11 Don't know .....3
- 12  
13 Q85\_3 You needed much less sleep than usual? No .....1  
14 Yes .....2  
15 Don't know .....3
- 16  
17 Q85\_4 You talked much more than usual? No .....1  
18 Yes .....2  
19 Don't know .....3
- 20  
21 Q85\_5 You were much more active (either socially, sexually, at No .....1  
22 work, home, or school) than usual? Yes .....2  
23 Don't know .....3

24  
25 \*\*\*\*\*  
26 IF EVER EXPERIENCED ANY OF THE ABOVE (ANY OF Q85\_1 TO Q85\_5 = 2)  
27 CONTINUE, ELSE GO TO Q92  
28 \*\*\*\*\*

29  
30  
31 Q86 Has this happened in the last 12 months? No .....1  
32 Yes .....2

33  
34  
35 Q87\_n How old were you when this problem first began? \_\_\_/\_\_\_ YEARS  
36 Please put your age in years. An approximate age is fine.

37  
38  
39 Q88\_n How old were you when you most recently experienced this \_\_\_/\_\_\_ YEARS  
40 problem? Please put your age in years. An approximate age  
41 is fine.

42  
43  
44 Q89\_n How many times in your life did any of these experiences ever \_\_\_/\_\_\_/\_\_\_ TIMES  
45 happen? An approximate number is fine. If 1000 times or more,  
46 enter '999'.

47  
48 \*\*\*\*\*  
49 IF TAKEN ANY NAMED ANTIDEPRESSANTS  
50 (ANY OF Q10\_1 TO Q10\_10 OR Q11\_1 TO Q11\_11 = 1) CONTINUE  
51 ELSE GO TO Q92  
52 \*\*\*\*\*

1			
2			
3	Q90	Did you ever experience this problem while you were taking the following antidepressant(s)?	
4			
5	Q90_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	No .....1 Yes .....2 Don't know .....3
6			
7			
8			
9	Q90_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	No .....1 Yes .....2 Don't know .....3
10			
11			
12			
13	Q90_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	No .....1 Yes .....2 Don't know .....3
14			
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16			
17	Q90_4	Amitriptyline (e.g. Endep)	No .....1 Yes .....2 Don't know .....3
18			
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20			
21	Q90_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	No .....1 Yes .....2 Don't know .....3
22			
23			
24			
25	Q90_6	Desvenlafaxine (e.g. Pristiq, Desfax)	No .....1 Yes .....2 Don't know .....3
26			
27			
28	Q90_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	No .....1 Yes .....2 Don't know .....3
29			
30			
31			
32	Q90_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	No .....1 Yes .....2 Don't know .....3
33			
34			
35			
36	Q90_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	No .....1 Yes .....2 Don't know .....3
37			
38			
39			
40	Q90_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	No .....1 Yes .....2 Don't know .....3
41			
42			
43			
44	Q90_11	Dothiepin (e.g. Dothep)	No .....1 Yes .....2 Don't know .....3
45			
46			
47			
48	Q90_12	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	No .....1 Yes .....2 Don't know .....3
49			
50			
51	Q90_13	Doxepin (e.g. Sinequan, Deptran)	No .....1 Yes .....2 Don't know .....3
52			
53			
54			
55	Q90_14	Nortriptyline (e.g. Allegron)	No .....1 Yes .....2 Don't know .....3
56			
57			
58			
59	Q90_15	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	No .....1 Yes .....2 Don't know .....3
60			

1			
2			
3	Q90_16	Clomipramine (e.g. Anafranil, Placil)	No .....1
4			Yes .....2
5			Don't know .....3
6	Q90_17	Reboxetine (e.g. Edronax)	No .....1
7			Yes .....2
8			Don't know .....3
9			
10	Q90_18	Mianserin (e.g. Lumin)	No .....1
11			Yes .....2
12			Don't know .....3
13			
14	Q90_19	Imipramine (e.g. Tofranil, Tolerade)	No .....1
15			Yes .....2
16			Don't know .....3
17			
18	Q90_20	Tranlycypromine (e.g. Parnate)	No .....1
19			Yes .....2
20			Don't know .....3
21			
22	Q90_21	Phenelzine (e.g. Nardil)	No .....1
23			Yes .....2
24			Don't know .....3

---

26			
27	Q91	Did you ever experience this problem while not	No .....1
28		taking antidepressants?	Yes .....2

---

30	Q92	Have you ever.....	
31			
32	Q92_1	Felt as if the thoughts in your head were not your own?	No .....1
33			Yes .....2
34			
35	Q92_2	Heard voices talking to each other when you were alone?	No .....1
36			Yes .....2
37			
38	Q92_3	Heard voices when you were alone?	No .....1
39			Yes .....2
40			
41	Q92_4	Felt that many people around you might hurt or harm you	No .....1
42		in some way?	Yes .....2
43			
44	Q92_5	Felt as if many people around you are plotting against you?	No .....1
45			Yes .....2
46			
47	Q92_6	Felt as if the thoughts in your head are being taken away	No .....1
48		from you?	Yes .....2

\*\*\*\*\*  
 IF EVER ANY OF THESE SYMPTOMS (ANY OF Q92\_1 TO Q92\_6)  
 THEN CONTINUE, ELSE GO TO Q103  
 \*\*\*\*\*

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\*\*\*\*\*  
 IF EVER FELT THOUGHTS NOT THEIR OWN (Q92\_1 = 2) THEN CONTINUE  
 ELSE GO TO Q94  
 \*\*\*\*\*

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**Q93** When you have felt as if the thoughts in your head were not your own – did this ever happen when you were:

No .....	1
Yes .....	2
Don't know .....	3

- not dreaming
- not half-asleep and
- not under the influence of alcohol or drugs?

\*\*\*\*\*  
 IF EVER HEARD VOICES TALKING TO EACH OTHER (Q92\_2 = 2)  
 THEN CONTINUE, ELSE GO TO Q95  
 \*\*\*\*\*

**Q94** When you have heard voices talking to each other when you were alone – did this ever happen when you were:

No .....	1
Yes .....	2
Don't know .....	3

- not dreaming
- not half-asleep and
- not under the influence of alcohol or drugs?

\*\*\*\*\*  
 IF EVER HEARD VOICES WHEN ALONE (Q92\_3 = 2) THEN CONTINUE  
 ELSE GO TO Q96  
 \*\*\*\*\*

**Q95** When you have heard voices when you were alone - did this ever happen when you were:

No .....	1
Yes .....	2
Don't know .....	3

- not dreaming
- not half-asleep and
- not under the influence of alcohol or drugs?

\*\*\*\*\*  
 IF EVER FELT MANY PEOPLE MIGHT HURT OR HARM (Q92\_4 = 2)  
 THEN CONTINUE ELSE GO TO Q97  
 \*\*\*\*\*

**Q96** When you have felt that many people around you might hurt or harm you in some way – did this ever happen when you were:

No .....	1
Yes .....	2
Don't know .....	3

- not dreaming
- not half-asleep and
- not under the influence of alcohol or drugs?

\*\*\*\*\*  
 IF EVER FELT MANY PEOPLE PLOTTING (Q92\_5 = 2) THEN CONTINUE  
 ELSE GO TO Q98  
 \*\*\*\*\*

**Q97** When you have felt as if many people around you are plotting against you – did this ever happen when you were:

No .....	1
Yes .....	2
Don't know .....	3

- not dreaming
- not half-asleep and
- not under the influence of alcohol or drugs?

\*\*\*\*\*  
 IF EVER FELT THOUGHTS IN HEAD BEING TAKEN (Q92\_6 = 2)  
 THEN CONTINUE, ELSE GO TO Q99  
 \*\*\*\*\*



1  
2  
3 Q98 When you have felt as if the thoughts in your head are No .....1  
4 being taken away from you - did this ever happen when Yes .....2  
5 you were: Don't know .....3  
6 • not dreaming  
7 • not half-asleep and  
8 • not under the influence of alcohol or drugs?  
9

10  
11 Q99 Did any of these experiences occur in the last 12 months? No .....1  
12 Yes .....2  
13 Don't know .....3  
14

15  
16 Q100\_n How old were you when you first had any of these \_\_\_/\_\_\_ YEARS  
17 experiences? Please put your age in years. An approximate  
18 age is fine.  
19

20  
21 Q101\_n How old were you when you most recently had any of these \_\_\_/\_\_\_ YEARS  
22 experiences? Please put your age in years. An approximate  
23 age is fine.  
24

25  
26 Q102\_n How many times in your life did any of these experiences ever \_\_\_/\_\_\_/\_\_\_ TIMES  
27 happen? An approximate number is fine. If 1000 times or  
28 more, enter '999'.  
29

30  
31 Q103 Have you ever had a period lasting one month or longer No .....1  
32 when most of the time you felt worried, tense or anxious? Yes .....2  
33

34 \*\*\*\*\*  
35 IF EVER ONE MONTH OR LONGER (Q103 = 2) THEN GO TO Q107  
36 ELSE CONTINUE  
37 \*\*\*\*\*

38  
39 Q104 People differ a lot in how much they worry about things. No .....1  
40 Did you ever have a time when you worried a lot more than Yes .....2  
41 most people would in your situation?  
42

43 \*\*\*\*\*  
44 IF EVER SUCH A TIME (Q104 = 2) THEN CONTINUE  
45 ELSE GO TO Q119  
46 \*\*\*\*\*  
47

48  
49  
50 Q107 How long was the longest time that this kind of worrying Less than 6 months .....1  
51 lasted? Between 6 and 12 months .....2  
52 Between 1 and 5 years .....3  
53 More than 5 years .....4  
54 All my life / As long as I can  
55 remember .....5  
56  
57  
58  
59  
60

1			
2			
3	Q119	The next questions are about things that make some people so afraid that they avoid them or they endure them with intense fear or anxiety. Do you have (or have you ever had) a strong fear of any of the following things:	
4			
5			
6			
7	Q119_1	Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)	No .....1 Yes .....2
8			
9			
10	Q119_2	Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?	No .....1 Yes .....2
11			
12			
13			
14	Q119_3	Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?	No .....1 Yes .....2
15			
16			
17	Q119_4	Blood, injections or injury (e.g. blood, needles, medical procedures?)	No .....1 Yes .....2
18			
19			

\*\*\*\*\*  
 IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
 THEN CONTINUE, ELSE GO TO Q127  
 \*\*\*\*\*

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Q120 Please think about these situations that you fear (or feared):

---

29	Q121	How often do (or did) these situations cause immediate fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
30			
31			
32			
33			

\*\*\*\*\*  
 IF ALWAYS OR ALMOST ALWAYS (Q121 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q127  
 \*\*\*\*\*

40	Q127	Do you have (or have you ever had) a strong fear of, or are (were) you extremely anxious about, any of the following situations?	
41			
42			
43			
44	Q127_1	Being in social situations (e.g. talking with and meeting unfamiliar people)	No .....1 Yes .....2
45			
46			
47	Q127_2	Being observed (e.g. eating or drinking while others are watching, talking in front of others)	No .....1 Yes .....2
48			
49			

\*\*\*\*\*  
 IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) THEN CONTINUE  
 ELSE GO TO Q137  
 \*\*\*\*\*

55	Q128	Are (or were) you worried about what other people will think in these social situations?	No .....1 Yes .....2
56			
57			
58			

---

1 2 3 4 5 6 7	Q129	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
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Q137 This is a list of situations which some people actively avoid, need a companion with them for, or endure with intense fear or anxiety. Do you have (or have you ever had) a strong fear of any of the following situations?

14 15 16	Q137_1	Using public transportation (e.g. cars, buses, trains, ships, planes)	No .....1 Yes .....2
17 18	Q137_2	Being in open spaces (e.g. parking lots, marketplaces, bridges)	No .....1 Yes .....2
20 21	Q137_3	Being in enclosed spaces (e.g. shops, theatres, cinemas)	No .....1 Yes .....2
23 24	Q137_4	Standing in line or being in a crowd	No .....1 Yes .....2
26 27	Q137_5	Being outside of the home alone	No .....1 Yes .....2

30  
31  
32  
33  
34

\*\*\*\*\*  
IF EVER HAD ANY OF THESE  
(Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
THEN CONTINUE ELSE GO TO Q147  
\*\*\*\*\*

35  
36  
37

Q138 Please think about these situations that you fear (or feared):

38 39 40 41 42 43 44	Q139	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
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1			
2			
3	Q147	Have you ever had a sudden, unexpected surge of intense fear or intense discomfort (panic attack) during which you experienced some of the following symptoms? (Please select all symptoms that occurred at the same time)	
4			
5			
6			
7	Q147_1	Your heart was pounding or racing	Yes .....1
8	Q147_2	You were sweating	Yes .....1
9	Q147_3	You were trembling or shaking	Yes .....1
10	Q147_4	You felt short of breath, or like you were being smothered	Yes .....1
11	Q147_5	You felt like you were choking	Yes .....1
12	Q147_6	You had pain or discomfort in your chest	Yes .....1
13	Q147_7	You were nauseous or felt sick in the stomach	Yes .....1
14	Q147_8	You felt dizzy, unsteady, light-headed or faint	Yes .....1
15	Q147_9	You felt hot or cold	Yes .....1
16	Q147_10	You felt numbness or tingling sensations	Yes .....1
17	Q147_11	It felt like things weren't real, or you felt detached from yourself	Yes .....1
18			
19	Q147_12	You were afraid you were going to lose control or "go crazy"	Yes .....1
20	Q147_13	You were afraid you were going to die	Yes .....1
21	Q147_14	No, I have never had this happen to me	Yes .....1

22			
23			
24	Q156	How tall are you? (Please enter centimetres or feet and inches, not both)	
25			
26			
27	Q156_1_n	Height (feet component)	___ FEET
28	Q156_2_n	Height (inches component)	___/___ INCHES
29	Q156_3_n	Height (centimetres)	___/___/___ CENTIMETRES

30			
31			
32	Q157	How much do you weigh now (in kilograms)? If you are pregnant, what did you weigh before you were pregnant?	___/___/___ KILOGRAMS
33			

34			
35			
36	Q160	What is your highest level of education?	No formal education .....1
37			Completed or partially completed primary school (years 1-7) .....2
38			Completed or partially completed junior secondary school (years 8-10) .....3
39			Completed or partially completed senior secondary school (years 11-12) .....4
40			Completed or partially completed certificate or diploma .....5
41			Completed or partially completed a degree .....6
42			Completed or partially completed a Post Graduate Diploma, Masters degree, Doctorate or PhD .....7
43			Don't know .....8

54			
55			
56	Q460	Thinking about what you know of your family history, which of the following best describes the geographic regions where your ancestors (i.e. your great-great-grandparents) come from? You may select as many choices as you need.	
57			
58			
59			
60			

1			
2	Q460_1	England, Ireland, Scotland or Wales	Yes.....1
3	Q460_2	Australia - not of Aboriginal or Torres Strait Islander descent	Yes.....1
4	Q460_3	Australia - of Aboriginal or Torres Strait Islander descent	Yes.....1
5	Q460_4	New Zealand - not of Maori descent	Yes.....1
6	Q460_5	New Zealand - of Maori descent	Yes.....1
7	Q460_5	Northern Europe including Sweden, Norway, Finland	
8		and surrounding countries	Yes.....1
9	Q460_7	Western Europe including France, Germany, the Netherlands	
10		and surrounding countries	Yes.....1
11	Q460_8	Southern Europe including Italy, Greece, Spain, Portugal	
12		and surrounding countries	Yes.....1
13	Q460_9	Eastern Europe including Russia, Poland, Hungary	
14		and surrounding countries	Yes.....1
15	Q460_10	Middle East including Lebanon, Turkey	
16		and surrounding countries	Yes.....1
17	Q460_11	Eastern Asia including China, Japn, South Korea,	
18		North Korea, Taiwan and Hong Kong	Yes.....1
19	Q460_12	South-East Asia including Thailand, Malaysia, Indonesia,	
20		Singapore and surrounding countries	Yes.....1
21	Q460_13	South Asia including India, Pakistan, Sri Lanka	
22		and surrounding countries	Yes.....1
23	Q460_14	Polynesia, Micronesia or Melanesia including Tonga,	
24		Fiji, Papua New Guinea and surrounding countries	Yes.....1
25	Q460_15	Africa	Yes.....1
26	Q460_16	North America - not of First Nations, Native American,	
27		Inuit or Métis descent	Yes.....1
28	Q460_17	North America - of First Nations, Native American,	
29		Inuit or Métis descent	Yes.....1
30	Q460_18	Caribbean, Central or South America	Yes.....1
31	Q460_19	Don't know	Yes.....1
32	Q460_20	Other	Yes.....1
33	Q460_20_TEXT	Specify	_____
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## Module 1b – Anxiety Disorders

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IF Q103= 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q463

\*\*\*\*\*

Q462 You mentioned earlier in the questionnaire that you have had at least one period lasting one month or longer when most of the time you felt worried, tense or anxious.

\*\*\*\*\*

GO TO Q105\_n

\*\*\*\*\*

\*\*\*\*\*

IF Q103= 1 AND Q104 = 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q464 SKIP BOX

\*\*\*\*\*

Q463 You mentioned earlier that you have had a time when you worried a lot more than most people would in your situation.

Q105\_n How old were you when this kind of worrying started? \_\_\_/\_\_\_ YEARS  
*Please put your age in years. An approximate age is fine.*

Q106\_n How old were you when you most recently experienced this kind of worrying? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q108 Please think of the period in your life when you have felt the most worried, tense, or anxious. This could be in the past, or it could be continuing now.

Q109 During that period, do you think you worried much more than other people would? No .....1  
Yes .....2

Q110 Did you worry most days? No .....1  
Yes .....2

Q111 Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing? One thing .....1  
More than one thing .....2

Q112 Did you find it difficult to stop worrying? No .....1  
Yes .....2

Q113 Did you ever have different worries on your mind at the same time? No .....1  
Yes .....2

1  
2  
3 Q114 How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried? Often .....1  
4 Sometimes .....2  
5 Rarely .....3  
6 Never .....4

7  
8  
9 Q115 How often did you find it difficult to control your worry? Often .....1  
10 Sometimes .....2  
11 Rarely .....3  
12 Never .....4

13  
14 Q116 When you were worried or anxious, were you also:  
15  
16 Q116\_1 Restless? No .....1  
17 Yes .....2  
18  
19 Q116\_2 Keyed up or on edge? No .....1  
20 Yes .....2  
21  
22 Q116\_3 Easily tired? No .....1  
23 Yes .....2  
24  
25 Q116\_4 Having difficulty keeping your mind on what you were doing? No .....1  
26 Yes .....2  
27  
28 Q116\_5 More irritable than usual? No .....1  
29 Yes .....2  
30  
31 Q116\_6 Having tense, sore, or aching muscles? No .....1  
32 Yes .....2  
33  
34 Q116\_7 Often having trouble falling or staying asleep? No .....1  
35 Yes .....2

36  
37  
38 Q117 Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)? No .....1  
39 Yes .....2

40  
41  
42  
43 Q118 How much did the worry or anxiety interfere with your life or activities? A lot .....1  
44 Some .....2  
45 A little .....3  
46 Not at all .....4

47  
48  
49 \*\*\*\*\*  
50 IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2) AND ALWAYS OR ALMOST  
51 ALWAYS (Q121 = 1 OR 2) THEN CONTINUE.  
52 ELSE GO TO Q465.  
53 \*\*\*\*\*

54  
55 \*\*\*\*\*  
56 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
57 \*\*\*\*\*

58 Q464 You mentioned earlier in the questionnaire that you have (or have had) a strong fear of the  
59 following:  
60

Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)  
 Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?  
 Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?  
 Blood, injections or injury (e.g. blood, needles, medical procedures?)

Q122\_n How old were you when these fears started? \_\_\_/\_\_\_ YEARS  
 Please put your age in years. An approximate age is fine.

Q123\_n How old were you when you most recently experienced these fears? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q124 How long was the longest time any of these fears lasted?

Less than 6 months	.....1
Between 6 and 12 months	.....2
Between 1 and 5 years	.....3
More than 5 years	.....4
All my life / As long as I can remember	.....5

Q125 How much have any of these fears ever interfered with your life or activities?

A lot	.....1
Some	.....2
A little	.....3
Not at all	.....4

Q126 Are (or were) any of these fears out of proportion to the actual danger involved?

No	.....1
Yes	.....2

\*\*\*\*\*  
 IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) AND  
 IF ALWAYS OR ALMOST ALWAYS (Q129 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q466.  
 \*\*\*\*\*

\*\*\*\*\*  
 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q127\_1 OR Q127\_2 = 2)  
 \*\*\*\*\*

Q465 You mentioned earlier in the questionnaire that you have had a strong fear of, or have been extremely anxious about, the following situations (either now or in the past):

Being in social situations (e.g. talking with and meeting unfamiliar people)  
 Being observed (e.g. eating or drinking while others are watching, talking in front of others)

Q130 Do you (or did you) ...

Q130\_1 ... avoid social situations?

No	.....1
Yes	.....2

Q130\_2 ... endure them with intense anxiety?

No	.....1
Yes	.....2



1  
2  
3 Q131 Is (or was) your fear or anxiety in social situations out of proportion to the actual threat posed by the situations? No .....1  
4 Yes .....2

6 Q132\_n How old were you when these fears or anxieties about social situations started? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

11 Q133\_n How old were you when you most recently experienced these fears or anxieties about social situations? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

16 Q134 How long was the longest time these fears or anxieties about social situations lasted? Less than 6 months .....1  
17 Between 6 and 12 months .....2  
18 Between 1 and 5 years .....3  
19 More than 5 years .....4  
20 All my life / As long as I can remember .....5

24 Q135 How much does (or did) your fear, anxiety or avoidance of social situations upset or bother you? A lot .....1  
25 Some .....2  
26 A little .....3  
27 Not at all .....4

30 Q136 How much does (or did) your fear, anxiety or avoidance of social situations interfere with your ability to do your job, have a social life, or interfere with any other important area of your life? A lot .....1  
31 Some .....2  
32 A little .....3  
33 Not at all .....4

36 \*\*\*\*\*

37 IF EVER HAD ANY OF THESE  
38 (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2) AND  
39 IF ALWAYS OR ALMOST ALWAYS (Q139 = 1 OR 2) THEN CONTINUE.  
40 ELSE GO TO Q467.

41 \*\*\*\*\*

42 \*\*\*\*\*  
43 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
44 \*\*\*\*\*

46 Q465 Earlier in the questionnaire, you mentioned that you have (or have previously had) a strong fear of the following:  
47  
48 Using public transportation (e.g. cars, buses, trains, ships, planes)  
49 Being in open spaces (e.g. parking lots, marketplaces, bridges)  
50 Being in enclosed spaces (e.g. shops, theatres, cinemas)  
51 Standing in line or being in a crowd  
52 Being outside of the home alone

56 Q140 In one or more of these situations, are (were) you ever afraid that you might faint, lose control, or embarrass yourself in other ways? No .....1  
57 Yes .....2

59 \*\*\*\*\*

IF YES (Q140 = 2) THEN CONTINUE, ELSE GO TO Q143

\*\*\*\*\*

Q141	Are (were) you afraid that escape might be difficult if that happened?	No .....1 Yes .....2
Q142	Are (were) you afraid that help might not be available if you needed it?	No .....1 Yes .....2
Q143_n	How old were you when these fears started? Please put your age in years. An approximate age is fine.	___/___ YEARS
Q144_n	How old were you when you most recently experienced any of these fears? Please put your age in years. An approximate age is fine.	___/___ YEARS
Q145	How long was the longest time any of these fears lasted?	Less than 6 months .....1 Between 6 and 12 months .....2 Between 1 and 5 years .....3 More than 5 years .....4 All my life / As long as I can remember .....5
Q146	How much have any of these fears ever interfered with your life or activities?	A lot .....1 Some .....2 A little .....3 Not at all .....4

\*\*\*\*\*  
IF LESS THAN 4 SYMPTOMS (Q147\_1 TO Q147\_13) GO TO MODULE 2,  
ELSE CONTINUE.

\*\*\*\*\*  
\*\*\*\*\*  
ITEMS DISPLAYED ONLY WHEN ENDORSED (Q147\_1 TO Q147\_13)  
\*\*\*\*\*

Q467	You mentioned earlier in the questionnaire that you have previously had at least one panic attack (a sudden, unexpected surge of intense fear or intense discomfort). You said that your symptoms included:  Your heart was pounding or racing You were sweating You were trembling or shaking You felt short of breath, or like you were being smothered You felt like you were choking You had pain or discomfort in your chest You were nauseous or felt sick in the stomach You felt dizzy, unsteady, light-headed or faint You felt hot or cold You felt numbness or tingling sensations It felt like things weren't real, or you felt detached from yourself You were afraid you were going to lose control or "go crazy" You were afraid you were going to die
------	---

1 Q148 How many such attacks of fear or panic would you say that you have had \_\_\_\_\_ ATTACKS  
 2 over the course of your lifetime?  
 3

4  
 5 Q149 After any of your attacks of fear or panic, did you ever ...  
 6  
 7 Q149\_1 ... feel anxious, worried or nervous about having more panic No .....1  
 8 attacks? Yes .....2  
 9  
 10 Q149\_2 ... feel worried about losing control, having a heart attack, No .....1  
 11 going crazy, or other bad things happening because of panic Yes .....2  
 12 attacks?  
 13  
 14 Q149\_3 ... avoid situations in which panic attacks might occur? No .....1  
 15 Yes .....2  
 16

17 \*\*\*\*\*  
 18 IF EVER ANY OF THESE (Q149\_1, Q149\_2 OR Q149\_3 = 2) THEN CONTINUE.  
 19 ELSE GO TO Q151  
 20 \*\*\*\*\*  
 21

22  
 23 Q150 How long did you continue to worry about panic attacks Less than 1 month .....1  
 24 or their consequences, or avoid situations in which panic Between 1 and 6 months .....2  
 25 attacks might occur? Between 6 and 12 months .....3  
 26 More than 12 months .....4  
 27

28  
 29 Q151 Were these attacks or sudden periods of physical discomfort No, never .....1  
 30 ever the result of a medical condition (e.g. a heart attack) or Yes, some of them .....2  
 31 from using medication, drugs or alcohol? Yes, all of them .....3  
 32

33  
 34 Q152 We already asked about specific situations that cause strong No .....1  
 35 fears (heights, elevators, snakes etc). When you have sudden Yes .....2  
 36 anxiety attacks, do they usually occur in specific situations  
 37 that cause you strong fear?  
 38

39  
 40 Q153 Did you ever have an attack when you were not in a situation No .....1  
 41 that usually causes you to have strong fears? Yes .....2  
 42

43  
 44 Q154\_n How old were you the first time you had one of these sudden \_\_\_\_\_ YEARS  
 45 attacks of feeling frightened, anxious or panicky?  
 46

47  
 48 Q155\_n How old were you the last time you had one of these sudden \_\_\_\_\_ YEARS  
 49 attacks of feeling frightened, anxious or panicky?  
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## Module 12 – General and Physical Health

Q30 On a scale from 1 to 5 where 1 star is very poor and 5 stars is excellent, how would you rate your current overall physical health and mental health?

Q30\_1 Physical health \_\_ STARS

Q30\_2 Mental health \_\_ STARS

Q31 Over the past few weeks have you been troubled by....

Q31\_1 Feeling nervous or tense? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_2 Feeling unhappy and depressed? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_3 Feeling constantly under strain? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_4 Everything getting on top of you? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_5 Losing confidence? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_6 Being unable to overcome difficulties? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_7 Muscle pain after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_8 Needing to sleep longer? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_9 Prolonged tiredness after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_10 Poor sleep? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_11 Poor concentration? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_12 Tired muscles after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

1			
2			
3	Q32	In the past four weeks, about how often did you feel...	
4	Q32_1	Tired out for no good reason?	None of the time .....1
5			A little of the time .....2
6			Some of the time .....3
7			Most of the time .....4
8			All of the time .....5
9			
10	Q32_2	Nervous?	None of the time .....1
11			A little of the time .....2
12			Some of the time .....3
13			Most of the time .....4
14			All of the time .....5
15			
16	Q32_3	So nervous that nothing could calm you down?	None of the time .....1
17			A little of the time .....2
18			Some of the time .....3
19			Most of the time .....4
20			All of the time .....5
21			
22	Q32_4	Hopeless?	None of the time .....1
23			A little of the time .....2
24			Some of the time .....3
25			Most of the time .....4
26			All of the time .....5
27			
28	Q32_5	Restless or fidgety?	None of the time .....1
29			A little of the time .....2
30			Some of the time .....3
31			Most of the time .....4
32			All of the time .....5
33			
34	Q32_6	So restless you could not sit still?	None of the time .....1
35			A little of the time .....2
36			Some of the time .....3
37			Most of the time .....4
38			All of the time .....5
39			
40	Q32_7	Depressed?	None of the time .....1
41			A little of the time .....2
42			Some of the time .....3
43			Most of the time .....4
44			All of the time .....5
45			
46	Q32_8	That everything was an effort?	None of the time .....1
47			A little of the time .....2
48			Some of the time .....3
49			Most of the time .....4
50			All of the time .....5
51			
52	Q32_9	So sad that nothing could cheer you up?	None of the time .....1
53			A little of the time .....2
54			Some of the time .....3
55			Most of the time .....4
56			All of the time .....5
57			
58	Q32_10	Worthless?	None of the time .....1
59			A little of the time .....2
60			Some of the time .....3
			Most of the time .....4
			All of the time .....5

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Q33 Over the past four weeks, how many days in total were you unable to carry out your usual daily activities fully? \_/\_ DAYS  
Don't know .....99

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Q34 Over the past four weeks, how many days in total did you stay in bed all or most of the day because of illness or injury? \_/\_ DAYS  
Don't know .....99

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Q461 Great work! You have finished this part of the questionnaire!

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For peer review only

**Module 2 – Alcohol, tobacco and other substances**

Q165	In your life, have you ever...	
Q165_1	Consumed alcoholic beverages (beer, wine or spirits)?	No .....1 Yes .....2
Q165_2	Used tobacco products (cigarettes, chewing tobacco, or cigars)?	No .....1 Yes .....2
Q165_3	Used cannabis (marijuana)?	No .....1 Yes .....2

\*\*\*\*\*  
 IF EVER USED TOBACCO (Q165\_2 = 2) CONTINUE, ELSE GO TO Q168  
 \*\*\*\*\*

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Q166	Have you smoked at least 100 cigarettes in your entire life?	No .....1 Yes .....2
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\*\*\*\*\*  
 IF 100 CIGARETTES OR MORE IN LIFETIME (Q166 = 2) GO TO Q168  
 ELSE CONTINUE  
 \*\*\*\*\*

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Q167	Have you smoked pipes, cigars, or other tobacco products at least 20 times in your entire life?	No .....1 Yes .....2
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Q168	E-cigarettes (also called electronic cigarettes) are battery-operated devices that heat a liquid to produce a vapour that users inhale. "Smoking" an e-cigarette mimics the act of smoking, and is often called "vaping". Have you ever used an e-cigarette?	No .....1 Yes .....2
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\*\*\*\*\*  
 IF NEVER USED E-CIGARETTE (Q168 = 1) GO TO Q171, ELSE CONTINUE  
 \*\*\*\*\*

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Q169	Some liquids for use in e-cigarettes contain nicotine, while others don't. Have you used an e-cigarette with a liquid that contained nicotine?	No .....1 Yes .....2 Don't know .....3
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Q170	How many times in your life have you used an e-cigarette?	Fewer than 5 times .....1 Between 5 and 9 times .....2 Between 10 and 19 times .....3 Between 20 and 99 times .....4 100 times or more .....5
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\*\*\*\*\*  
 IF EVER USED CANNABIS (Q165\_3 = 2) CONTINUE, ELSE GO TO Q172  
 \*\*\*\*\*

1			
2			
3	Q171	How many times in your life have you used	Fewer than 5 times .....1
4		cannabis (marijuana)?	Between 5 and 9 times .....2
5			Between 10 and 19 times .....3
6			20 times or more .....4
7			
8	<hr/>		
9	Q172	In your life, which of the following substances have you ever	
10		used? Non-medical use only: do not include items that were	
11		taken in the quantities and manner prescribed by a medical	
12		professional.	
13	Q172_1	Cocaine	No .....1
14			Yes .....2
15			
16	Q172_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
17			Yes .....2
18			
19	Q172_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
20			Yes .....2
21			
22	Q172_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
23			Yes .....2
24			
25	Q172_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
26			Yes .....2
27			
28	Q172_6	Opioids (e.g. heroin, morphine, methadone)	No .....1
29			Yes .....2
30			
31	Q172_7	Ecstasy (E, MDMA)	No .....1
32			Yes .....2
33			
34	Q172_8	Ketamine (Special K)	No .....1
35			Yes .....2
36			
37	Q172_9	GHB (liquid e, Fantasy)	No .....1
38			Yes .....2
39			
40	Q172_10	Other party drugs	No .....1
41			Yes .....2
42			
43	Q172_11	Over-the-counter or prescription pain killers and analgesics	No .....1
44		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
45		hydrocodone)	
46	Q172_12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
47		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes .....2
48			
49	Q172_13	Other (specify):	No .....1
50			Yes .....2
51			
52	Q172_13_TEXT	Specified other substance	_____
53			
54	<hr/>		
55	*****		
56	FOR EACH SUBSTANCE SELECTED AT Q172, COMPLETE Q173		
57	IF NO SUBSTANCE SELECTED AT Q172, GO TO Q175		
58	*****		
59			
60			



1	Q173	In your life, which of the following substances have you used 10 or more times? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
6	Q173_1	Cocaine	No .....1 Yes .....2
9	Q173_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
12	Q173_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
15	Q173_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
18	Q173_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
21	Q173_6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
24	Q173_7	Ecstasy (E, MDMA)	No .....1 Yes .....2
27	Q173_8	Ketamine (Special K)	No .....1 Yes .....2
30	Q173_9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
33	Q173_10	Other party drugs	No .....1 Yes .....2
36	Q173_11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
39	Q173_12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
42	Q173_13	Other	No .....1 Yes .....2

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\*\*\*\*\*  
 IF EVER CONSUMED ALCOHOL (Q165\_1 = 2),  
 COMPLETE Q174 FOR EACH SUBSTANCE SELECTED AT Q172  
 ELSE GO TO Q175  
 \*\*\*\*\*

1	Q174	In your life, which of the following substances have you ever used while drinking alcohol?	
2			
3			
4	Q174_x1	Cocaine	No .....1
5			Yes .....2
6			
7	Q174_x2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
8			Yes .....2
9			
10	Q174_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
11			Yes .....2
12			
13	Q174_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
14			Yes .....2
15			
16	Q174_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
17			Yes .....2
18			
19	Q174_x6	Opioids (e.g. heroin, morphine, methadone)	No .....1
20			Yes .....2
21			
22	Q174_x7	Ecstasy (E, MDMA)	No .....1
23			Yes .....2
24			
25	Q174_x8	Ketamine (Special K)	No .....1
26			Yes .....2
27			
28	Q174_x9	GHB (liquid e, Fantasy)	No .....1
29			Yes .....2
30			
31	Q174_x10	Other party drugs	No .....1
32			Yes .....2
33			
34	Q174_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
35			Yes .....2
36			
37	Q174_x12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
38			Yes .....2
39			
40	Q174_x13	Other	No .....1
41			Yes .....2
42			

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q175  
 IF NO SUBSTANCES SELECTED AT ANY OF Q165, Q168 OR Q172,  
 GO TO Q201  
 \*\*\*\*\*

1	Q175	At what age did you first use these substances? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5	Q175_1	Alcohol (beer, wine, spirits)	___/___ YEARS
6			
7	Q175_2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	___/___ YEARS
8			
9	Q175_3	E-cigarettes	___/___ YEARS
10			
11	Q175_4	Cannabis (marijuana)	___/___ YEARS
12			
13	Q175_x1	Cocaine	___/___ YEARS
14			
15	Q175_x2	Amphetamine-type stimulants (e.g. ice, speed)	___/___ YEARS
16			
17	Q175_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	___/___ YEARS
18			
19	Q175_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	___/___ YEARS
20			
21	Q175_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	___/___ YEARS
22			
23	Q175_x6	Opioids (e.g. heroin, morphine, methadone)	___/___ YEARS
24			
25	Q175_x7	Ecstasy (E, MDMA)	___/___ YEARS
26			
27	Q175_x8	Ketamine (Special K)	___/___ YEARS
28			
29	Q175_x9	GHB (liquid e, Fantasy)	___/___ YEARS
30			
31	Q175_x10	Other party drugs	___/___ YEARS
32			
33	Q175_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	___/___ YEARS
34			
35	Q175_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	___/___ YEARS
36			
37			
38	Q175_x13	Other	___/___ YEARS

\*\*\*\*\*  
 IF NEVER CONSUMED ALCOHOL (Q165\_1 = 1) GO TO Q182  
 ELSE CONTINUE  
 \*\*\*\*\*

Q176 Please refer to the following standard drink guides for the next two questions.

Q177



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Q178



Q179



Q180 In the past three months, how many times have you had three or more standard drinks in a day?   /   TIMES

Q181 In the past three months, how many times have you had five or more standard drinks in a day?   /   TIMES

\*\*\*\*\*  
FOR EACH SUBSTANCE SELECTED AT Q165B, Q165D, Q168 AND Q172,  
COMPLETE Q182  
IF NO SUBSTANCES SELECTED AT ANY OF Q165B, Q165D, Q168 OR Q172,  
GO TO Q183  
\*\*\*\*\*

1	Q182	In the past three months, how often have you used these substances? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5			
6	Q182_1	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Never .....1
7			Once or twice .....2
8			Monthly .....3
9			Weekly .....4
10			Daily or almost daily .....5
11			
12	Q182_2	E-cigarettes	Never .....1
13			Once or twice .....2
14			Monthly .....3
15			Weekly .....4
16			Daily or almost daily .....5
17			
18	Q182_3	Cannabis (marijuana)	Never .....1
19			Once or twice .....2
20			Monthly .....3
21			Weekly .....4
22			Daily or almost daily .....5
23			
24	Q182_x1	Cocaine	Never .....1
25			Once or twice .....2
26			Monthly .....3
27			Weekly .....4
28			Daily or almost daily .....5
29			
30	Q182_x2	Amphetamine-type stimulants (e.g. ice, speed)	Never .....1
31			Once or twice .....2
32			Monthly .....3
33			Weekly .....4
34			Daily or almost daily .....5
35			
36	Q182_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Never .....1
37			Once or twice .....2
38			Monthly .....3
39			Weekly .....4
40			Daily or almost daily .....5
41			
42	Q182_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Never .....1
43			Once or twice .....2
44			Monthly .....3
45			Weekly .....4
46			Daily or almost daily .....5
47			
48	Q182_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Never .....1
49			Once or twice .....2
50			Monthly .....3
51			Weekly .....4
52			Daily or almost daily .....5
53			
54	Q182_x6	Opioids (e.g. heroin, morphine, methadone)	Never .....1
55			Once or twice .....2
56			Monthly .....3
57			Weekly .....4
58			Daily or almost daily .....5
59			
60	Q182_x7	Ecstasy (E, MDMA)	Never .....1
			Once or twice .....2
			Monthly .....3
			Weekly .....4

1			Daily or almost daily .....5
2			
3			
4	Q182_x8	Ketamine (Special K)	Never .....1
5			Once or twice .....2
6			Monthly .....3
7			Weekly .....4
8			Daily or almost daily .....5
9	Q182_x9	GHB (liquid e, Fantasy)	Never .....1
10			Once or twice .....2
11			Monthly .....3
12			Weekly .....4
13			Daily or almost daily .....5
14			
15	Q182_x10	Other party drugs	Never .....1
16			Once or twice .....2
17			Monthly .....3
18			Weekly .....4
19			Daily or almost daily .....5
20			
21	Q182_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Never .....1
22			Once or twice .....2
23			Monthly .....3
24			Weekly .....4
25			Daily or almost daily .....5
26			
27	Q182_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Never .....1
28			Once or twice .....2
29			Monthly .....3
30			Weekly .....4
31			Daily or almost daily .....5
32	Q182_x13	Other	Never .....1
33			Once or twice .....2
34			Monthly .....3
35			Weekly .....4
36			Daily or almost daily .....5
37			

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q183 TO Q200  
 ELSE GO TO Q201  
 \*\*\*\*\*

1	Q183	During the period that you used each of these substances the most, how often did you use it? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5			
6	Q183_x1	Alcohol (beer, wine, spirits)	Once or twice .....1
7			Monthly .....2
8			Weekly .....3
9			Daily or almost daily .....4
10			
11	Q183_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Once or twice .....1
12			Monthly .....2
13			Weekly .....3
14			Daily or almost daily .....4
15			
16	Q183_x3	E-cigarettes	Once or twice .....1
17			Monthly .....2
18			Weekly .....3
19			Daily or almost daily .....4
20			
21	Q183_x4	Cannabis (marijuana)	Once or twice .....1
22			Monthly .....2
23			Weekly .....3
24			Daily or almost daily .....4
25			
26	Q183_xx1	Cocaine	Once or twice .....1
27			Monthly .....2
28			Weekly .....3
29			Daily or almost daily .....4
30			
31	Q183_xx2	Amphetamine-type stimulants (e.g. ice, speed)	Once or twice .....1
32			Monthly .....2
33			Weekly .....3
34			Daily or almost daily .....4
35			
36	Q183_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Once or twice .....1
37			Monthly .....2
38			Weekly .....3
39			Daily or almost daily .....4
40			
41	Q183_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Once or twice .....1
42			Monthly .....2
43			Weekly .....3
44			Daily or almost daily .....4
45			
46	Q183_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Once or twice .....1
47			Monthly .....2
48			Weekly .....3
49			Daily or almost daily .....4
50			
51	Q183_xx6	Opioids (e.g. heroin, morphine, methadone)	Once or twice .....1
52			Monthly .....2
53			Weekly .....3
54			Daily or almost daily .....4
55			
56	Q183_xx7	Ecstasy (E, MDMA)	Once or twice .....1
57			Monthly .....2
58			Weekly .....3
59			Daily or almost daily .....4
60			
	Q183_xx8	Ketamine (Special K)	Once or twice .....1
			Monthly .....2
			Weekly .....3

1			Daily or almost daily .....4
2			
3			
4	Q183_xx9	GHB (liquid e, Fantasy)	Once or twice .....1
5			Monthly .....2
6			Weekly .....3
7			Daily or almost daily .....4
8			
9	Q183_xx10	Other party drugs	Once or twice .....1
10			Monthly .....2
11			Weekly .....3
12			Daily or almost daily .....4
13	Q183_xx11	Over-the-counter or prescription pain killers and analgesics	Once or twice .....1
14		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Monthly .....2
15		hydrocodone)	Weekly .....3
16			Daily or almost daily .....4
17			
18	Q183_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	Once or twice .....1
19		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Monthly .....2
20			Weekly .....3
21			Daily or almost daily .....4
22			
23	Q183_xx13	Other	Once or twice .....1
24			Monthly .....2
25			Weekly .....3
26			Daily or almost daily .....4

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1 Q184 The following questions will ask you about experiences you  
 2 may have had while using alcohol, tobacco or other substances  
 3 for non-medical purposes. For each of the following questions,  
 4 think about the 12-month period in your life when you used  
 5 each substance the most. This may have been at different times  
 6 for different substances.  
 7  
 8 Did you often use a lot more of any of these substances than  
 9 you intended to?  
 10  
 11 Q184\_x1 Alcohol (beer, wine, spirits) No .....1  
 12 Yes .....2  
 13  
 14 Q184\_x2 Tobacco products (e.g cigarettes, chewing tobacco, cigars) No .....1  
 15 Yes .....2  
 16  
 17 Q184\_x3 E-cigarettes No .....1  
 18 Yes .....2  
 19  
 20 Q184\_x4 Cannabis (marijuana) No .....1  
 21 Yes .....2  
 22  
 23 Q184\_xx1 Cocaine No .....1  
 24 Yes .....2  
 25  
 26 Q184\_xx2 Amphetamine-type stimulants (e.g. ice, speed) No .....1  
 27 Yes .....2  
 28  
 29 Q184\_xx3 Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide) No .....1  
 30 Yes .....2  
 31  
 32 Q184\_xx4 Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol) No .....1  
 33 Yes .....2  
 34  
 35 Q184\_xx5 Hallucinogens (e.g. LSD, acid, mushrooms, PCP) No .....1  
 36 Yes .....2  
 37  
 38 Q184\_xx6 Opioids (e.g. heroin, morphine, methadone) No .....1  
 39 Yes .....2  
 40  
 41 Q184\_xx7 Ecstasy (E, MDMA) No .....1  
 42 Yes .....2  
 43  
 44 Q184\_xx8 Ketamine (Special K) No .....1  
 45 Yes .....2  
 46  
 47 Q184\_xx9 GHB (liquid e, Fantasy) No .....1  
 48 Yes .....2  
 49  
 50 Q184\_xx10 Other party drugs No .....1  
 51 Yes .....2  
 52  
 53 Q184\_xx11 Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone) No .....1  
 54 Yes .....2  
 55  
 56 Q184\_xx12 Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills) No .....1  
 57 Yes .....2  
 58  
 59 Q184\_xx13 Other No .....1  
 60 Yes .....2

1	Q185	Did you often use any of these substances over a longer period of time than you intended to?	
2			
3			
4	Q185_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q185_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q185_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q185_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q185_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q185_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q185_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q185_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q185_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q185_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q185_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q185_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q185_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q185_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q185_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q185_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q185_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
58			
59			
60			

1	Q186	Did you keep wanting to cut down or control your use of any of these substances?	
2			
3			
4	Q186_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q186_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q186_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q186_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q186_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q186_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q186_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q186_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q186_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q186_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q186_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q186_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q186_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q186_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q186_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q186_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q186_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
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59			
60			

1	Q187	Did you try to cut down or control your use of any of these substances and find that you couldn't?	
2			
3			
4	Q187_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q187_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q187_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q187_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q187_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q187_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q187_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q187_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q187_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q187_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q187_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q187_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q187_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q187_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q187_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
47			
48	Q187_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
49			
50			
51	Q187_xx13	Other	No .....1 Yes .....2
52			
53			
54			
55			
56			
57			
58			
59			
60			

1	Q188	Did you spend a lot of time obtaining or using any of these substances, or recovering from their effects?	
2			
3			
4	Q188_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q188_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q188_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q188_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q188_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q188_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q188_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q188_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q188_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q188_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q188_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q188_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q188_xx9	Q188M GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q188_xx10	Q188N Other party drugs	No .....1
44			Yes .....2
45			
46	Q188_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q188_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q188_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
58			
59			
60			

1			
2	Q189	In between those times when you were using any of these	
3		substances, did you have a strong desire or urge to use any of	
4		them?	
5	Q189_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q189_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q189_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q189_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q189_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q189_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q189_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q189_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q189_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q189_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q189_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q189_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q189_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q189_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q189_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1
48		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
49		hydrocodone)	
50			
51	Q189_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
52		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes .....2
53			
54	Q189_xx13	Other	No .....1
55			Yes .....2
56			
57			
58			
59			
60			

1	Q190	Did you ever fail to do what was normally expected of you (at work, school or home) because of your use of any of these substances?	
2			
3			
4			
5	Q190_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, once or twice .....2
7			Yes, 3 times or more .....3
8			
9	Q190_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, once or twice .....2
11			Yes, 3 times or more .....3
12			
13	Q190_x3	E-cigarettes	No .....1
14			Yes, once or twice .....2
15			Yes, 3 times or more .....3
16			
17	Q190_x4	Cannabis (marijuana)	No .....1
18			Yes, once or twice .....2
19			Yes, 3 times or more .....3
20			
21	Q190_xx1	Cocaine	No .....1
22			Yes, once or twice .....2
23			Yes, 3 times or more .....3
24			
25	Q190_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, once or twice .....2
27			Yes, 3 times or more .....3
28			
29	Q190_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, once or twice .....2
31			Yes, 3 times or more .....3
32			
33	Q190_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, once or twice .....2
35			Yes, 3 times or more .....3
36			
37	Q190_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, once or twice .....2
39			Yes, 3 times or more .....3
40			
41	Q190_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, once or twice .....2
43			Yes, 3 times or more .....3
44			
45	Q190_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, once or twice .....2
47			Yes, 3 times or more .....3
48			
49	Q190_xx8	Ketamine (Special K)	No .....1
50			Yes, once or twice .....2
51			Yes, 3 times or more .....3
52			
53	Q190_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, once or twice .....2
55			Yes, 3 times or more .....3
56			
57	Q190_xx10	Other party drugs	No .....1
58			Yes, once or twice .....2
59			Yes, 3 times or more .....3
60			
	Q190_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, once or twice .....2
			Yes, 3 times or more .....3

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Q190_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx13	Other	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3

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1	Q191	Did using any of these substances cause problems with other people (such as family members, friends, or people at work) or make existing problems worse?	
2			
3			
4			
5	Q191_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q191_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q191_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q191_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q191_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q191_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q191_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q191_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q191_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q191_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q191_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q191_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q191_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q191_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q191_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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Q191_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx13	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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1	Q192	Did you ever give up or reduce important activities (like sports, hobbies, work, or time with friends or relatives) because of your use of any of the following substances?	
2			
3			
4			
5	Q192_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q192_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q192_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q192_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q192_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q192_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q192_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q192_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q192_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q192_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q192_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q192_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q192_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q192_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q192_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q192_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q192_xx13	Other	No .....1
54			Yes .....2
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1	Q193	Did you ever use any of these substances in a situation in which it might have been physically hazardous (like driving a car, motorbike or boat; climbing; swimming; or operating machinery or power equipment)?	
2			
3			
4			
5			
6	Q193_x1	Alcohol (beer, wine, spirits)	No .....1
7			Yes, once or twice .....2
8			Yes, 3 times or more .....3
9			
10	Q193_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
11			Yes, once or twice .....2
12			Yes, 3 times or more .....3
13			
14	Q193_x3	E-cigarettes	No .....1
15			Yes, once or twice .....2
16			Yes, 3 times or more .....3
17			
18	Q193_x4	Cannabis (marijuana)	No .....1
19			Yes, once or twice .....2
20			Yes, 3 times or more .....3
21			
22	Q193_xx1	Cocaine	No .....1
23			Yes, once or twice .....2
24			Yes, 3 times or more .....3
25			
26	Q193_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
27			Yes, once or twice .....2
28			Yes, 3 times or more .....3
29			
30	Q193_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
31			Yes, once or twice .....2
32			Yes, 3 times or more .....3
33			
34	Q193_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
35			Yes, once or twice .....2
36			Yes, 3 times or more .....3
37			
38	Q193_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
39			Yes, once or twice .....2
40			Yes, 3 times or more .....3
41			
42	Q193_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
43			Yes, once or twice .....2
44			Yes, 3 times or more .....3
45			
46	Q193_xx7	Ecstasy (E, MDMA)	No .....1
47			Yes, once or twice .....2
48			Yes, 3 times or more .....3
49			
50	Q193_xx8	Ketamine (Special K)	No .....1
51			Yes, once or twice .....2
52			Yes, 3 times or more .....3
53			
54	Q193_xx9	GHB (liquid e, Fantasy)	No .....1
55			Yes, once or twice .....2
56			Yes, 3 times or more .....3
57			
58	Q193_xx10	Other party drugs	No .....1
59			Yes, once or twice .....2
60			Yes, 3 times or more .....3
	Q193_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine,	No .....1
			Yes, once or twice .....2

1			
2		hydrocodone)	Yes, 3 times or more .....3
3			
4	Q193_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
5			
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7	Q193_xx13	Other	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
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1			
2	Q194	Did using any of these substances ever cause you physical health problems, or make an existing physical health problem worse?	
3			
4			
5	Q194_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q194_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q194_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q194_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q194_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q194_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q194_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q194_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q194_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q194_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q194_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q194_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q194_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q194_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q194_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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Q194_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx13	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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1			
2	Q195	Did using any of these substances ever cause you	
3		psychological problems (like making you depressed or	
4		anxious, making it hard to sleep, making it hard to remember	
5		things clearly) or cause existing problems like these to get	
6		worse?	
7	Q195_x1	Alcohol (beer, wine, spirits)	No .....1
8			Yes, and I quit using .....2
9			Yes, and I kept using .....3
10			
11	Q195_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
12			Yes, and I quit using .....2
13			Yes, and I kept using .....3
14			
15	Q195_x3	E-cigarettes	No .....1
16			Yes, and I quit using .....2
17			Yes, and I kept using .....3
18			
19	Q195_x4	Cannabis (marijuana)	No .....1
20			Yes, and I quit using .....2
21			Yes, and I kept using .....3
22			
23	Q195_xx1	Cocaine	No .....1
24			Yes, and I quit using .....2
25			Yes, and I kept using .....3
26			
27	Q195_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
28			Yes, and I quit using .....2
29			Yes, and I kept using .....3
30			
31	Q195_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
32			Yes, and I quit using .....2
33			Yes, and I kept using .....3
34			
35	Q195_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
36			Yes, and I quit using .....2
37			Yes, and I kept using .....3
38			
39	Q195_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
40			Yes, and I quit using .....2
41			Yes, and I kept using .....3
42			
43	Q195_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
44			Yes, and I quit using .....2
45			Yes, and I kept using .....3
46			
47	Q195_xx7	Ecstasy (E, MDMA)	No .....1
48			Yes, and I quit using .....2
49			Yes, and I kept using .....3
50			
51	Q195_xx8	Ketamine (Special K)	No .....1
52			Yes, and I quit using .....2
53			Yes, and I kept using .....3
54			
55	Q195_xx9	GHB (liquid e, Fantasy)	No .....1
56			Yes, and I quit using .....2
57			Yes, and I kept using .....3
58			
59	Q195_xx10	Other party drugs	No .....1
60			Yes, and I quit using .....2
			Yes, and I kept using .....3
	Q195_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1



1			
2		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes, and I quit using .....2
3		hydrocodone)	Yes, and I kept using .....3
4	Q195_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
5		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes, and I quit using .....2
6			Yes, and I kept using .....3
7			
8	Q195_xx13	Other	No .....1
9			Yes, and I quit using .....2
10			Yes, and I kept using .....3
11			
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1			
2	Q196	Over time, did you need to use a lot more of any of these	
3		substances to feel its effects compared to when you first	
4		started using it?	
5	Q196_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q196_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q196_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q196_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q196_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q196_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q196_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q196_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q196_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q196_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q196_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q196_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q196_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q196_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q196_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1
48		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
49		hydrocodone)	
50			
51	Q196_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
52		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes .....2
53			
54	Q196_xx13	Other	No .....1
55			Yes .....2
56			
57			
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60			

1	Q197	Over time, did you find that the same amount of any of these substances had much less effect compared to when you first started using it?	
2			
3			
4			
5	Q197_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q197_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q197_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q197_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q197_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q197_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q197_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q197_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q197_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q197_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q197_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q197_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q197_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q197_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q197_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q197_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q197_xx13	Q197Q Other	No .....1
54			Yes .....2
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2	Q198	People who cut down or stop using a substance after using it	
3		steadily for some time may not feel well. These feelings are	
4		more intense than the usual after-effects. These problems may	
5		include: trembling hands, being unable to sleep, feeling	
6		anxious, irritable or depressed, feeling restless, sweating, heart	
7		beating fast, fever or chills, nausea or vomiting, weight loss or	
8		decreased appetite, feeling physically weak, having headaches	
9		or difficulty concentrating, seizures, hearing / seeing things	
10		that aren't there.	
11		Still thinking about the 12-month period in your life when you	
12		used each of these substances the most: When you stopped,	
13		cut down or went without any of these substances, did you	
14		experience any problems like these?	
15			
16	Q198_x1	Alcohol (beer, wine, spirits)	No .....1
17			Yes .....2
18			I did not cut down or stop in that
19			12 months .....3
20			
21	Q198_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
22			Yes .....2
23			I did not cut down or stop in that
24			12 months .....3
25			
26	Q198_x3	E-cigarettes	No .....1
27			Yes .....2
28			I did not cut down or stop in that
29			12 months .....3
30			
31	Q198_x4	Cannabis (marijuana)	No .....1
32			Yes .....2
33			I did not cut down or stop in that
34			12 months .....3
35			
36	Q198_xx1	Cocaine	No .....1
37			Yes .....2
38			I did not cut down or stop in that
39			12 months .....3
40			
41	Q198_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
42			Yes .....2
43			I did not cut down or stop in that
44			12 months .....3
45			
46	Q198_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
47			Yes .....2
48			I did not cut down or stop in that
49			12 months .....3
50			
51	Q198_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
52			Yes .....2
53			I did not cut down or stop in that
54			12 months .....3
55			
56	Q198_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
57			Yes .....2
58			I did not cut down or stop in that
59			12 months .....3
60			
	Q198_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
			Yes .....2
			I did not cut down or stop in that

1			12 months .....3
2			
3			
4	Q198_xx7	Ecstasy (E, MDMA)	No .....1
5			Yes .....2
6			I did not cut down or stop in that
7			12 months .....3
8	Q198_xx8	Ketamine (Special K)	No .....1
9			Yes .....2
10			I did not cut down or stop in that
11			12 months .....3
12			
13	Q198_xx9	GHB (liquid e, Fantasy)	No .....1
14			Yes .....2
15			I did not cut down or stop in that
16			12 months .....3
17			
18	Q198_xx10	Other party drugs	No .....1
19			Yes .....2
20			I did not cut down or stop in that
21			12 months .....3
22			
23	Q198_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
24			Yes .....2
25			I did not cut down or stop in that
26			12 months .....3
27			
28	Q198_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
29			Yes .....2
30			I did not cut down or stop in that
31			12 months .....3
32	Q198_xx13	Other	No .....1
33			Yes .....2
34			I did not cut down or stop in that
35			12 months .....3

---

1	Q199	Did you ever drink alcohol, take medication or drugs to keep from having these problems or to make them go away?	
2			
3			
4	Q199_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q199_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q199_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q199_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q199_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q199_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q199_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q199_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q199_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q199_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q199_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q199_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q199_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q199_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q199_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q199_xx12	Over-the-counter or prescription stimulants (e.g. No-do, do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q199_xx13	Other	No .....1
53			Yes .....2

---

\*\*\*\*\*  
 IF EVER TAKEN ANY ANTIDEPRESSANT (ANY OF Q10\_1 TO Q10\_11 = 1),  
 CONTINUE  
 ELSE GO TO Q201  
 \*\*\*\*\*

1	Q200	During the time(s) you have taken antidepressants (even if it wasn't for anxiety or depression), did this change the amount you used any of the following substances?	
2			
3			
4			
5	Q200_x1	Alcohol (beer, wine, spirits)	No change .....1
6			Use increased while taking
7			antidepressants .....2
8			Use decreased or stopped while
9			taking antidepressants .....3
10			
11	Q200_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No change .....1
12			Use increased while taking
13			antidepressants .....2
14			Use decreased or stopped while
15			taking antidepressants .....3
16			
17	Q200_x3	E-cigarettes	No change .....1
18			Use increased while taking
19			antidepressants .....2
20			Use decreased or stopped while
21			taking antidepressants .....3
22			
23	Q200_x4	Cannabis (marijuana)	No change .....1
24			Use increased while taking
25			antidepressants .....2
26			Use decreased or stopped while
27			taking antidepressants .....3
28			
29	Q200_xx1	Cocaine	No change .....1
30			Use increased while taking
31			antidepressants .....2
32			Use decreased or stopped while
33			taking antidepressants .....3
34			
35	Q200_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No change .....1
36			Use increased while taking
37			antidepressants .....2
38			Use decreased or stopped while
39			taking antidepressants .....3
40			
41	Q200_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No change .....1
42			Use increased while taking
43			antidepressants .....2
44			Use decreased or stopped while
45			taking antidepressants .....3
46			
47	Q200_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No change .....1
48			Use increased while taking
49			antidepressants .....2
50			Use decreased or stopped while
51			taking antidepressants .....3
52			
53	Q200_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No change .....1
54			Use increased while taking
55			antidepressants .....2
56			Use decreased or stopped while
57			taking antidepressants .....3
58			
59	Q200_xx6	Opioids (e.g. heroin, morphine, methadone)	No change .....1
60			Use increased while taking
			antidepressants .....2
			Use decreased or stopped while
			taking antidepressants .....3

1			
2			
3	Q200_xx7	Ecstasy (E, MDMA)	No change .....1
4			Use increased while taking
5			antidepressants .....2
6			Use decreased or stopped while
7			taking antidepressants .....3
8			
9	Q200_xx8	Ketamine (Special K)	No change .....1
10			Use increased while taking
11			antidepressants .....2
12			Use decreased or stopped while
13			taking antidepressants .....3
14	Q200_xx9	GHB (liquid e, Fantasy)	No change .....1
15			Use increased while taking
16			antidepressants .....2
17			Use decreased or stopped while
18			taking antidepressants .....3
19			
20	Q200_xx10	Other party drugs	No change .....1
21			Use increased while taking
22			antidepressants .....2
23			Use decreased or stopped while
24			taking antidepressants .....3
25			
26	Q200_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No change .....1
27			Use increased while taking
28			antidepressants .....2
29			Use decreased or stopped while
30			taking antidepressants .....3
31			
32	Q200_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No change .....1
33			Use increased while taking
34			antidepressants .....2
35			Use decreased or stopped while
36			taking antidepressants .....3
37	Q200_xx13	Other	No change .....1
38			Use increased while taking
39			antidepressants .....2
40			Use decreased or stopped while
41			taking antidepressants .....3
42			
43			
44	Q201	You have reached the end of this section of the questionnaire. Thanks for answering our questions!	
45			
46			
47			
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**Module 3 – Experiences of health care**

**Q202** The following questions are about your recent experiences with health services **in Australia**. Have you ever thought that you had a mental health or behavioural problem? No .....1  
Yes .....2  
Don't know .....3

\*\*\*\*\*  
IF EVER THOUGHT HAD PROBLEM (Q202 = 2) CONTINUE  
ELSE GO TO Q217  
\*\*\*\*\*

**Q203** At the time, did you think this problem might be helped by seeing a health professional? No .....1  
Yes .....2  
Don't know .....3

**Q204** Have you ever had a friend, relative or doctor suggest that you should seek help for a mental health or behavioural problem? No .....1  
Yes .....2  
Don't know .....3

\*\*\*\*\*  
IF HELP EVER SUGGESTED (Q204 = 2) CONTINUE  
ELSE GO TO Q206  
\*\*\*\*\*

**Q205** Was that in the past 12 months? No .....1  
Yes .....2  
Don't know .....3

**Q206\_n** How old were you when the mental health or behavioural problem first began? \_\_\_\_\_/\_\_\_\_ YEARS

**Q207** The next questions are about the mental health or behavioural problem that you have just mentioned. Have you done anything to deal with the mental health or behavioural problem? No .....1  
Yes .....2  
Don't know .....3

\*\*\*\*\*  
IF NOT DONE ANYTHING (Q207 = 1), GO TO 208  
IF DONE SOMETHING (Q207 = 2), GO TO Q209  
ELSE GO TO Q210  
\*\*\*\*\*

**Q208** Were there any reasons why you haven't done anything? No .....1  
Yes .....2  
Don't know .....3

**Q208\_TEXT** Reasons for not having done anything \_\_\_\_\_

\*\*\*\*\*  
GO TO Q210  
\*\*\*\*\*

1 Q209 How long have you recognised that you have had this mental  
 2 health or behavioural problem?  
 3  
 4 If 3 months or less, please record your answer in the Days  
 5 field. If more than 3 months but no more than 2 years, please  
 6 record your answer in the Months field. If longer than 2 years,  
 7 please record your answer in the Years field.  
 8  
 9 Q209 Recognition of problem time units Days .....1  
 10 Months .....2  
 11 Years .....3  
 12  
 13 Q209\_n Number of recognition of problem time units \_/\_  
 14

---

15  
 16 Q210 Thinking about your mental health or behavioural problem ...  
 17  
 18 Q210\_1 Have you discussed this problem with any close friends? No .....1  
 19 Yes .....2  
 20 Don't know .....3  
 21  
 22 Q210\_2 Have you sought any information for this problem? No .....1  
 23 Yes .....2  
 24 Don't know .....3  
 25  
 26 Q210\_3 Have you discussed your problem with family? No .....1  
 27 Yes .....2  
 28 Don't know .....3  
 29  
 30 Q210\_4 Have you used or do you use any self-help strategies to help  
 31 you deal with this problem? No .....1  
 32 Yes .....2  
 33 Don't know .....3  
 34  
 35 Q210\_5 Have you used alcohol or other substances to deal with this  
 36 problem? No .....1  
 37 Yes .....2  
 38 Don't know .....3  
 39  
 40 Q210\_6 Have you seen a health professional, such as a general  
 41 practitioner, about this problem? No .....1  
 42 Yes .....2  
 43 Don't know .....3  
 44  
 45 Q210\_7 Have you seen or do you see a specialist, such as a  
 46 psychiatrist, about this problem? No .....1  
 47 Yes .....2  
 48 Don't know .....3  
 49  
 50 Q210\_8 Have you done or did you do anything else to deal with  
 51 this problem? No .....1  
 52 Yes .....2  
 53 Don't know .....3

\*\*\*\*\*  
 IF ANY ACTION TAKEN (ANY OF Q210\_1 TO Q210\_8 = 2) CONTINUE  
 ELSE GO TO Q217  
 \*\*\*\*\*

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\*\*\*\*\*  
 IF SOUGHT INFORMATION (Q210\_2 = 2) CONTINUE, ELSE GO TO Q213  
 \*\*\*\*\*

58 Q211 What information have you sought? \_\_\_\_\_  
 59  
 60

1	Q212	Where did you get this information from?	
2			
3	Q212_1	Doctor	Yes .....1
4	Q212_2	Friend / family member	Yes .....1
5	Q213_3	Book(s)	Yes .....1
6	Q213_4	Helpline	Yes .....1
7	Q213_5	Mental health organization	Yes .....1
8	Q213_6	Community health centre	Yes .....1
9	Q213_7	Internet	Yes .....1
10	Q213_8	Visited the library	Yes .....1
11	Q213_9	Other	Yes .....1
12	Q213_10	Don't know	Yes .....1
13			
14	Q213_5_TEXT	Specified mental health organization	_____
15	Q213_9_TEXT	Specified other information source	_____

\*\*\*\*\*  
 IF USED SELF-HELP STRATEGIES (Q210D = 2) CONTINUE  
 ELSE GO TO Q214  
 \*\*\*\*\*

Q213 What self-help strategies have you used? \_\_\_\_\_

\*\*\*\*\*  
 IF DID SOMETHING ELSE (Q210H = 2) CONTINUE  
 ELSE GO TO Q215  
 \*\*\*\*\*

Q214 What else did you do / have you done? \_\_\_\_\_

\*\*\*\*\*  
 FOR EACH ACTION TAKEN AT Q210 (Q210A TO Q210H = 2), COMPLETE  
 THE RELEVANT SECTION OF Q215  
 \*\*\*\*\*

1		
2		
3		
4		
5		
6	Q215	Did you find the following helpful or unhelpful?
7		
8	Q215A	Discussing your problem with close friends
9		Helpful .....1
10		Unhelpful .....2
11		Neither helpful nor unhelpful .....3
12		Don't know .....4
13	Q215B	[TEXT FOR INFORMATION SOUGHT FROM Q211]
14		Helpful .....1
15		Unhelpful .....2
16		Neither helpful nor unhelpful .....3
17		Don't know .....4
18	Q215C	Discussing the problem with your family
19		Helpful .....1
20		Unhelpful .....2
21		Neither helpful nor unhelpful .....3
22		Don't know .....4
23	Q215D	[TEXT FOR SELF-HELP STRATEGY FROM Q213]
24		Helpful .....1
25		Unhelpful .....2
26		Neither helpful nor unhelpful .....3
27		Don't know .....4
28	Q215E	Using alcohol or other substances
29		Helpful .....1
30		Unhelpful .....2
31		Neither helpful nor unhelpful .....3
32		Don't know .....4
33	Q215F	Seeing a health professional
34		Helpful .....1
35		Unhelpful .....2
36		Neither helpful nor unhelpful .....3
37		Don't know .....4
38	Q215G	Seeing a specialist
39		Helpful .....1
40		Unhelpful .....2
41		Neither helpful nor unhelpful .....3
42		Don't know .....4
43	Q215H	[OTHER ACTION FROM Q214]
44		Helpful .....1
45		Unhelpful .....2
46		Neither helpful nor unhelpful .....3
47		Don't know .....4
48	Q216	Was a parent, guardian or another adult involved in any of these
49		processes?
50		No .....1
51		Yes .....2
52		Don't know .....3
53	Q217	Another section of the questionnaire completed. Well done!
54		
55		
56		
57		
58		
59		
60		

## Module 4 – Thoughts, feelings and behaviours

Q218 Please answer each question by choosing Yes or No. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the questions.

Q218A Does your mood often go up and down?	No .....1
	Yes .....2
Q218B Are you a talkative person?	No .....1
	Yes .....2
Q218C Do you ever feel 'just miserable' for no reason?	No .....1
	Yes .....2
Q218D Are you rather lively?	No .....1
	Yes .....2
Q218E Are you an irritable person?	No .....1
	Yes .....2
Q218F Do you enjoy meeting new people?	No .....1
	Yes .....2
Q218G Are your feelings easily hurt?	No .....1
	Yes .....2
Q218H Can you usually let yourself go and enjoy yourself at a lively party?	No .....1
	Yes .....2
Q218I Do you often feel 'fed-up'?	No .....1
	Yes .....2
Q218J Do you usually take the initiative in making new friends?	No .....1
	Yes .....2
Q218K Would you call yourself a nervous person?	No .....1
	Yes .....2
Q218L Can you easily get some life into a rather dull party?	No .....1
	Yes .....2

1			
2	Q219	Please answer each question by choosing Yes or No. There are no right or	
3		wrong answers, and no trick questions. Work quickly and do not think too	
4		long about the exact meaning of the questions.	
5			
6	Q219A	Are you a worrier?	No .....1
7			Yes .....2
8			
9	Q219B	Do you tend to keep in the background on social occasions?	No .....1
10			Yes .....2
11			
12	Q219C	Would you call yourself tense or "highly-strung"?	No .....1
13			Yes .....2
14			
15	Q219D	Do you like mixing with people?	No .....1
16			Yes .....2
17			
18	Q219E	Do you worry too long after an embarrassing experience?	No .....1
19			Yes .....2
20			
21	Q219F	Do you like plenty of bustle and excitement around you?	No .....1
22			Yes .....2
23			
24	Q219G	Do you suffer from "nerves"?	No .....1
25			Yes .....2
26			
27	Q219H	Are you mostly quiet when you are with other people?	No .....1
28			Yes .....2
29			
30	Q219I	Do you often feel lonely?	No .....1
31			Yes .....2
32			
33	Q219J	Do other people think of you as being very lively?	No .....1
34			Yes .....2
35			
36	Q219K	Are you often troubled by feelings of guilt?	No .....1
37			Yes .....2
38			
39	Q219L	Can you get a party going?	No .....1
40			Yes .....2
41			
42			
43			
44			
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1		
2	Q220	The following items refer to experiences that many people have in their
3		everyday lives. Choose the answer that best describes how much that
4		experience has <b>distressed or bothered</b> you during the past month.
5		
6	Q220A	I have saved up so many things that they get in the way
7		Not at all .....1
8		A little .....2
9		Moderately .....3
10		A lot .....4
11		Extremely .....5
12	Q220B	I check things more often than necessary
13		Not at all .....1
14		A little .....2
15		Moderately .....3
16		A lot .....4
17		Extremely .....5
18	Q220C	I get upset if objects are not arranged properly
19		Not at all .....1
20		A little .....2
21		Moderately .....3
22		A lot .....4
23		Extremely .....5
24	Q220D	I feel compelled to count while I am doing things
25		Not at all .....1
26		A little .....2
27		Moderately .....3
28		A lot .....4
29		Extremely .....5
30	Q220E	I find it difficult to touch an object when I know it has been
31		touched by strangers or certain people
32		Not at all .....1
33		A little .....2
34		Moderately .....3
35		A lot .....4
36		Extremely .....5
37	Q220F	I find it difficult to control my own thoughts
38		Not at all .....1
39		A little .....2
40		Moderately .....3
41		A lot .....4
42		Extremely .....5
43	Q220G	I collect things I don't need
44		Not at all .....1
45		A little .....2
46		Moderately .....3
47		A lot .....4
48		Extremely .....5
49	Q220H	I repeatedly check doors, windows, drawers etc.
50		Not at all .....1
51		A little .....2
52		Moderately .....3
53		A lot .....4
54		Extremely .....5
55	Q220I	I get upset if others change the way I have arranged things
56		Not at all .....1
57		A little .....2
58		Moderately .....3
59		A lot .....4
60		Extremely .....5

1			
2	Q221	The following items refer to experiences that many people have in their	
3		everyday lives. Choose the answer that best describes how much that	
4		experience has <b>distressed or bothered</b> you during the past month.	
5			
6		Q221A I feel I have to repeat certain numbers	Not at all .....1
7			A little .....2
8			Moderately .....3
9			A lot .....4
10			Extremely .....5
11		Q221B I sometimes have to wash or clean myself simply because I	Not at all .....1
12		feel contaminated	A little .....2
13			Moderately .....3
14			A lot .....4
15			Extremely .....5
16			
17		Q221C I am upset by unpleasant thoughts that come into my mind	Not at all .....1
18		against my will	A little .....2
19			Moderately .....3
20			A lot .....4
21			Extremely .....5
22			
23		Q221D I avoid throwing things away because I am afraid I might	Not at all .....1
24		need them later	A little .....2
25			Moderately .....3
26			A lot .....4
27			Extremely .....5
28			
29		Q221E I repeatedly check gas and water taps and light switches	Not at all .....1
30		after turning them off	A little .....2
31			Moderately .....3
32			A lot .....4
33			Extremely .....5
34			
35		Q221F I need things to be arranged in a particular order	Not at all .....1
36			A little .....2
37			Moderately .....3
38			A lot .....4
39			Extremely .....5
40			
41		Q221G I feel that there are good and bad numbers	Not at all .....1
42			A little .....2
43			Moderately .....3
44			A lot .....4
45			Extremely .....5
46			
47		Q221H I wash my hands more often and longer than necessary	Not at all .....1
48			A little .....2
49			Moderately .....3
50			A lot .....4
51			Extremely .....5
52			
53		Q221I I frequently get nasty thoughts and have difficulty getting rid	Not at all .....1
54		of them	A little .....2
55			Moderately .....3
56			A lot .....4
57			Extremely .....5
58			
59			
60			



1			
2	Q222	Read each statement and decide if it is an accurate statement about you.	
3		Mark your answer next to each statement. Give your own opinion of	
4		yourself. Be sure to answer every statement.	
5			
6	Q222A	My mood can shift quite suddenly	False, not at all true .....1
7			Slightly true .....2
8			Mainly true .....3
9			Very true .....4
10			
11	Q222B	I avoid eye contact with other people	False, not at all true .....1
12			Slightly true .....2
13			Mainly true .....3
14			Very true .....4
15			
16	Q222C	My attitude about myself changes a lot	False, not at all true .....1
17			Slightly true .....2
18			Mainly true .....3
19			Very true .....4
20			
21	Q222D	I have difficulty making friends, even when trying my best	False, not at all true .....1
22			Slightly true .....2
23			Mainly true .....3
24			Very true .....4
25			
26	Q222E	My relationships have been stormy	False, not at all true .....1
27			Slightly true .....2
28			Mainly true .....3
29			Very true .....4
30			
31	Q222F	I am sometimes regarded by other people as odd or weird	False, not at all true .....1
32			Slightly true .....2
33			Mainly true .....3
34			Very true .....4
35			
36	Q222G	My moods get quite intense	False, not at all true .....1
37			Slightly true .....2
38			Mainly true .....3
39			Very true .....4
40			
41	Q222H	I have trouble keeping up with the flow of a normal conversation	False, not at all true .....1
42			Slightly true .....2
43			Mainly true .....3
44			Very true .....4
45			
46	Q222I	Sometimes I feel terribly empty inside	False, not at all true .....1
47			Slightly true .....2
48			Mainly true .....3
49			Very true .....4
50			
51	Q222J	I have difficulty relating to peers	False, not at all true .....1
52			Slightly true .....2
53			Mainly true .....3
54			Very true .....4
55			
56	Q222K	I want to let certain people know how much they've hurt me	False, not at all true .....1
57			Slightly true .....2
58			Mainly true .....3
59			Very true .....4
60			
	Q222L	Compared to others I have a restricted or unusually narrow range of interests	False, not at all true .....1
			Slightly true .....2
			Mainly true .....3
			Very true .....4

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For peer review only

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2	Q223	Read each statement and decide if it is an accurate statement about you.
3		Mark your answer next to each statement. Give your own opinion of
4		yourself. Be sure to answer every statement.
5		
6	Q223A	My mood is very steady
7		False, not at all true .....1
8		Slightly true .....2
9		Mainly true .....3
10		Very true .....4
11	Q223B	I have trouble understanding the meaning of other people's
12		tone of voice and facial expressions
13		False, not at all true .....1
14		Slightly true .....2
15		Mainly true .....3
16		Very true .....4
17	Q223C	I worry a lot about other people leaving me
18		False, not at all true .....1
19		Slightly true .....2
20		Mainly true .....3
21		Very true .....4
22	Q223D	I have trouble concentrating too much on parts of things
23		rather than seeing the whole picture
24		False, not at all true .....1
25		Slightly true .....2
26		Mainly true .....3
27		Very true .....4
28	Q223E	People once close to me have let me down
29		False, not at all true .....1
30		Slightly true .....2
31		Mainly true .....3
32		Very true .....4
33	Q223F	I would rather be alone than with others
34		False, not at all true .....1
35		Slightly true .....2
36		Mainly true .....3
37		Very true .....4
38	Q223G	I have little control over my anger
39		False, not at all true .....1
40		Slightly true .....2
41		Mainly true .....3
42		Very true .....4
43	Q223H	I have more difficulty than others do with changes in routine
44		False, not at all true .....1
45		Slightly true .....2
46		Mainly true .....3
47		Very true .....4
48	Q223I	I often wonder what I should do with my life
49		False, not at all true .....1
50		Slightly true .....2
51		Mainly true .....3
52		Very true .....4
53	Q223J	I am (or used to be) overly sensitive to sounds, textures or smells
54		False, not at all true .....1
55		Slightly true .....2
56		Mainly true .....3
57		Very true .....4
58	Q223K	I rarely feel very lonely
59		False, not at all true .....1
60		Slightly true .....2
		Mainly true .....3
		Very true .....4
	Q223L	I frequently make careless mistakes
		False, not at all true .....1
		Slightly true .....2
		Mainly true .....3
		Very true .....4

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4	Q224	Read each statement and decide if it is an accurate statement about you.
5		Mark your answer next to each statement. Give your own opinion of
6		yourself. Be sure to answer every statement.
7		
8	Q224A	I sometimes do things so impulsively that I get into trouble
9		False, not at all true .....1
10		Slightly true .....2
11		Mainly true .....3
12		Very true .....4
13	Q224B	I have difficulty keeping my attention on tasks that don't
14		interest me
15		False, not at all true .....1
16		Slightly true .....2
17		Mainly true .....3
18		Very true .....4
19	Q224C	I've always been a pretty happy person
20		False, not at all true .....1
21		Slightly true .....2
22		Mainly true .....3
23		Very true .....4
24	Q224D	People tell me that I don't listen when others are talking
25		False, not at all true .....1
26		Slightly true .....2
27		Mainly true .....3
28		Very true .....4
29	Q224E	I can't handle separation from those close to me very well
30		False, not at all true .....1
31		Slightly true .....2
32		Mainly true .....3
33		Very true .....4
34	Q224F	I have difficulty finishing projects or assignments (hobbies
35		or work)
36		False, not at all true .....1
37		Slightly true .....2
38		Mainly true .....3
39		Very true .....4
40	Q224G	I've made some real mistakes in the people I've picked as
41		friends
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q224H	I have difficulty staying organised at work or home
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q224I	When I'm upset, I typically do something to hurt myself
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q224J	I have difficulty with projects that require sustained mental
57		effort
58		False, not at all true .....1
59		Slightly true .....2
60		Mainly true .....3
		Very true .....4

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2	Q225	Read each statement and decide if it is an accurate statement about you.
3		Mark your answer next to each statement. Give your own opinion of
4		yourself. Be sure to answer every statement.
5		
6	Q225A	I frequently lose things (like pencils or my car keys)
7		False, not at all true .....1
8		Slightly true .....2
9		Mainly true .....3
10		Very true .....4
11	Q225B	I don't get bored very easily
12		False, not at all true .....1
13		Slightly true .....2
14		Mainly true .....3
15		Very true .....4
16	Q225C	I am easily distracted
17		False, not at all true .....1
18		Slightly true .....2
19		Mainly true .....3
20		Very true .....4
21	Q225D	Once someone is my friend, we stay friends
22		False, not at all true .....1
23		Slightly true .....2
24		Mainly true .....3
25		Very true .....4
26	Q225E	Compared to others I am forgetful
27		False, not at all true .....1
28		Slightly true .....2
29		Mainly true .....3
30		Very true .....4
31	Q225F	I'm too impulsive for my own good
32		False, not at all true .....1
33		Slightly true .....2
34		Mainly true .....3
35		Very true .....4
36	Q225G	I tend to blurt out answers or comments
37		False, not at all true .....1
38		Slightly true .....2
39		Mainly true .....3
40		Very true .....4
41	Q225H	I spend money too easily
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q225I	I have difficulty waiting my turn
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q225J	I'm a reckless person
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q225K	People tell me that I frequently interrupt
57		False, not at all true .....1
58		Slightly true .....2
59		Mainly true .....3
60		Very true .....4
	Q225L	I'm careful about how I spend my money
		False, not at all true .....1
		Slightly true .....2
		Mainly true .....3
		Very true .....4

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Q226 The next questions are about how you feel about different aspects of your life. For each one, mark how often you feel that way.

Q226A How often do you feel that you lack companionship?      Hardly ever .....1  
Some of the time .....2  
Often .....3

Q226B How often do you feel left out?      Hardly ever .....1  
Some of the time .....2  
Often .....3

Q226C How often do you feel isolated from others?      Hardly ever .....1  
Some of the time .....2  
Often .....3

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Q227 You've now finished this section of the questionnaire too. Great work!

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For peer review only

## Module 5 – Life Events

Q228 This section of the questionnaire contains a number of questions about events you may have experienced during your life, including some that may have been traumatic or that may be upsetting to think about. If you find any of these questions upsetting, please feel free to skip them. If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get further help. Contact details for Lifeline are below. You may like to write them down before we continue.  
 PHONE NUMBER FOR LIFELINE: 13 11 14  
 WEBSITE: www.lifeline.org.au

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Q229	Do you have a romantic partner now?	No .....	1
		Yes .....	2
		Don't know .....	3

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Q230	Have you had a romantic partner in the last 12 months?	No .....	1
		Yes .....	2
		Don't know .....	3

---

Q231	Have you had any serious problems getting along with any of the following individuals during the past 12 months?		
Q231A	Your partner (IF Q229 = 2 OR Q230 = 2)	No .....	1
		Yes .....	2
Q231B	Other family member	No .....	1
		Yes .....	2
Q231C	A close friend	No .....	1
		Yes .....	2
Q231D	A neighbour	No .....	1
		Yes .....	2
Q231E	Someone living with you (e.g. child, flatmate or elderly parent)	No .....	1
		Yes .....	2
Q231F	A workmate/co-worker	No .....	1
		Yes .....	2

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1			
2	Q232	If you have a partner, please judge your partner's attitudes and behaviour	
3		towards you in recent times.	
4			
5	Q232A	Is very loving to me	Very true .....1
6			Moderately true .....2
7			Somewhat true .....3
8			Not at all true .....4
9			
10	Q232B	Is a good companion	Very true .....1
11			Moderately true .....2
12			Somewhat true .....3
13			Not at all true .....4
14			
15	Q232C	Is affectionate to me	Very true .....1
16			Moderately true .....2
17			Somewhat true .....3
18			Not at all true .....4
19			
20	Q232D	Is very considerate of me	Very true .....1
21			Moderately true .....2
22			Somewhat true .....3
23			Not at all true .....4
24			
25	Q232E	Is fun to be with	Very true .....1
26			Moderately true .....2
27			Somewhat true .....3
28			Not at all true .....4
29			
30	Q232F	Shows his/her appreciation of me	Very true .....1
31			Moderately true .....2
32			Somewhat true .....3
33			Not at all true .....4
34			
35	Q232G	Understands my problems and worries	Very true .....1
36			Moderately true .....2
37			Somewhat true .....3
38			Not at all true .....4
39			
40	Q232H	Confides closely in me	Very true .....1
41			Moderately true .....2
42			Somewhat true .....3
43			Not at all true .....4
44			
45	Q232I	Makes me feel needed	Very true .....1
46			Moderately true .....2
47			Somewhat true .....3
48			Not at all true .....4
49			
50	Q232J	Is physically gentle and considerate	Very true .....1
51			Moderately true .....2
52			Somewhat true .....3
53			Not at all true .....4
54			
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1	Q233	And, some questions about your relationships with people close to you	
2		and your social networks	
3			
4		Q233A If you get angry or upset do you have people you can tell	No .....1
5		just how you feel?	Yes, with one or two people .....2
6			Yes, with more than two people ....3
7			
8		Q233B Recently have you had any fights or arguments with people	No .....1
9		close to you?	Yes, with one or two people .....2
10			Yes, with more than two people ....3
11			

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Q234

13		Q234A Are you a member of any social club or sporting group?	No .....1
14			Yes .....2
15			Yes, sort of .....3
16			
17		Q234B Are you currently in a relationship?	No .....1
18			Yes .....2
19			Yes, sort of .....3
20			
21		Q234C Do you have someone you can trust with your private	No .....1
22		thoughts and feelings?	Yes .....2
23			Yes, sort of .....3
24			
25		Q234D If you're having a tough time, do you have someone you can	No .....1
26		really depend on?	Yes .....2
27			Yes, sort of .....3
28			
29		Q234E Is there anyone who really knows you very well (e.g.	No .....1
30		understands how you think and feel)?	Yes .....2
31			Yes, sort of .....3
32			
33		Q234F Is there anyone you feel close to that understands your	No .....1
34		concerns / difficulties?	Yes .....2
35			Yes, sort of .....3
36			
37		Q234G Is there anyone you feel you can turn to, if in trouble or a crisis?	No .....1
38			Yes .....2
39			Yes, sort of .....3
40			
41		Q234H When you feel happy do you have someone you can share	No .....1
42		this with?	Yes .....2
43			Yes, sort of .....3
44			

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## Q235

Q235A Does it seem that your family and friends (people who are important to you) understand you?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235B Do you feel useful to your family and friends (people important to you)?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235C Do you know what is going on with your family and friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235D When you are talking with your family and friends, do you feel you are being listened to?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235E Do you feel you have a definite role or place in your family and among your friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235F Can you talk about your deepest problems with at least some of your family and friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3

## Q236 How often do friends and/or family ...

Q236A Create tensions or arguments with you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236B Criticise you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236C Express interest in how you are doing?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236D Make too many demands on you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236E Make you feel cared for?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4

Q237 Other than members of your family, how many people do you feel you can depend on or feel very close to?	None .....1
	1 to 2 people .....2
	More than 2 people .....3

1  
2 Q238 And, thinking specifically about your family and friends, about how  
3 many times in the past week (excluding time spent at school or work):

4  
5 Q238A Did you spend time with someone who doesn't live with  
6 you (e.g. went to see them or they came to visit you, or you went out  
7 together)?  
8  
9  
10  
11 0 .....1  
12 1 .....2  
13 2 .....3  
14 3 .....4  
15 4 .....5  
16 5 .....6  
17 6 .....7  
18 7 or more .....8

19  
20 Q238B Did you talk to someone (friends, relatives or others) on the  
21 telephone?  
22  
23  
24 0 .....1  
25 1 .....2  
26 2 .....3  
27 3 .....4  
28 4 .....5  
29 5 .....6  
30 6 .....7  
31 7 or more .....8

32  
33 Q238C Did you go to meetings of clubs, religious meetings, or other  
34 groups of which you're a member?  
35  
36  
37 0 .....1  
38 1 .....2  
39 2 .....3  
40 3 .....4  
41 4 .....5  
42 5 .....6  
43 6 .....7  
44 7 or more .....8

45  
46 Q238D Did you use the internet to spend time with someone, talk  
47 with someone, or attend club / group meetings?  
48  
49  
50 0 .....1  
51 1 .....2  
52 2 .....3  
53 3 .....4  
54 4 .....5  
55 5 .....6  
56 6 .....7  
57 7 or more .....8  
58  
59  
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For peer review only

1			
2	Q239	During the past 12 months have you had any of these events occur?	
3			
4	Q239A	Divorce	No .....1
5			Yes .....2
6			
7	Q239B	Marital separation	No .....1
8			Yes .....2
9			
10	Q239C	Broken engagement or steady relationship	No .....1
11			Yes .....2
12			
13	Q239D	Separation from other loved one or close friend	No .....1
14			Yes .....2
15			
16	Q239E	Serious illness or injury	No .....1
17			Yes .....2
18			
19	Q239F	Serious accident (not involving personal injury)	No .....1
20			Yes .....2
21			
22	Q239G	Burgled or robbed	No .....1
23			Yes .....2
24			
25	Q239H	Laid off or sacked from job	No .....1
26			Yes .....2
27			
28	Q239I	Other serious difficulties at work	No .....1
29			Yes .....2
30			
31	Q239J	Major financial problems	No .....1
32			Yes .....2
33			
34	Q239K	Legal troubles or involvement with police	No .....1
35			Yes .....2
36			
37	Q239L	Living in unpleasant surroundings	No .....1
38			Yes .....2
39			
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2 Q472 The next series of questions will ask you about events you may have experienced during your life, including  
3 some that may have been traumatic or that may be upsetting to think about.  
4 If you find any of these questions upsetting, please feel free to skip them.

5  
6 If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have  
7 telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who  
8 are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get  
9 further help.

10 Contact details for Lifeline are below. You may like to write them down before we continue.

11  
12 PHONE NUMBER

13  
14 FOR LIFELINE:

15  
16 13 11 14

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18 WEBSITE: [www.lifeline.org.au](http://www.lifeline.org.au)  
19

20  
21 Q240 Listed below are a number of difficult or stressful things that sometimes  
22 happen to people. For each event mark one or more of the boxes to the  
23 right to indicate that: (a) it happened to you personally; (b) you  
24 witnessed it happen to someone else; (c) you learned about it happening  
25 to a close family member or close friend; (d) you were exposed to it as  
26 part of your job (for example, paramedic, police, military or other first  
27 responder); (e) you're not sure if it fits; or (f) it doesn't apply to you. Be  
28 sure to consider your entire life (growing up as well as adulthood) as you  
29 go through the list of events.

30	Q240A Natural disaster (e.g. flood, cyclone, tornado, earthquake)	Happened to me .....1
31		Witnessed it .....2
32		Learned about it .....3
33		Part of my job .....4
34		Not sure .....5
35		Doesn't apply .....6
36		
37	Q240B Fire or explosion	Happened to me .....1
38		Witnessed it .....2
39		Learned about it .....3
40		Part of my job .....4
41		Not sure .....5
42		Doesn't apply .....6
43		
44	Q240C Transportation accident (e.g. car accident, boat accident, 45 train wreck, plane crash)	Happened to me .....1
46		Witnessed it .....2
47		Learned about it .....3
48		Part of my job .....4
49		Not sure .....5
50		Doesn't apply .....6
51	Q240D Serious accident at work, home or during recreational activity	Happened to me .....1
52		Witnessed it .....2
53		Learned about it .....3
54		Part of my job .....4
55		Not sure .....5
56		Doesn't apply .....6
57	Q240E Exposure to toxic substances (e.g. dangerous chemicals, 58 radiation)	Happened to me .....1
59		Witnessed it .....2
60		Learned about it .....3
		Part of my job .....4
		Not sure .....5

1		Doesn't apply .....	6
2			
3			
4	Q240F Physical assault (e.g. being attacked, hit, slapped, kicked,	Happened to me .....	1
5	beaten up)	Witnessed it .....	2
6		Learned about it .....	3
7		Part of my job .....	4
8		Not sure .....	5
9		Doesn't apply .....	6
10			
11	Q240G Assault with a weapon (e.g. being shot, stabbed,	Happened to me .....	1
12	threatened with a knife, gun, bomb)	Witnessed it .....	2
13		Learned about it .....	3
14		Part of my job .....	4
15		Not sure .....	5
16		Doesn't apply .....	6
17			
18	Q240H Sexual assault (rape, attempted rape, made to perform	Happened to me .....	1
19	any type of sexual act through force or threat of harm)	Witnessed it .....	2
20		Learned about it .....	3
21		Part of my job .....	4
22		Not sure .....	5
23		Doesn't apply .....	6
24			
25	Q240I Other unwanted or uncomfortable sexual experience	Happened to me .....	1
26		Witnessed it .....	2
27		Learned about it .....	3
28		Part of my job .....	4
29		Not sure .....	5
30		Doesn't apply .....	6
31			
32	Q240J Combat or exposure to a war-zone (in the military or as	Happened to me .....	1
33	a civilian)	Witnessed it .....	2
34		Learned about it .....	3
35		Part of my job .....	4
36		Not sure .....	5
37		Doesn't apply .....	6
38			
39	Q240K Captivity (e.g. being kidnapped, abducted, held hostage,	Happened to me .....	1
40	prisoner of war)	Witnessed it .....	2
41		Learned about it .....	3
42		Part of my job .....	4
43		Not sure .....	5
44		Doesn't apply .....	6
45			
46	Q240L Life-threatening illness or injury	Happened to me .....	1
47		Witnessed it .....	2
48		Learned about it .....	3
49		Part of my job .....	4
50		Not sure .....	5
51		Doesn't apply .....	6
52			
53	Q240M Severe human suffering	Happened to me .....	1
54		Witnessed it .....	2
55		Learned about it .....	3
56		Part of my job .....	4
57		Not sure .....	5
58		Doesn't apply .....	6
59			
60	Q240N Sudden violent death (e.g. homicide, suicide)	Happened to me .....	1
		Witnessed it .....	2
		Learned about it .....	3
		Part of my job .....	4
		Not sure .....	5

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	Doesn't apply .....	6
Q240O Sudden accidental death	Happened to me .....	1
	Witnessed it .....	2
	Learned about it .....	3
	Part of my job .....	4
	Not sure .....	5
	Doesn't apply .....	6
Q240P Serious injury, harm or death you caused to someone else	Happened to me .....	1
	Witnessed it .....	2
	Learned about it .....	3
	Part of my job .....	4
	Not sure .....	5
	Doesn't apply .....	6
Q240Q Any other very stressful event or experience	Happened to me .....	1
	Witnessed it .....	2
	Learned about it .....	3
	Part of my job .....	4
	Not sure .....	5
	Doesn't apply .....	6

\*\*\*\*\*  
 IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4), CONTINUE  
 ELSE GO TO Q244  
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Q241	Sometimes images or strong memories of traumatic events keep coming back in flashbacks, thoughts that you can't get rid of, or repeated nightmares. Has that ever happened to you?	No .....	1
		Yes .....	2

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Q242	Did you make a special effort to avoid thinking or talking about what happened or deliberately stayed away from things or people that reminded you of the terrible experience?	No .....	1
		Yes .....	2

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Q243	After this experience did you have trouble sleeping, have difficulty concentrating, have outbursts of anger, feel overly watchful or on guard, or were you unusually irritable, very jumpy or easily startled?	No .....	1
		Yes .....	2

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Q244	People may experience stressful situations in childhood which may affect their future health and well-being. Please indicate if you experienced any of these situations during your childhood.		
	Q244A Emotional abuse (e.g. often being told you were no good, yelled at in a scary way, threatened, ignored, or stopped from making friends)	No .....	1
		Yes .....	2
		Unsure .....	3
	Q244B Emotional neglect (e.g. often not being shown affection, or not being given encouragement or support)	No .....	1
		Yes .....	2
		Unsure .....	3
	Q244C Physical neglect (e.g. often not being given enough to eat or drink, appropriate clothing, shelter, medical care, education, supervision or a safe home environment)	No .....	1
		Yes .....	2
		Unsure .....	3

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\*\*\*\*\*  
 IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4 OR Q244A TO Q244C = 2),  
 COMPLETE THE RELEVANT SECTION OF Q245  
 ELSE GO TO Q246  
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8	Q245	How old were you the first and last time these things happened? If	
9		something happened only once, please enter the same age for the first	
10		and last time.	
11			
12	Q245A	Natural disaster	First time ___/___ AGE IN YEARS
13			Last time ___/___ AGE IN YEARS
14			
15	Q245B	Fire or explosion	First time ___/___ AGE IN YEARS
16			Last time ___/___ AGE IN YEARS
17			
18	Q245C	Transportation accident	First time ___/___ AGE IN YEARS
19			Last time ___/___ AGE IN YEARS
20			
21	Q245D	Serious accident	First time ___/___ AGE IN YEARS
22			Last time ___/___ AGE IN YEARS
23			
24	Q245E	Exposure to toxic substance	First time ___/___ AGE IN YEARS
25			Last time ___/___ AGE IN YEARS
26			
27	Q245F	Physical assault	First time ___/___ AGE IN YEARS
28			Last time ___/___ AGE IN YEARS
29			
30	Q245G	Assault with a weapon	First time ___/___ AGE IN YEARS
31			Last time ___/___ AGE IN YEARS
32			
33	Q245H	Sexual assault	First time ___/___ AGE IN YEARS
34			Last time ___/___ AGE IN YEARS
35			
36	Q245I	Other unwanted or uncomfortable sexual experience	First time ___/___ AGE IN YEARS
37			Last time ___/___ AGE IN YEARS
38			
39	Q245J	Combat or exposure to a war-zone	First time ___/___ AGE IN YEARS
40			Last time ___/___ AGE IN YEARS
41			
42	Q245K	Captivity	First time ___/___ AGE IN YEARS
43			Last time ___/___ AGE IN YEARS
44			
45	Q245L	Life-threatening illness or injury	First time ___/___ AGE IN YEARS
46			Last time ___/___ AGE IN YEARS
47			
48	Q245M	Severe human suffering	First time ___/___ AGE IN YEARS
49			Last time ___/___ AGE IN YEARS
50			
51	Q245N	Sudden violent death	First time ___/___ AGE IN YEARS
52			Last time ___/___ AGE IN YEARS
53			
54	Q245O	Sudden accidental death	First time ___/___ AGE IN YEARS
55			Last time ___/___ AGE IN YEARS
56			
57	Q245P	Serious injury, harm or death you caused to someone else	First time ___/___ AGE IN YEARS
58			Last time ___/___ AGE IN YEARS
59			
60	Q245Q	Other stressful event or experience	First time ___/___ AGE IN YEARS
			Last time ___/___ AGE IN YEARS
	Q245R	Emotional abuse	First time ___/___ AGE IN YEARS



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		Last time	___/___ AGE IN YEARS
	Q245S Emotional neglect	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
	Q245T Physical neglect	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS

Q246 How old were you when you first had sexual intercourse with your consent? \_\_\_/\_\_\_ AGE IN YEARS

Q247 Do you have a sexual preference for males, females, or both?

Males	.....1
Females	.....2
Both	.....3
Not interested in sex	.....4
Prefer not to answer	.....5

Q248 You have now finished this section of the questionnaire. We recognise that some of the life events we have asked about can be upsetting for some people to answer. But the questions are very important for our research into depression, so thank you for taking the time to answer them.

For peer review only

## Module 6 – Work and Sleep

- Q249 Do you have a regular work schedule (i.e. work the same hours every day on the same days each week)? This includes being a housewife or househusband.
- No .....1  
Yes .....2

\*\*\*\*\*

IF REGULAR WORK SCHEDULE (Q249 = 2) GO TO Q251  
ELSE CONTINUE

\*\*\*\*\*

- Q250 Which of the following best describes your current work arrangements? You may choose more than one.
- Shiftwork with rotating shifts .....1  
Shiftwork with irregular shifts .....2  
On-call or standby .....3  
Overtime or extra hours (paid or unpaid) .....4  
Fly-in fly-out (FIFO), drive-in drive-out (DIDO) or equivalent .....5

- Q251 How many days per week do you work on average?
- 0 .....1  
1 .....2  
2 .....3  
3 .....4  
4 .....5  
5 .....6  
6 .....7  
7 .....8

- Q252 The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the **majority** of days and nights in the past month.

1 Q253 During the past month, when have you usually gone to bed at night?  
2  
3

4 Q253A On work days

5 Earlier than 8:00 pm .....1  
6 8:00 pm .....2  
7 8:30 pm .....3  
8 9:00 pm .....4  
9 9:30 pm .....5  
10 10:00 pm .....6  
11 10:30 pm .....7  
12 11:00 pm .....8  
13 11:30 pm .....9  
14 Midnight .....10  
15 12:30 am .....11  
16 1:00 am .....12  
17 1:30 am .....13  
18 2:00 am .....14  
19 2:30 am .....15  
20 3:00 am .....16  
21 After 3:00 am .....17  
22 Don't know .....18

23 Q253B On free days (e.g. weekend)

24 Earlier than 8:00 pm .....1  
25 8:00 pm .....2  
26 8:30 pm .....3  
27 9:00 pm .....4  
28 9:30 pm .....5  
29 10:00 pm .....6  
30 10:30 pm .....7  
31 11:00 pm .....8  
32 11:30 pm .....9  
33 Midnight .....10  
34 12:30 am .....11  
35 1:00 am .....12  
36 1:30 am .....13  
37 2:00 am .....14  
38 2:30 am .....15  
39 3:00 am .....16  
40 After 3:00 am .....17  
41 Don't know .....18

42 Q253C In an ideal situation (i.e. you have no responsibilities  
43 such as work, children, or engagements the next day)

44 Earlier than 8:00 pm .....1  
45 8:00 pm .....2  
46 8:30 pm .....3  
47 9:00 pm .....4  
48 9:30 pm .....5  
49 10:00 pm .....6  
50 10:30 pm .....7  
51 11:00 pm .....8  
52 11:30 pm .....9  
53 Midnight .....10  
54 12:30 am .....11  
55 1:00 am .....12  
56 1:30 am .....13  
57 2:00 am .....14  
58 2:30 am .....15  
59 3:00 am .....16  
60 After 3:00 am .....17  
Don't know .....18

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Q254 During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

Q254A On work days \_/\_/\_ MINUTES

Q254B On free days \_/\_/\_ MINUTES

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For peer review only

1 Q255 During the past month, when have you usually gotten up in the morning?  
 2  
 3

4 Q255A On work days

5 Before 4:30 am .....1  
 6 4:30 am .....2  
 7 5:00 am .....3  
 8 5:30 am .....4  
 9 6:00 am .....5  
 10 6:30 am .....6  
 11 7:00 am .....7  
 12 7:30 am .....8  
 13 8:00 am .....9  
 14 8:30 am .....10  
 15 9:00 am .....11  
 16 9:30 am .....12  
 17 10:00 am .....13  
 18 10:30 am .....14  
 19 11:00 am .....15  
 20 11:30 am .....16  
 21 Midday .....17  
 22 12:30 pm .....18  
 23 1:00 pm .....19  
 24 After 1:00 pm .....20  
 25 Don't know .....21

26 Q255B On free days (e.g. weekend)

27 Before 4:30 am .....1  
 28 4:30 am .....2  
 29 5:00 am .....3  
 30 5:30 am .....4  
 31 6:00 am .....5  
 32 6:30 am .....6  
 33 7:00 am .....7  
 34 7:30 am .....8  
 35 8:00 am .....9  
 36 8:30 am .....10  
 37 9:00 am .....11  
 38 9:30 am .....12  
 39 10:00 am .....13  
 40 10:30 am .....14  
 41 11:00 am .....15  
 42 11:30 am .....16  
 43 Midday .....17  
 44 12:30 pm .....18  
 45 1:00 pm .....19  
 46 After 1:00 pm .....20  
 47 Don't know .....21

48 Q255C In an ideal situation (i.e. you have no responsibilities  
 49 such as work, children, or engagements the next day)

50 Before 4:30 am .....1  
 51 4:30 am .....2  
 52 5:00 am .....3  
 53 5:30 am .....4  
 54 6:00 am .....5  
 55 6:30 am .....6  
 56 7:00 am .....7  
 57 7:30 am .....8  
 58 8:00 am .....9  
 59 8:30 am .....10  
 60 9:00 am .....11  
 9:30 am .....12  
 10:00 am .....13  
 10:30 am .....14  
 11:00 am .....15  
 11:30 am .....16  
 Midday .....17

12:30 pm .....	18
1:00 pm .....	19
After 1:00 pm .....	20
Don't know .....	21

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Q256 During the past month, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed) \_\_\_\_\_ HOURS

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Q257 Do you have young children who disrupt your sleep or who have changed your usual sleep pattern? No .....1  
Yes .....2

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Q258 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Choose the most appropriate option for each situation.

Q258A Sitting and reading Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258B Watching TV Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258C Sitting, inactive in a public place (e.g. a theatre or a meeting) Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258D As a passenger in a car for an hour without a break Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258E Lying down to rest in the afternoon when circumstances permit Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258F Sitting and talking to someone Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258G Sitting quietly after lunch without alcohol Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258H In a car, while stopped for a few minutes in the traffic Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	<p>Q259 If you usually have to get up at a specific time in the morning, how much do you depend on an alarm clock?</p> <hr/> <p>Q260 During the first half hour after you wake up in the morning, how do you feel?</p> <hr/> <p>Q261 If you had no commitments the next day, what time would you go to bed compared to your usual bedtime?</p> <hr/> <p>Q262 At approximately what time in the evening do you feel tired, and, as a result, in need of sleep?</p> <hr/> <p>Q263 At approximately what time of day do you usually feel your best?</p> <hr/> <p>Q264 One hears about “morning types” and “evening types.” Which one of these types do you consider yourself to be?</p> <hr/> <p>Q265 Over the last 2 weeks, have you had problems with falling asleep, staying asleep or waking up too early?</p>	<p>Not at all .....1 Slightly .....2 Somewhat .....3 Very much .....4</p> <hr/> <p>Very tired .....1 Fairly tired .....2 Fairly refreshed .....3 Very refreshed .....4</p> <hr/> <p>Seldom or never later .....1 Less than 1 hour later .....2 1-2 hours later .....3 More than 2 hours later .....4</p> <hr/> <p>8:00 pm - 9:00 pm .....1 9:00 pm - 10:15 pm .....2 10:15 pm - 12:45 am .....3 12:45 am - 2:00 am .....4 2:00 am - 3:00 am .....5</p> <hr/> <p>5:00 am - 8:00 am .....1 8:00 am - 10:00 am .....2 10:00 am - 5:00 pm .....3 5:00 pm - 10:00 pm .....4 10:00 pm - 5:00 am .....5</p> <hr/> <p>Definitely a morning type .....1 Rather more a morning type than an evening type .....2 Rather more an evening type than a morning type .....3 Definitely an evening type .....4</p> <hr/> <p>No .....1 Yes .....2</p>
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\*\*\*\*\*  
 IF PROBLEMS WITH SLEEP (Q265 = 2) CONTINUE, ELSE GO TO Q267  
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1			
2	Q266	Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s).	
3			
4		Q266A Difficulty falling asleep	None .....1
5			Mild .....2
6			Moderate .....3
7			Severe .....4
8			Very severe .....5
9			
10		Q266B Difficulty staying asleep	None .....1
11			Mild .....2
12			Moderate .....3
13			Severe .....4
14			Very severe .....5
15			
16		Q266C Problem waking up too early	None .....1
17			Mild .....2
18			Moderate .....3
19			Severe .....4
20			Very severe .....5
21			

22			
23	Q267	How satisfied/dissatisfied are you with your current sleep pattern?	Very dissatisfied .....1
24			Dissatisfied .....2
25			Moderately satisfied .....3
26			Satisfied .....4
27			Very satisfied .....5

\*\*\*\*\*  
 IF ANY CURRENT INSOMNIA SYMPTOM (Q266A, Q266B OR Q266C > 1) **OR**  
 LESS THAN SATISFIED WITH CURRENT SLEEP (Q267 <4) CONTINUE  
 ELSE GO TO Q271  
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35	Q268	How noticeable to others do you think your poor sleep is in terms of impairing the quality of your life?	Not at all noticeable .....1
36			A little .....2
37			Somewhat .....3
38			Much .....4
39			Very much noticeable .....5

40			
41			
42	Q269	How worried/distressed are you about your current sleep problem?	Not at all worried .....1
43			A little .....2
44			Somewhat .....3
45			Much .....4
46			Very much worried .....5

47			
48			
49	Q270	To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?	Not at all .....1
50			A little .....2
51			Somewhat .....3
52			Much .....4
53			Very much .....5

54			
55			
56	Q271	During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	Not during the past month .....1
57			Less than once a week .....2
58			Once or twice per week .....3
59			Three or more times per week .....4
60			



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3 Q272 During the past month, how often have you had trouble staying Not during the past month .....1  
4 awake while driving, eating meals, or engaging in social activity? Less than once a week .....2  
5 Once or twice per week .....3  
6 Three or more times per week .....4  
7

8  
9 Q273 If you were to drink coffee in the evening, would it stop you from No .....1  
10 getting to sleep? Yes .....2  
11

12 Q274 How many cups/cans/bottles of the following caffeinated beverages do  
13 you drink per day? Note: decaffeinated coffee or caffeine-free cola do not  
14 count towards this total. Please click or tap on the shaded line under your  
15 chosen number to register your response, even if the answer is "0".  
16

17 Q274A Coffee \_\_\_/\_\_\_ CUPS

18 Q274B Tea \_\_\_/\_\_\_ CUPS

19 Q274C Soft drinks (e.g. Coca-Cola, Pepsi, Mountain Dew etc) \_\_\_/\_\_\_ CANS OR BOTTLES

20 Q274D Energy drinks (e.g. Red Bull, Mother, Rockstar) \_\_\_/\_\_\_ CANS OR BOTTLES  
21  
22  
23  
24

25  
26 Q275 On average, how much time do you spend outdoors in natural light per day?  
27

28 Q275A On work days \_\_\_/\_\_\_ HOURS  
29 \_\_\_/\_\_\_ MINUTES

30 Q275B On free days (e.g. weekend) \_\_\_/\_\_\_ HOURS  
31 \_\_\_/\_\_\_ MINUTES  
32  
33

34  
35 Q276 During the last month, on how many nights or days per week have you  
36 had or been told you had the following:  
37

38 Q276A Loud snoring Never .....1  
39 Rarely, less than once a week .....2  
40 1-2 times per week .....3  
41 3-4 times per week .....4  
42 5-7 times per week .....5  
43 Don't know .....6

44 Q276B Snorting or gasping Never .....1  
45 Rarely, less than once a week .....2  
46 1-2 times per week .....3  
47 3-4 times per week .....4  
48 5-7 times per week .....5  
49 Don't know .....6  
50

51 Q276C Your breathing stops or you choke or struggle for breath Never .....1  
52 Rarely, less than once a week .....2  
53 1-2 times per week .....3  
54 3-4 times per week .....4  
55 5-7 times per week .....5  
56 Don't know .....6  
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3 Q277 The purpose of the following questions is to find out how your mood and  
4 behaviour change over time. Note: We are interested in your experience,  
5 not others you may have observed.

6  
7  
8 Q278 For how long have you lived in your current town or in the surrounding area?

\_\_\_/\_\_\_ YEARS  
\_\_\_/\_\_\_ MONTHS

9  
10  
11 Q279 To what degree do the following change with the seasons?

12	Q279A Sleep length	No change .....1
13		Slight change .....2
14		Moderate change .....3
15		Marked change .....4
16		Extremely marked change .....5
17	Q279B Social activity	No change .....1
18		Slight change .....2
19		Moderate change .....3
20		Marked change .....4
21		Extremely marked change .....5
22	Q279C Mood (overall feeling of well being)	No change .....1
23		Slight change .....2
24		Moderate change .....3
25		Marked change .....4
26		Extremely marked change .....5
27	Q279D Weight	No change .....1
28		Slight change .....2
29		Moderate change .....3
30		Marked change .....4
31		Extremely marked change .....5
32	Q279E Appetite	No change .....1
33		Slight change .....2
34		Moderate change .....3
35		Marked change .....4
36		Extremely marked change .....5
37	Q279F Energy level	No change .....1
38		Slight change .....2
39		Moderate change .....3
40		Marked change .....4
41		Extremely marked change .....5

1 Q280 In the following question, please select all applicable months. This may  
 2 be a single month, a cluster of months, or any other grouping. At what  
 3 time of year do you....?  
 4

5 Q280A Feel best

6 January .....1  
 7 February .....2  
 8 March .....3  
 9 April .....4  
 10 May .....5  
 11 June .....6  
 12 July .....7  
 13 August .....8  
 14 September .....9  
 15 October .....10  
 16 November .....11  
 17 December .....12  
 18 No particular months 13

19 Q280B Tend to gain most weight

20 January .....1  
 21 February .....2  
 22 March .....3  
 23 April .....4  
 24 May .....5  
 25 June .....6  
 26 July .....7  
 27 August .....8  
 28 September .....9  
 29 October .....10  
 30 November .....11  
 31 December .....12  
 32 No particular months 13

33 Q280C Socialise most

34 January .....1  
 35 February .....2  
 36 March .....3  
 37 April .....4  
 38 May .....5  
 39 June .....6  
 40 July .....7  
 41 August .....8  
 42 September .....9  
 43 October .....10  
 44 November .....11  
 45 December .....12  
 46 No particular months 13

47 Q280D Sleep least

48 January .....1  
 49 February .....2  
 50 March .....3  
 51 April .....4  
 52 May .....5  
 53 June .....6  
 54 July .....7  
 55 August .....8  
 56 September .....9  
 57 October .....10  
 58 November .....11  
 59 December .....12  
 60 No particular months 13

Q280E Eat most

January .....1  
 February .....2  
 March .....3

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## Q280F Lose most weight

April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

## Q280G Socialise least

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

## Q280H Feel worst

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12
No particular months	13

## Q280I Eat least

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10

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Q280J Sleep most

November .....	11
December .....	12
No particular months	13
January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

\*\*\*\*\*

IF ANY CHANGE OF BEHAVIOUR WITH SEASONS  
(ANY OF Q279A TO Q279F > 1) CONTINUE  
ELSE GO TO Q283

\*\*\*\*\*

Q281	If you experience changes with the seasons (in energy, mood, sleep etc), do you feel that they are a problem for you?	No .....	1
		Yes .....	2

\*\*\*\*\*

IF PROBLEM (Q281=2) CONTINUE, ELSE GO TO Q283

\*\*\*\*\*

Q282	Is the problem...?	Mild .....	1
		Moderate .....	2
		Marked .....	3
		Severe .....	4
		Disabling .....	5

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Q283 Approximately how many hours of each 24-hour day do you sleep during each season? (Include naps)

Q283A Winter

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18
- 18 .....19
- Over 18 hours .....20

Q283B Spring

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18
- 18 .....19
- Over 18 hours .....20

Q283C Summer

- 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- 10 .....11
- 11 .....12
- 12 .....13
- 13 .....14
- 14 .....15
- 15 .....16
- 16 .....17
- 17 .....18

For peer review only

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Q283D Autumn

18 .....	19
Over 18 hours .....	20
0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6 .....	7
7 .....	8
8 .....	9
9 .....	10
10 .....	11
11 .....	12
12 .....	13
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14 .....	15
15 .....	16
16 .....	17
17 .....	18
18 .....	19
Over 18 hours .....	20

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Q284 Another section finished!

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For peer review only

## Module 7 – General health and lifestyle

Q285 Which of the following best describes your natural eye colour?

Blue	.....1
Grey	.....2
Green	.....3
Hazel	.....4
Brown	.....5

Q286 Which of the following best describes your natural hair colour at age 20?  
(If you are not yet 20 years old, what is your natural hair colour now?)

Fair/blonde	.....1
Light brown	.....2
Light red or ginger	.....3
Dark red or auburn	.....4
Dark brown	.....5
Black	.....6

Q287 Which of the following best describes your natural hair texture at age 20?  
(If you are not yet 20 years old, what is your natural hair texture now?)

Straight	.....1
Wavy	.....2
Curly	.....3

Q288 Has your hair started to grey?

No	.....1
Yes	.....2

\*\*\*\*\*  
 IF GREYING (Q288=2) CONTINUE  
 ELSE IF MALE (Q4 = 1) GO TO Q291  
 ELSE GO TO Q294  
 \*\*\*\*\*

Q289 At what age did you notice that your hair was starting to go grey? An approximate age is fine.    /    YEARS

Q290 What percentage of grey hair do you now have?

0%	.....1
10%	.....2
25%	.....3
50%	.....4
75%	.....5
100%	.....6
Don't know	.....7

\*\*\*\*\*  
 IF MALE (Q4 = 1) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*

Q291 Have you experienced any natural hair loss (that is, hair loss not resulting from illness or medical treatment)?

No	.....1
Yes	.....2

\*\*\*\*\*  
 IF YES (Q291 = 2) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*



Q292 Which diagram below best describes your hair (loss) at the present time?

1 .....1  
 2 .....2  
 2a .....3  
 3 .....4  
 3a .....5  
 3 Vertex .....6  
 4 .....7  
 4a .....8  
 5 .....9  
 5a .....10  
 6 .....11  
 7 .....12

Q293 At what age did you first start to experience hair loss? An approximate age is fine. \_/\_ YEARS

Q294 Which hand do you usually use to write legibly? Left .....1  
 Either .....2  
 Right .....3

Q295 How would you describe your skin colour on areas never exposed to the sun, at age 20? (If you are not yet 20 years old, how would you describe your skin colour now on areas never exposed to the sun?) Fair or pale .....1  
 Medium .....2  
 Olive or dark .....3

\*\*\*\*\*  
 IF AGE 30 OR OLDER (Q5 > 29) CONTINUE ELSE GO TO Q298  
 \*\*\*\*\*

Q296 Imagine, when you were in your 20s, that you were sitting on the beach in the strong sun for 30 minutes in the middle of the day, without any protection like sunscreen or clothing, for the first time each summer. How much would your skin have burnt? Always burned, never tanned .....1  
 Usually burned, sometimes tanned..2  
 Sometimes burned, usually tanned..3  
 Never burned, always tanned .....4

1		
2		
3	Q297	Imagine, when you were in your 20s, you spent several weeks at the beach in strong sun, without any protection like sunscreen or clothing. How much would your skin tan?
4		Not tan at all .....1
5		Tan lightly .....2
6		Tan moderately .....3
7		Tan deeply .....4

\*\*\*\*\*

GO TO Q300

\*\*\*\*\*

11		
12	Q298	Imagine sitting on the beach in the strong sun for 30 minutes in the middle of the day, without any protection like sunscreen or clothing, for the first time each summer. How much would your skin burn?
13		Always burn, never tan .....1
14		Usually burn, sometimes tan .....2
15		Sometimes burn, usually tan .....3
16		Never burn, always tan .....4

17		
18	Q299	Imagine spending several weeks at the beach in strong sun, without any protection like sunscreen or clothing. How much would your skin tan?
19		Not tan at all .....1
20		Tan lightly .....2
21		Tan moderately .....3
22		Tan deeply .....4

23		
24	Q300	During your childhood, how much freckling did you have?
25		None .....1
26		Light .....2
27		Moderate .....3
28		Heavy .....4

29		
30	Q301	Moles are brown or black spots on the skin which usually start in childhood. They are usually darker and larger than freckles. How many moles do you think you have, including any you have had removed?
31		None .....1
32		Less than 10 .....2
33		Between 10 and 50 .....3
34		More than 50 .....4

35		
36	Q302	Many people suffer from acne during their lives. How much acne do you have now?
37		None .....1
38		Mild .....2
39		Moderate .....3
40		Severe .....4

41		
42	Q303	How much acne did you have when you were a teenager?
43		None .....1
44		Mild .....2
45		Moderate .....3
46		Severe .....4

47		
48	Q304	Have you ever suffered from wheezing? (Wheezing is a whistling noise coming from your chest, though it can be heard in the mouth.)
49		No .....1
50		Yes .....2

\*\*\*\*\*

IF YES (Q304 = 2) CONTINUE, ELSE GO TO Q306

\*\*\*\*\*

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56	Q305	In the last 12 months, how often have you had an episode of wheezing?
57		Not at all .....1
58		1 to 4 times .....2
59		5 to 12 times .....3
60		More than 12 times .....4

1 Q306 In the last 12 months, have you had a dry cough at night, when you No .....1  
 2 didn't have a cold or a daytime cough? Yes .....2

5 Q307 Do you get a tight feeling in the chest or shortness of breath when near No .....1  
 6 an animal, feathers or dust? Yes .....2

9 Q308 Do you suffer a lot of rhinitis? (Rhinitis is a runny, itchy nose, often No .....1  
 10 with watery and itchy eyes, when you do not have a cold.) Yes .....2

13 Q309 Have you ever suffered from eczema? (Eczema is a patchy, itchy rash No .....1  
 14 that occurs on the bends of the elbow, knees and wrists.) Yes .....2

17 Q310 Has a doctor ever diagnosed you as suffering from any of the following?  
 18  
 19 Q310A Pneumonia No .....1  
 20 Yes .....2  
 21  
 22 Q310B Asthma No .....1  
 23 Yes .....2  
 24  
 25 Q310C Hayfever No .....1  
 26 Yes .....2  
 27  
 28 Q310D Eczema No .....1  
 29 Yes .....2

31 \*\*\*\*\*  
 32 IF ANY DIAGNOSIS (Q310A TO Q310D = 2), COMPLETE THE RELEVANT  
 33 SECTION OF Q311, ELSE GO TO Q312  
 34 \*\*\*\*\*

36  
 37 Q311 At what age were you first diagnosed as suffering from the following:  
 38 Please enter age values in years (and months, if known). An approximate age  
 39 is fine.  
 40  
 41 Q311A Pneumonia \_\_\_\_\_/\_\_\_\_ YEARS  
 42 \_\_\_\_\_/\_\_\_\_ MONTHS  
 43  
 44 Q311B Asthma \_\_\_\_\_/\_\_\_\_ YEARS  
 45 \_\_\_\_\_/\_\_\_\_ MONTHS  
 46  
 47 Q311C Hayfever \_\_\_\_\_/\_\_\_\_ YEARS  
 48 \_\_\_\_\_/\_\_\_\_ MONTHS  
 49  
 50 Q311D Eczema \_\_\_\_\_/\_\_\_\_ YEARS  
 51 \_\_\_\_\_/\_\_\_\_ MONTHS

53 Q312 Have you ever taken any medicine for asthma or wheezing? No .....1  
 54 Yes .....2

57 Q313 Are you currently taking asthma medication? No .....1  
 58 Yes .....2

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2			
3	Q314	Has a doctor ever diagnosed your parents or siblings as suffering from	No .....1
4		asthma?	Yes .....2
5	<hr/>		
6	Q315	Have you had an allergic reaction to any of the following items?	
7			
8			
9	Q315A	Foods	No .....1
10			Yes .....2
11			Unsure .....3
12			
13	Q315B	Plants (including pollen)	No .....1
14			Yes .....2
15			Unsure .....3
16			
17	Q315C	Animals (mammals, birds or insects)	No .....1
18			Yes .....2
19			Unsure .....3
20			
21	Q315D	Dust mites	No .....1
22			Yes .....2
23			Unsure .....3
24			
25	Q315E	Mould	No .....1
26			Yes .....2
27			Unsure .....3
28			
29	Q315F	Latex	No .....1
30			Yes .....2
31			Unsure .....3
32			
33	Q315G	Medicines	No .....1
34			Yes .....2
35			Unsure .....3
36			
37	Q315H	Vaccines	No .....1
38			Yes .....2
39			Unsure .....3
40			
41	Q315I	Something else	No .....1
42			Yes .....2
43			Unsure .....3
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\*\*\*\*\*  
 FOR EACH ALLERGEN AT Q315 (Q315A TO Q315I = 2), COMPLETE  
 THE RELEVANT SECTION OF Q316  
 ELSE GO TO Q317  
 \*\*\*\*\*

Q316 What type of reaction did you have? (Please select all that apply).

- |  |  |
|--|--|
| <p>Q316A Foods</p>                               | <p>Abdominal pain or vomiting .....1<br/>                 Diarrhoea .....2<br/>                 Difficulty swallowing or speaking ..3<br/>                 Drop of blood pressure, or<br/>                 passing out .....4<br/>                 Hives (red, itchy, swollen skin .....5<br/>                 Itching in your mouth .....6<br/>                 Itchy or runny nose .....7<br/>                 Nausea .....8<br/>                 Wheezing or asthma .....9<br/>                 None of the above .....10</p> |
| <p>Q316B Plants (including pollen)</p>           | <p>Abdominal pain or vomiting .....1<br/>                 Diarrhoea .....2<br/>                 Difficulty swallowing or speaking ..3<br/>                 Drop of blood pressure, or<br/>                 passing out .....4<br/>                 Hives (red, itchy, swollen skin .....5<br/>                 Itching in your mouth .....6<br/>                 Itchy or runny nose .....7<br/>                 Nausea .....8<br/>                 Wheezing or asthma .....9<br/>                 None of the above .....10</p> |
| <p>Q316C Animals (mammals, birds or insects)</p> | <p>Abdominal pain or vomiting .....1<br/>                 Diarrhoea .....2<br/>                 Difficulty swallowing or speaking ..3<br/>                 Drop of blood pressure, or<br/>                 passing out .....4<br/>                 Hives (red, itchy, swollen skin .....5<br/>                 Itching in your mouth .....6<br/>                 Itchy or runny nose .....7<br/>                 Nausea .....8<br/>                 Wheezing or asthma .....9<br/>                 None of the above .....10</p> |
| <p>Q316D Dust mites</p>                          | <p>Abdominal pain or vomiting .....1<br/>                 Diarrhoea .....2<br/>                 Difficulty swallowing or speaking ..3<br/>                 Drop of blood pressure, or<br/>                 passing out .....4<br/>                 Hives (red, itchy, swollen skin .....5<br/>                 Itching in your mouth .....6<br/>                 Itchy or runny nose .....7<br/>                 Nausea .....8<br/>                 Wheezing or asthma .....9<br/>                 None of the above .....10</p> |
| <p>Q316E Mould</p>                               | <p>Abdominal pain or vomiting .....1<br/>                 Diarrhoea .....2<br/>                 Difficulty swallowing or speaking ..3<br/>                 Drop of blood pressure, or<br/>                 passing out .....4<br/>                 Hives (red, itchy, swollen skin .....5<br/>                 Itching in your mouth .....6</p>  |

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## Q316F Latex

Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316G Medicines

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316H Vaccines

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

## Q316I Something else

Abdominal pain or vomiting .....	1
Diarrhoea .....	2
Difficulty swallowing or speaking ..	3
Drop of blood pressure, or passing out .....	4
Hives (red, itchy, swollen skin .....	5
Itching in your mouth .....	6
Itchy or runny nose .....	7
Nausea .....	8
Wheezing or asthma .....	9
None of the above .....	10

\*\*\*\*\*  
 IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q327  
 \*\*\*\*\*

Q317 Has a doctor ever diagnosed you with any of the following?

- |   |           |   |
|---|-----------|---|
| Q317A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue)   | No .....  | 1 |
|   | Yes ..... | 2 |
| Q317B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) | No .....  | 1 |
|   | Yes ..... | 2 |
| Q317C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis)  | No .....  | 1 |
|   | Yes ..... | 2 |

\*\*\*\*\*  
 FOR EACH CONDITION AT Q317 (Q317A TO Q317C = 2), COMPLETE  
 THE RELEVANT SECTION OF Q318, ELSE GO TO Q320  
 \*\*\*\*\*

Q318 How old were you when this first occurred?

- |   |               |
|---|---------------|
| Q318A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue)   | ___/___ YEARS |
| Q318B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) | ___/___ YEARS |
| Q318C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis)  | ___/___ YEARS |

\*\*\*\*\*  
 IF ENDOMETRIOSIS (Q317C = 2), CONTINUE, ELSE GO TO Q320  
 \*\*\*\*\*

Q319 Has your diagnosis of endometriosis been confirmed by:

- |                               |        |
|-------------------------------|--------|
| Laparoscopy (keyhole surgery) | .....1 |
| Laparotomy (open surgery)     | .....2 |
| Other surgery                 | .....3 |
| Symptoms alone                | .....4 |
| Internal examination          | .....5 |

Q320 Have you begun to menstruate (started having your period)?

- |           |   |
|-----------|---|
| No .....  | 1 |
| Yes ..... | 2 |

\*\*\*\*\*  
 IF YES (Q320 = 2) CONTINUE, ELSE GO TO Q324  
 \*\*\*\*\*

Q321 How old were you when you had your first menstrual period?

- |           |   |
|-----------|---|
| No .....  | 1 |
| Yes ..... | 2 |

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\*\*\*\*\*  
IF Q425 NOT YET PRESENTED CONTINUE, ELSE GO TO Q323  
\*\*\*\*\*

Q322 Have you reached menopause? No .....1  
Yes .....2

\*\*\*\*\*  
IF MENOPAUSE REACHED (Q322 = 2 OR Q425=2) CONTINUE,  
ELSE GO TO Q324  
\*\*\*\*\*

Q323 How old were you when your periods stopped? \_\_\_/\_\_\_ YEARS

Q324 Have you had a hysterectomy? No .....1  
Yes .....2

\*\*\*\*\*  
IF YES (Q324 = 2) CONTINUE, ELSE GO TO Q326  
\*\*\*\*\*

Q325 How old were you when you had your hysterectomy? \_\_\_/\_\_\_ YEARS

Q326 Have you ever tried for 12 months or more to conceive without success? No .....1  
Yes .....2



Q327 Have you ever had any of the following medical conditions? Please select all that apply.

Arthritis .....1  
 Ankylosing spondylitis .....2  
 Back problems .....3  
 Barrett's oesophagus .....4  
 Cancer .....5  
 Chronic fatigue syndrome .....6  
 Chronic lung disease .....7  
 Coeliac disease .....8  
 Crohn's disease .....9  
 Ulcerative colitis .....10  
 Diabetes or high blood sugar .....11  
 Epilepsy or seizure disorder .....12  
 Eye problems .....13  
 Gallstones .....14  
 Graves' disease .....15  
 Hashimoto's disease .....16  
 Heart attack .....17  
 Heart disease .....18  
 High blood pressure .....19  
 HIV infection .....20  
 Kidney disease .....21  
 Lupus (SLE) .....22  
 Lymphoedema .....23  
 Multiple sclerosis .....24  
 Neck problems .....25  
 Osteoporosis .....26  
 Psoriasis .....27  
 Reflux .....28  
 Seasonal allergies .....29  
 Sjögren's syndrome .....30  
 Stroke .....31  
 Tuberculosis .....32  
 Ulcers .....33  
 Any other chronic pain .....34  
 Other .....35

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None of the above .....36

\*\*\*\*\*  
 IF ARTHRITIS, CANCER, CHRONIC LUNG DISEASE,  
 DIABETES OR HIGH BLOOD SUGAR, EYE PROBLEMS OR ULCERS  
 IS SELECTED (Q327 = 1, 5, 7, 11, 13 OR 33) CONTINUE  
 IF ANY OTHER CONDITION SELECTED, GO TO Q329  
 ELSE GO TO Q330  
 \*\*\*\*\*

1	Q328	Please select the specific type of the medical condition(s) you have had.	
2			
3			
4	Q328_1A	Osteoarthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
5	Q328_1B	Rheumatoid arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
6	Q328_1C	Juvenile idiopathic arthritis (JIA) [IF ARTHRITIS (Q327 = 1)]	Yes .....1
7	Q328_1D	Psoriatic arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
8	Q328_1E	Other arthritis [IF ARTHRITIS (Q327 = 1)]	Yes .....1
9	Q328_5A	Bladder cancer [IF CANCER (Q327 = 5)]	Yes .....1
10	Q328_5B	Bowel (colorectal) cancer [IF CANCER (Q327 = 5)]	Yes .....1
11	Q328_5C	Brain cancer [IF CANCER (Q327 = 5)]	Yes .....1
12	Q328_5D	Breast cancer [IF CANCER (Q327 = 5)]	Yes .....1
13	Q328_5E	Cervical cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
14	Q328_5F	Endometrial cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
15	Q328_5G	Kidney cancer [IF CANCER (Q327 = 5)]	Yes .....1
16	Q328_5H	Leukemia [IF CANCER (Q327 = 5)]	Yes .....1
17	Q328_5I	Liver cancer [IF CANCER (Q327 = 5)]	Yes .....1
18	Q328_5J	Lung cancer [IF CANCER (Q327 = 5)]	Yes .....1
19	Q328_5K	Lymphoma [IF CANCER (Q327 = 5)]	Yes .....1
20	Q328_5L	Melanoma [IF CANCER (Q327 = 5)]	Yes .....1
21	Q328_5M	Skin cancer other than melanoma [IF CANCER (Q327 = 5)]	Yes .....1
22	Q328_5N	Oesophageal cancer [IF CANCER (Q327 = 5)]	Yes .....1
23	Q328_5O	Ovarian cancer [IF CANCER (Q327 = 5) AND FEMALE (Q4 = 2)]	Yes .....1
24	Q328_5P	Pancreatic cancer [IF CANCER (Q327 = 5)]	Yes .....1
25	Q328_5Q	Prostate cancer [IF CANCER (Q327 = 5) AND MALE (Q4 = 1)]	Yes .....1
26	Q328_5R	Other cancer [IF CANCER (Q327 = 5)]	Yes .....1
27	Q328_7A	Emphysema [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
28	Q328_7B	Chronic bronchitis [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
29	Q328_7C	Other chronic lung disease [IF CHRONIC LUNG DISEASE (Q327 = 7)]	Yes .....1
30	Q328_11A	Type 1 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1

1	Q328_11B Type 2 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1
2		
3	Q328_11C Gestational diabetes [IF DIABETES / HBS (Q327 = 11)	
4	AND FEMALE (Q4 = 2)]	Yes .....1
5		
6	Q328_11D Other diabetes or high blood sugar [IF DIABETES / HBS	
7	(Q327 = 11)]	Yes .....1
8		
9	Q328_13A Long-sighted (e.g. glasses for reading) [IF EYE	
10	PROBLEMS (Q327 = 13)]	Yes .....1
11		
12	Q328_13B Short-sighted (e.g. glasses for distance) [IF EYE	
13	PROBLEMS (Q327 = 13)]	Yes .....1
14		
15	Q328_13C Astigmatism [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
16		
17	Q328_13D Cataracts [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
18		
19	Q328_13E Glaucoma [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
20		
21	Q328_13F Macular degeneration [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
22		
23	Q328_13G Pterygium [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
24		
25	Q328_13H Strabismus ("turned" or "lazy" eye) [IF EYE PROBLEMS	
26	(Q327 = 13)]	Yes .....1
27		
28	Q328_13I Other eye problem [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
29		
30	Q328_33A Mouth ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
31		
32	Q328_33B Leg ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
33		
34	Q328_33C Stomach (gastric) ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
35		
36	Q328_33D Duodenal ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
37		
38	Q328_33E Other ulcers [IF ULCERS (Q327 = 33)]	Yes .....1

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 COMPLETE FOR ALL CONDITIONS IDENTIFIED AT Q327 AND Q328  
 \*\*\*\*\*

- Q329 How old were you when these medical conditions first began, and when you most recently experienced them? Approximate ages are fine.
- Q329\_1AF Age osteoarthritis began [IF Q328\_1A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1AR Age osteoarthritis most recent [IF Q328\_1A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1BF Age rheumatoid arthritis began [IF Q328\_1B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1BR Age rheumatoid arthritis most recent [IF Q328\_1B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1CF Age juvenile idiopathic arthritis (JIA) began [IF Q328\_1C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1CR Age juvenile idiopathic arthritis (JIA) most recent [IF Q328\_1C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1DF Age psoriatic arthritis began [IF Q328\_1D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1DR Age psoriatic arthritis most recent [IF Q328\_1D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1EF Age other arthritis began [IF Q328\_1E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1ER Age other arthritis most recent [IF Q328\_1E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1FF Age unspecified arthritis began [IF Q327 = 1 AND Q328\_1A TO Q328\_1E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_1FR Age unspecified arthritis most recent [IF Q327 = 1 AND Q328\_1A TO Q328\_1E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_2F Age ankylosing spondylitis began [IF Q327 = 2] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_2R Age ankylosing spondylitis most recent [IF Q327 = 2] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_3F Age back problems began [IF Q327 = 3] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_3R Age back problems most recent [IF Q327 = 3] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_4F Age Barrett's oesophagus began [IF Q327 = 4] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_4R Age Barrett's oesophagus most recent [IF Q327 = 4] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5AF Age bladder cancer began [IF Q328\_5A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5AR Age bladder cancer most recent [IF Q328\_5A = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5BF Age bowel (colorectal) cancer began [IF Q328\_5B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5BR Age bladder cancer most recent [IF Q328\_5B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5CF Age brain cancer began [IF Q328\_5C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5CR Age brain cancer most recent [IF Q328\_5C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5DF Age breast cancer began [IF Q328\_5D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5DR Age breast cancer most recent [IF Q328\_5D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS
- Q329\_5EF Age cervical cancer began [IF Q328\_5E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS

1		
2		
3	Q329_5ER Age cervical cancer most recent [IF Q328_5E = 1]	___/___/___ YEARS
4	Q329_5FF Age endometrial cancer began [IF Q328_5F = 1]	___/___/___ YEARS
5		
6	Q329_5FR Age endometrial cancer most recent [IF Q328_5F = 1]	___/___/___ YEARS
7		
8	Q329_5GF Age kidney cancer began [IF Q328_5G = 1]	___/___/___ YEARS
9		
10	Q329_5GR Age kidney cancer most recent [IF Q328_5G = 1]	___/___/___ YEARS
11		
12	Q329_5HF Age leukemia began [IF Q328_5H = 1]	___/___/___ YEARS
13		
14	Q329_5HR Age leukemia most recent [IF Q328_5H = 1]	___/___/___ YEARS
15		
16	Q329_5IF Age liver cancer began [IF Q328_5I = 1]	___/___/___ YEARS
17		
18	Q329_5IR Age liver cancer most recent [IF Q328_5I = 1]	___/___/___ YEARS
19		
20	Q329_5JF Age lung cancer began [IF Q328_5J = 1]	___/___/___ YEARS
21		
22	Q329_5JR Age lung cancer most recent [IF Q328_5J = 1]	___/___/___ YEARS
23		
24	Q329_5KF Age lymphoma began [IF Q328_5K = 1]	___/___/___ YEARS
25		
26	Q329_5KR Age lymphoma most recent [IF Q328_5K = 1]	___/___/___ YEARS
27		
28	Q329_5LF Age melanoma began [IF Q328_5L = 1]	___/___/___ YEARS
29		
30	Q329_5LR Age melanoma most recent [IF Q328_5L = 1]	___/___/___ YEARS
31		
32	Q329_5MF Age skin cancer other than melanoma began [IF Q328_5M = 1]	___/___/___ YEARS
33		
34	Q329_5MR Age skin cancer other than melanoma most recent [IF Q328_5M = 1]	___/___/___ YEARS
35		
36	Q329_5NF Age oesophageal cancer began [IF Q328_5N = 1]	___/___/___ YEARS
37		
38	Q329_5NR Age oesophageal cancer most recent [IF Q328_5N = 1]	___/___/___ YEARS
39		
40	Q329_5OF Age ovarian cancer began [IF Q328_5O = 1]	___/___/___ YEARS
41		
42	Q329_5OR Age ovarian cancer most recent [IF Q328_5O = 1]	___/___/___ YEARS
43		
44	Q329_5PF Age pancreatic cancer began [IF Q328_5P = 1]	___/___/___ YEARS
45		
46	Q329_5PR Age pancreatic cancer most recent [IF Q328_5P = 1]	___/___/___ YEARS
47		
48	Q329_5QF Age prostate cancer began [IF Q328_5Q = 1]	___/___/___ YEARS
49		
50	Q329_5QR Age prostate cancer most recent [IF Q328_5Q = 1]	___/___/___ YEARS
51		
52	Q329_5RF Age other cancer began [IF Q328_5R = 1]	___/___/___ YEARS
53		
54	Q329_5RR Age other cancer most recent [IF Q328_5R = 1]	___/___/___ YEARS
55		
56	Q329_5SF Age unspecified cancer began [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
57		
58	Q329_5SR Age unspecified cancer most recent [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
59		
60	Q329_6F Age chronic fatigue syndrome began [IF Q327 = 6]	___/___/___ YEARS

1		
2		
3	Q329_6R Age chronic fatigue syndrome most recent [IF Q327 = 6]	__/__/__ YEARS
4		
5	Q329_7AF Age emphysema began [IF Q328_7A = 1]	__/__/__ YEARS
6		
7	Q329_7AR Age emphysema most recent [IF Q328_7A = 1]	__/__/__ YEARS
8		
9	Q329_7BF Age chronic bronchitis began [IF Q328_7B = 1]	__/__/__ YEARS
10		
11	Q329_7BR Age chronic bronchitis most recent [IF Q328_7B = 1]	__/__/__ YEARS
12		
13	Q329_7CF Age other chronic lung disease began [IF Q328_7C = 1]	__/__/__ YEARS
14		
15	Q329_7CR Age other chronic lung disease most recent [IF Q328_7C = 1]	__/__/__ YEARS
16		
17	Q329_7DF Age unspecified chronic lung disease began [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
18		
19	Q329_7DR Age unspecified chronic lung disease most recent [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
20		
21	Q329_8F Age coeliac disease began [IF Q327 = 8]	__/__/__ YEARS
22		
23	Q329_8R Age coeliac disease most recent [IF Q327 = 8]	__/__/__ YEARS
24		
25	Q329_9F Age Crohn's disease began [IF Q327 = 9]	__/__/__ YEARS
26		
27	Q329_9R Age Crohn's disease most recent [IF Q327 = 9]	__/__/__ YEARS
28		
29	Q329_10F Age ulcerative colitis began [IF Q327 = 10]	__/__/__ YEARS
30		
31	Q329_10R Age ulcerative colitis most recent [IF Q327 = 10]	__/__/__ YEARS
32		
33	Q329_11AF Age Type 1 diabetes began [IF Q328_11A = 1]	__/__/__ YEARS
34		
35	Q329_11AR Age Type 1 diabetes most recent [IF Q328_11A = 1]	__/__/__ YEARS
36		
37	Q329_11BF Age Type 2 diabetes began [IF Q328_11B = 1]	__/__/__ YEARS
38		
39	Q329_11BR Age Type 2 diabetes most recent [IF Q328_11B = 1]	__/__/__ YEARS
40		
41	Q329_11CF Age gestational diabetes began [IF Q328_11C = 1]	__/__/__ YEARS
42		
43	Q329_11CR Age gestational diabetes most recent [IF Q328_11C = 1]	__/__/__ YEARS
44		
45	Q329_11DF Age other diabetes or high blood sugar began [IF Q328_11D = 1]	__/__/__ YEARS
46		
47	Q329_11DR Age other diabetes or high blood sugar most recent [IF Q328_11D = 1]	__/__/__ YEARS
48		
49	Q329_11EF Age unspecified diabetes or other high blood sugar began [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
50		
51	Q329_11ER Age unspecified diabetes or other high blood sugar most recent [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
52		
53	Q329_12F Age epilepsy or seizure disorder began [IF Q327 = 10]	__/__/__ YEARS
54		
55	Q329_12R Age epilepsy or seizure disorder most recent [IF Q327 = 10]	__/__/__ YEARS
56		
57	Q329_13AF Age long-sighted (e.g. glasses for reading) began [IF Q328_13A = 1]	__/__/__ YEARS
58		
59		
60		

1		
2		
3	Q329_13AR Age long-sighted (e.g. glasses for reading)	
4	most recent [IF Q328_13A = 1]	__/__/__ YEARS
5		
6	Q329_13BF Age short-sighted (e.g. glasses for distance) began	
7	[IF Q328_13B = 1]	__/__/__ YEARS
8		
9	Q329_13BR Age short-sighted (e.g. glasses for distance) most	
10	recent [IF Q328_13B = 1]	__/__/__ YEARS
11		
12	Q329_13CF Age astigmatism began [IF Q328_13C = 1]	__/__/__ YEARS
13		
14	Q329_13CR Age astigmatism most recent [IF Q328_13C = 1]	__/__/__ YEARS
15		
16	Q329_13DF Age cataracts began [IF Q328_13D = 1]	__/__/__ YEARS
17		
18	Q329_13DR Age cataracts most recent [IF Q328_13D = 1]	__/__/__ YEARS
19		
20	Q329_13EF Age glaucoma began [IF Q328_13E = 1]	__/__/__ YEARS
21		
22	Q329_13ER Age glaucoma most recent [IF Q328_13E = 1]	__/__/__ YEARS
23		
24	Q329_13FF Age macular degeneration began [IF Q328_13F = 1]	__/__/__ YEARS
25		
26	Q329_13FR Age macular degeneration most recent [IF Q328_13F = 1]	__/__/__ YEARS
27		
28	Q329_13GF Age pterygium began [IF Q328_13G = 1]	__/__/__ YEARS
29		
30	Q329_13GR Age pterygium most recent [IF Q328_13G = 1]	__/__/__ YEARS
31		
32	Q329_13HF Age strabismus (“turned” or “lazy” eye) began	
33	[IF Q328_13H = 1]	__/__/__ YEARS
34		
35	Q329_13HR Age strabismus (“turned” or “lazy” eye) most recent	
36	[IF Q328_13H = 1]	__/__/__ YEARS
37		
38	Q329_13IF Age other eye problem began [IF Q328_13I = 1]	__/__/__ YEARS
39		
40	Q329_13IR Age other eye problem most recent [IF Q328_13I = 1]	__/__/__ YEARS
41		
42	Q329_13JF Age unspecified eye problem began	
43	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
44		
45	Q329_13JR Age unspecified eye problem most recent	
46	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
47		
48	Q329_14F Age gallstones began [IF Q327 = 14]	__/__/__ YEARS
49		
50	Q329_14R Age gallstones most recent [IF Q327 = 14]	__/__/__ YEARS
51		
52	Q329_15F Age Graves’ disease began [IF Q327 = 15]	__/__/__ YEARS
53		
54	Q329_15R Age Graves’ disease most recent [IF Q327 = 15]	__/__/__ YEARS
55		
56	Q329_16F Age Hashimoto’s disease began [IF Q327 = 16]	__/__/__ YEARS
57		
58	Q329_16R Age Hashimoto’s disease most recent [IF Q327 = 16]	__/__/__ YEARS
59		
60	Q329_17F Age heart attack began [IF Q327 = 17]	__/__/__ YEARS
	Q329_17R Age heart attack most recent [IF Q327 = 17]	__/__/__ YEARS
	Q329_18F Age heart disease began [IF Q327 = 18]	__/__/__ YEARS



1		
2		
3	Q329_18R Age heart disease most recent [IF Q327 = 18]	__/__/__ YEARS
4		
5	Q329_19F Age high blood pressure began [IF Q327 = 19]	__/__/__ YEARS
6		
7	Q329_19R Age high blood pressure most recent [IF Q327 = 19]	__/__/__ YEARS
8		
9	Q329_20F Age HIV infection began [IF Q327 = 20]	__/__/__ YEARS
10		
11	Q329_20R Age HIV infection most recent [IF Q327 = 20]	__/__/__ YEARS
12		
13	Q329_21F Age kidney disease began [IF Q327 = 21]	__/__/__ YEARS
14		
15	Q329_21R Age kidney disease most recent [IF Q327 = 21]	__/__/__ YEARS
16		
17	Q329_22F Age lupus (SLE) began [IF Q327 = 22]	__/__/__ YEARS
18		
19	Q329_22R Age lupus (SLE) most recent [IF Q327 = 22]	__/__/__ YEARS
20		
21	Q329_23F Age lymphoedema began [IF Q327 = 23]	__/__/__ YEARS
22		
23	Q329_23R Age lymphoedema most recent [IF Q327 = 23]	__/__/__ YEARS
24		
25	Q329_24F Age multiple sclerosis began [IF Q327 = 24]	__/__/__ YEARS
26		
27	Q329_24R Age multiple sclerosis most recent [IF Q327 = 24]	__/__/__ YEARS
28		
29	Q329_25F Age neck problems began [IF Q327 = 25]	__/__/__ YEARS
30		
31	Q329_25R Age neck problems most recent [IF Q327 = 25]	__/__/__ YEARS
32		
33	Q329_26F Age osteoporosis began [IF Q327 = 26]	__/__/__ YEARS
34		
35	Q329_26R Age osteoporosis most recent [IF Q327 = 26]	__/__/__ YEARS
36		
37	Q329_27F Age psoriasis began [IF Q327 = 27]	__/__/__ YEARS
38		
39	Q329_27R Age psoriasis most recent [IF Q327 = 27]	__/__/__ YEARS
40		
41	Q329_28F Age reflux began [IF Q327 = 28]	__/__/__ YEARS
42		
43	Q329_28R Age reflux most recent [IF Q327 = 28]	__/__/__ YEARS
44		
45	Q329_29F Age seasonal allergies began [IF Q327 = 29]	__/__/__ YEARS
46		
47	Q329_29R Age seasonal allergies most recent [IF Q327 = 29]	__/__/__ YEARS
48		
49	Q329_30F Age Sjögren's syndrome began [IF Q327 = 30]	__/__/__ YEARS
50		
51	Q329_30R Age Sjögren's syndrome most recent [IF Q327 = 30]	__/__/__ YEARS
52		
53	Q329_31F Age stroke began [IF Q327 = 31]	__/__/__ YEARS
54		
55	Q329_31R Age stroke most recent [IF Q327 = 31]	__/__/__ YEARS
56		
57	Q329_32F Age tuberculosis began [IF Q327 = 32]	__/__/__ YEARS
58		
59	Q329_32R Age tuberculosis most recent [IF Q327 = 32]	__/__/__ YEARS
60		
	Q329_33AF Age mouth ulcers began [IF Q328_33A = 1]	__/__/__ YEARS
	Q329_33AR Age mouth ulcers most recent [IF Q328_33A = 1]	__/__/__ YEARS



1 Q329\_33BF Age leg ulcers began [IF Q328\_33B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 2  
 3 Q329\_33BR Age leg ulcers most recent [IF Q328\_33B = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 4  
 5 Q329\_33CF Age stomach (gastric) ulcers began [IF Q328\_33C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 6  
 7 Q329\_33CR Age stomach (gastric) ulcers most recent [IF Q328\_33C = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 8  
 9 Q329\_33DF Age duodenal ulcers began [IF Q328\_33D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 10  
 11 Q329\_33DR Age duodenal ulcers most recent [IF Q328\_33D = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 12  
 13 Q329\_33EF Age other ulcers began [IF Q328\_33E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 14  
 15 Q329\_33ER Age other ulcers most recent [IF Q328\_33E = 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 16  
 17 Q329\_33FF Age unspecified ulcers began  
 18 [IF Q327 = 13 AND Q328\_33A TO Q328\_33E ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 19  
 20 Q329\_33FR Age unspecified eye problem most recent  
 21 [IF Q327 = 13 AND Q328\_33A TO Q328\_33F ≠ 1] \_\_\_/\_\_\_/\_\_\_ YEARS  
 22  
 23 Q329\_34F Age any other chronic pain began [IF Q327 = 34] \_\_\_/\_\_\_/\_\_\_ YEARS  
 24  
 25 Q329\_34R Age any other chronic pain most recent [IF Q327 = 34] \_\_\_/\_\_\_/\_\_\_ YEARS  
 26  
 27 Q329\_35F Age other condition began [IF Q327 = 35] \_\_\_/\_\_\_/\_\_\_ YEARS  
 28  
 29 Q329\_35R Age other condition most recent [IF Q327 = 35] \_\_\_/\_\_\_/\_\_\_ YEARS

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31 Q330 From any experiences in the air, how often would you say you get airsick? Always .....1  
 32 Frequently .....2  
 33 Sometimes .....3  
 34 Rarely .....4  
 35 Never .....5  
 36 Never flown .....6  
 37

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39 Q331 From any experiences at sea, how often would you say you get seasick? Always .....1  
 40 Frequently .....2  
 41 Sometimes .....3  
 42 Rarely .....4  
 43 Never .....5  
 44 Never been on a boat .....6  
 45

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47 Q332 From any experiences riding in cars when not driving, how often would  
 48 you say you get carsick? Always .....1  
 49 Frequently .....2  
 50 Sometimes .....3  
 51 Rarely .....4  
 52 Never .....5  
 53

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Q333 We are interested in finding out about any chronic pain you experience in your daily life. On a scale of 0 – 10, what is your pain on average? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.

- No pain 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- Pain as bad as it could be 10 .....11

\*\*\*\*\*  
IF AT LEAST SOME PAIN ON AVERAGE (Q333 > 0) CONTINUE,  
ELSE GO TO Q339  
\*\*\*\*\*

Q334 How would you rate your pain right now? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.

- No pain 0 .....1
- 1 .....2
- 2 .....3
- 3 .....4
- 4 .....5
- 5 .....6
- 6 .....7
- 7 .....8
- 8 .....9
- 9 .....10
- Pain as bad as it could be 10 .....11

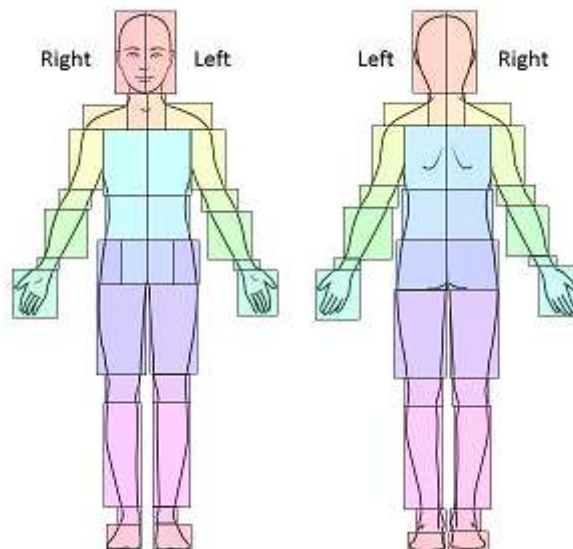
Q335 How long has your **main** pain been present?

- Less than 1 month .....1
- Between 1 and 3 months .....2
- Between 3 and 6 months .....3
- Between 6 and 12 months .....4
- Between 1 and 2 years .....5
- Between 2 and 5 years .....6
- More than 5 years .....7

Q336 Which statement best describes your pain?

- Always present (always the same intensity) .....1
- Always present (level of pain varies) .....2
- Often present (pain-free periods last less than 6 hours) .....3
- Occasionally present (pain occurs once to several times per day, lasting up to an hour) .....4
- Rarely present (pain occurs every few days or weeks) .....5

Q337 On the diagram, please click or tap on the area where your main pain occurs.



Q337A_RF Head right front	No .....1
	Yes .....2
Q337A_LF Head left front	No .....1
	Yes .....2
Q337A_LB Head left back	No .....1
	Yes .....2
Q337A_RB Head right back	No .....1
	Yes .....2
Q337B_RF Neck right front	No .....1
	Yes .....2
Q337B_LF Neck left front	No .....1
	Yes .....2
Q337B_LB Neck left back	No .....1
	Yes .....2
Q337B_RB Neck right back	No .....1
	Yes .....2
Q337C_RF Shoulder right front	No .....1
	Yes .....2
Q337C_LF Shoulder left front	No .....1
	Yes .....2
Q337C_LB Shoulder left back	No .....1
	Yes .....2
Q337C_RB Shoulder right back	No .....1
	Yes .....2
Q337D_RF Upper arm right front	No .....1
	Yes .....2
Q337D_LF Upper arm left front	No .....1
	Yes .....2

1			
2	Q337D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q337D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q337E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q337E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q337E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q337E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q337F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q337F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q337F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q337F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q337G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q337G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q337G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q337G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q337H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q337H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q337H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q337H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q337I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q337I_L Chest left	No .....	1
60		Yes .....	2
	Q337J_R Abdomen right	No .....	1
		Yes .....	2

1			
2	Q337J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q337K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q337K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q337L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q337L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q337M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q337M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q337N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q337N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q337O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q337O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q337P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q337P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q337P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q337P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q337Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q337Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q337Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q337Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q337R_RF Lower leg right front	No .....	1
60		Yes .....	2

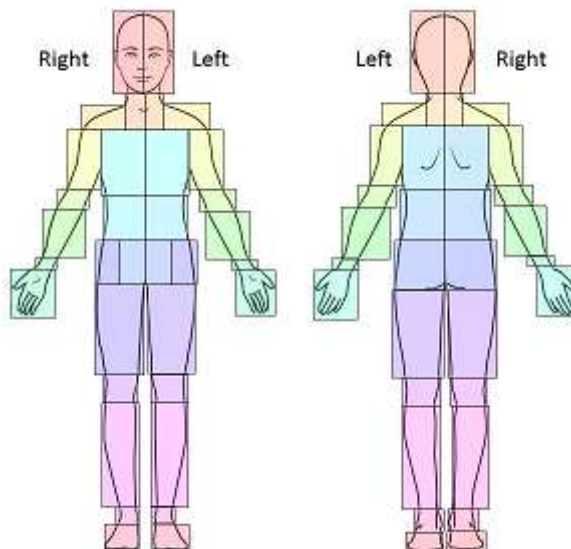
1			
2	Q337R_LB Lower leg left back	No .....	1
3		Yes .....	2
4			
5	Q337R_RB Lower leg right back	No .....	1
6		Yes .....	2
7			
8	Q337S_RF Ankle right front	No .....	1
9		Yes .....	2
10			
11	Q337S_LF Ankle left front	No .....	1
12		Yes .....	2
13			
14	Q337S_LB Ankle left back	No .....	1
15		Yes .....	2
16			
17	Q337S_RB Ankle right back	No .....	1
18		Yes .....	2
19			
20	Q337T_RF Foot right front	No .....	1
21		Yes .....	2
22			
23	Q337T_LF Foot left front	No .....	1
24		Yes .....	2
25			
26	Q337T_LB Foot left back	No .....	1
27		Yes .....	2
28			
29	Q337T_RB Foot right back	No .....	1
30		Yes .....	2

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Q338 On the diagram, please click or tap on any other areas where you experience pain.



Q338A_RF Head right front	No .....1
	Yes .....2
Q338A_LF Head left front	No .....1
	Yes .....2
Q338A_LB Head left back	No .....1
	Yes .....2
Q338A_RB Head right back	No .....1
	Yes .....2
Q338B_RF Neck right front	No .....1
	Yes .....2
Q338B_LF Neck left front	No .....1
	Yes .....2
Q338B_LB Neck left back	No .....1
	Yes .....2
Q338B_RB Neck right back	No .....1
	Yes .....2
Q338C_RF Shoulder right front	No .....1
	Yes .....2
Q338C_LF Shoulder left front	No .....1
	Yes .....2
Q338C_LB Shoulder left back	No .....1
	Yes .....2
Q338C_RB Shoulder right back	No .....1
	Yes .....2
Q338D_RF Upper arm right front	No .....1
	Yes .....2
Q338D_LF Upper arm left front	No .....1
	Yes .....2

1			
2	Q338D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q338D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q338E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q338E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q338E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q338E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q338F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q338F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q338F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q338F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q338G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q338G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q338G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q338G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q338H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q338H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q338H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q338H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q338I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q338I_L Chest left	No .....	1
60		Yes .....	2
	Q338J_R Abdomen right	No .....	1
		Yes .....	2



1			
2	Q338J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q338K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q338K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q338L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q338L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q338M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q338M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q338N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q338N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q338O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q338O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q338P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q338P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q338P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q338P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q338Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q338Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q338Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q338Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q338R_RF Lower leg right front	No .....	1
60		Yes .....	2

1			
2	Q338R_LB Lower leg left back	No .....	1
3		Yes .....	2
4			
5	Q338R_RB Lower leg right back	No .....	1
6		Yes .....	2
7			
8	Q338S_RF Ankle right front	No .....	1
9		Yes .....	2
10			
11	Q338S_LF Ankle left front	No .....	1
12		Yes .....	2
13			
14	Q338S_LB Ankle left back	No .....	1
15		Yes .....	2
16			
17	Q338S_RB Ankle right back	No .....	1
18		Yes .....	2
19			
20	Q338T_RF Foot right front	No .....	1
21		Yes .....	2
22			
23	Q338T_LF Foot left front	No .....	1
24		Yes .....	2
25			
26	Q338T_LB Foot left back	No .....	1
27		Yes .....	2
28			
29	Q338T_RB Foot right back	No .....	1
30		Yes .....	2

31	Q339	Have you ever worn prescription glasses or contact lenses?	No .....	1
32			Yes .....	2

\*\*\*\*\*  
 IF EVER USED GLASSES OR CONTACT LENSES (Q339 = 2) CONTINUE  
 ELSE GO TO Q342  
 \*\*\*\*\*

40	Q340	At what age did you first wear prescription glasses or contact lenses?		___/___ YEARS
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43	Q341	For what purpose did you first wear prescription glasses or contact lenses? (Please select all that apply)	To see clearly at a distance .....	1
44			For reading, computer use, or other close work .....	2
45			To correct astigmatism (blurred or distorted vision at all distances) ..	3
46			Other .....	4

51	Q342	How is your hearing?	Good .....	1
52			Slightly impaired .....	2
53			Very impaired .....	3

56	Q343	Is it difficult for you to hear when talking with one person in a quiet room?	No, not at all .....	1
57			Sometimes a bit difficult .....	2
58			Yes, very difficult .....	3

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3 Q344 Is it difficult for you to hear when talking with several people at  
4 the same time? No, not at all .....1  
5 Sometimes a bit difficult .....2  
6 Yes, very difficult .....3

7  
8 Q345 Do you have a constant ringing or some other disturbing sound in  
9 your ears (tinnitus)? No .....1  
10 Yes, sometimes, but the sound  
11 does not disturb me .....2  
12 All the time, the sound is very  
13 disturbing .....3

14 Q346 Thank you for answering this section of the questionnaire. It's a big help  
15 to our research!  
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For peer review only

## Module 9 – Games and gambling

Q375 We would like to ask you about your experiences with various kinds of gambling. By gambling we mean placing a bet on the outcome of a race or a game of skill or chance, or playing a game, including for charity, in which you might win or lose your money. Do not count any gambling that you may have done for a prize other than money, such as a car raffle.

Q376 Have you ever participated in any of the following activities? Please select all that apply.

- |  |           |   |
|--|-----------|---|
| Q376A Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack                 | Yes ..... | 1 |
| Q376B Bet on horse or greyhound races excluding sweeps   | Yes ..... | 1 |
| Q376C Bought instant scratch tickets   | Yes ..... | 1 |
| Q376D Played lotto or any other lottery game like Tattslotto, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno | Yes ..... | 1 |
| Q376E Played Keno at a club, hotel or casino   | Yes ..... | 1 |
| Q376F Played poker for money against other individuals   | Yes ..... | 1 |
| Q376G Played table games at a casino (not including poker), such as Blackjack or Roulette                              | Yes ..... | 1 |
| Q376H Played casino games on the internet  | Yes ..... | 1 |
| Q376I Played bingo at a club or hall (for cash prizes)   | Yes ..... | 1 |
| Q376J Bet on a sporting event like football, cricket or tennis   | Yes ..... | 1 |
| Q376K Played games like cards or mahjong for money at home or any other place  | Yes ..... | 1 |
| Q376L Bet on other games of skill like billiards (pool)  | Yes ..... | 1 |
| Q376M Played any other gambling activity excluding raffles or sweeps   | Yes ..... | 1 |

\*\*\*\*\*

IF EVER PARTICIPATED IN ANY (Q376A TO Q376M = 1)  
THEN CONTINUE, ELSE GO TO Q404

\*\*\*\*\*

\*\*\*\*\*

COMPLETE Q377 FOR EACH SELECTED OPTION AT Q376

\*\*\*\*\*

1		
2	Q377	During the last 12 months, on how many days have you participated in
3		the following activities?
4		
5	Q377A	Played electronic gaming machines such as pokies, poker
6		machines, video draw poker, or blackjack
7		Not at all in the last 12 months .....1
8		1 – 10 days .....2
9		11 – 100 days .....3
10		More than 100 days .....4
11	Q377B	Bet on horse or greyhound races excluding sweeps
12		Not at all in the last 12 months .....1
13		1 – 10 days .....2
14		11 – 100 days .....3
15		More than 100 days .....4
16	Q377C	Bought instant scratch tickets
17		Not at all in the last 12 months .....1
18		1 – 10 days .....2
19		11 – 100 days .....3
20		More than 100 days .....4
21	Q377D	Played lotto or any other lottery game like Tattsлото, Powerball,
22		the Pools, \$2 Jackpot lottery, or Tatts Keno
23		Not at all in the last 12 months .....1
24		1 – 10 days .....2
25		11 – 100 days .....3
26		More than 100 days .....4
27	Q377E	Played Keno at a club, hotel or casino
28		Not at all in the last 12 months .....1
29		1 – 10 days .....2
30		11 – 100 days .....3
31		More than 100 days .....4
32	Q377F	Played poker for money against other individuals
33		Not at all in the last 12 months .....1
34		1 – 10 days .....2
35		11 – 100 days .....3
36		More than 100 days .....4
37	Q377G	Played table games at a casino (not including poker), such as
38		Blackjack or Roulette
39		Not at all in the last 12 months .....1
40		1 – 10 days .....2
41		11 – 100 days .....3
42		More than 100 days .....4
43	Q377H	Played casino games on the internet
44		Not at all in the last 12 months .....1
45		1 – 10 days .....2
46		11 – 100 days .....3
47		More than 100 days .....4
48	Q377I	Played bingo at a club or hall (for cash prizes)
49		Not at all in the last 12 months .....1
50		1 – 10 days .....2
51		11 – 100 days .....3
52		More than 100 days .....4
53	Q377J	Bet on a sporting event like football, cricket or tennis
54		Not at all in the last 12 months .....1
55		1 – 10 days .....2
56		11 – 100 days .....3
57		More than 100 days .....4
58	Q377K	Played games like cards or mahjong for money at home or any
59		other place
60		Not at all in the last 12 months .....1
		1 – 10 days .....2
		11 – 100 days .....3
		More than 100 days .....4
	Q377L	Bet on other games of skill like billiards (pool)
		Not at all in the last 12 months .....1
		1 – 10 days .....2
		11 – 100 days .....3
		More than 100 days .....4

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Q377M Played any other gambling activity excluding raffles or sweeps	Not at all in the last 12 months .....	1
	1 – 10 days .....	2
	11 – 100 days .....	3
	More than 100 days .....	4

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\*\*\*\*\*  
 COMPLETE Q378 FOR EACH SELECTED OPTION AT Q376  
 \*\*\*\*\*

For peer review only

1  
2  
3 Q378 In your entire life, on how many days have you participated in the  
4 following activities?  
5  
6 Q378A Played electronic gaming machines such as pokies, poker  
7 machines, video draw poker, or blackjack 1 – 10 days .....1  
8 11 – 100 days .....2  
9 More than 100 days .....3  
10  
11 Q378B Bet on horse or greyhound races excluding sweeps 1 – 10 days .....1  
12 11 – 100 days .....2  
13 More than 100 days .....3  
14  
15 Q378C Bought instant scratch tickets 1 – 10 days .....1  
16 11 – 100 days .....2  
17 More than 100 days .....3  
18  
19 Q378D Played lotto or any other lottery game like Tattslotto, Powerball,  
20 the Pools, \$2 Jackpot lottery, or Tatts Keno 1 – 10 days .....1  
21 11 – 100 days .....2  
22 More than 100 days .....3  
23  
24 Q378E Played Keno at a club, hotel or casino 1 – 10 days .....1  
25 11 – 100 days .....2  
26 More than 100 days .....3  
27  
28 Q378F Played poker for money against other individuals 1 – 10 days .....1  
29 11 – 100 days .....2  
30 More than 100 days .....3  
31  
32 Q378G Played table games at a casino (not including poker), such as  
33 Blackjack or Roulette 1 – 10 days .....1  
34 11 – 100 days .....2  
35 More than 100 days .....3  
36  
37 Q378H Played casino games on the internet 1 – 10 days .....1  
38 11 – 100 days .....2  
39 More than 100 days .....3  
40  
41 Q378I Played bingo at a club or hall (for cash prizes) 1 – 10 days .....1  
42 11 – 100 days .....2  
43 More than 100 days .....3  
44  
45 Q378J Bet on a sporting event like football, cricket or tennis 1 – 10 days .....1  
46 11 – 100 days .....2  
47 More than 100 days .....3  
48  
49 Q378K Played games like cards or mahjong for money at home or any  
50 other place 1 – 10 days .....1  
51 11 – 100 days .....2  
52 More than 100 days .....3  
53  
54 Q378L Bet on other games of skill like billiards (pool) 1 – 10 days .....1  
55 11 – 100 days .....2  
56 More than 100 days .....3  
57  
58 Q378M Played any other gambling activity excluding raffles or sweeps 1 – 10 days .....1  
59 11 – 100 days .....2  
60 More than 100 days .....3

---

\*\*\*\*\*  
**COMPLETE Q379 FOR EACH SELECTED OPTION AT Q376**  
 \*\*\*\*\*

- 1  
2  
3 Q379 How old were you (in years) when you first participated in the  
4 following activities?  
5  
6 Q379A Played electronic gaming machines such as pokies, poker  
7 machines, video draw poker, or blackjack \_\_\_/\_\_\_ YEARS  
8  
9 Q379B Bet on horse or greyhound races excluding sweeps \_\_\_/\_\_\_ YEARS  
10  
11 Q379C Bought instant scratch tickets \_\_\_/\_\_\_ YEARS  
12  
13 Q379D Played lotto or any other lottery game like Tattslotto, Powerball,  
14 the Pools, \$2 Jackpot lottery, or Tatts Keno \_\_\_/\_\_\_ YEARS  
15  
16 Q379E Played Keno at a club, hotel or casino \_\_\_/\_\_\_ YEARS  
17  
18 Q379F Played poker for money against other individuals \_\_\_/\_\_\_ YEARS  
19  
20 Q379G Played table games at a casino (not including poker), such as  
21 Blackjack or Roulette \_\_\_/\_\_\_ YEARS  
22  
23 Q379H Played casino games on the internet \_\_\_/\_\_\_ YEARS  
24  
25 Q379I Played bingo at a club or hall (for cash prizes) \_\_\_/\_\_\_ YEARS  
26  
27 Q379J Bet on a sporting event like football, cricket or tennis \_\_\_/\_\_\_ YEARS  
28  
29 Q379K Played games like cards or mahjong for money at home or any other place \_\_\_/\_\_\_ YEARS  
30  
31 Q379L Bet on other games of skill like billiards (pool) \_\_\_/\_\_\_ YEARS  
32  
33 Q379M Played any other gambling activity excluding raffles or sweeps \_\_\_/\_\_\_ YEARS

- 
- 34 Q380 Have you ever gambled at least 10 times in a single year? No .....1  
35 Yes .....2  
36

- 
- 37  
38 Q381 Have you ever gambled at least once a week for at least 6 months in No .....1  
39 a row? (This does not have to be in the same gambling activity.) Yes .....2  
40

41 \*\*\*\*\*  
42 IF ANY GAMBLING IN LAST 12 MONTHS  
43 (ANY OF Q377A TO Q377M = 2, 3 OR 4) CONTINUE, ELSE GO TO Q383  
44 \*\*\*\*\*  
45

---



1 2 3 4 5 6 7 8 9 10 11 12 13 14	Q382 In terms of your gambling over the last 12 months, which of the following statements is most accurate for you?	I have only gambled online in the last 12 months .....1 I have mostly gambled online, but I have sometimes gambled offline .....2 About half of my gambling has been online and half has been offline .....3 I have mostly gambled offline, but I have sometimes gambled online .....4 I have never gambled on the internet in the last 12 months .....5
---	---	--

\*\*\*\*\*  
 IF GAMBLED ONLINE IN LAST 12 MONTHS (Q382 = 1 TO 4), CONTINUE  
 ELSE GO TO Q386  
 \*\*\*\*\*

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	Q383 What year did you first start using the internet for gambling purposes?	Before 1995 .....1 1995 .....2 1996 .....3 1997 .....4 1998 .....5 1999 .....6 2000 .....7 2001 .....8 2002 .....9 2003 .....10 2004 .....11 2005 .....12 2006 .....13 2007 .....14 2008 .....15 2009 .....16 2010 .....17 2011 .....18 2012 .....19 2013 .....20 2014 .....21 2015 .....22 2016 .....23 2017 .....24 2018 .....25 2019 .....26
--	--	--

Q384 Thinking about the past 12 months, what percentage of the total amount of money you have wagered on all types of gambling has been online?   /  /   PERCENT  
 Enter a number between 1 (for 1 % of the total amount of money) and 100 (for 100 % of the total amount of money). Do not enter decimals.

Q385 Thinking about the past 12 months, what percentage of your total time spent gambling has been online? Enter a number between 1 (for 1 % of the total amount of time) and 100 (for 100 % of the total amount of time). Do not enter decimals.   /  /   PERCENT

\*\*\*\*\*  
 IF EVER GAMBLED AT LEAST 10 TIMES IN A YEAR OR AT LEAST  
 WEEKLY FOR 6 MONTHS (Q380 = 2 OR Q381 = 2), CONTINUE  
 ELSE GO TO Q404  
 \*\*\*\*\*

Q386 These next questions ask you about experiences people sometimes have with gambling.

Q386A Have you ever bet more than you could really afford to lose?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386B Have you ever needed to gamble with larger amounts of money to get the same feeling of excitement?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386C When you gambled, did you ever go back another day to try to win back the money you lost?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386D Have you ever borrowed money or sold anything to get money to gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386E Have you ever felt that you might have a problem with gambling?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386F Has gambling ever caused you any health problems, including stress or anxiety?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386G Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386H Has your gambling caused any financial problems for you or your household?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386I Have you felt guilty about the way you gamble or what happens when you gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4

---

Q387 NOT USED FOR PARTICIPANT INPUT

---

\*\*\*\*\*  
 IF GAMBLINGScore IS  $\geq 3$  (SUM OF VALUES FROM Q386 IS  $\geq 12$ ),  
 CONTINUE, ELSE GO TO Q404  
 \*\*\*\*\*

1  
2  
3 Q388 Some of these questions may seem similar to ones that have already been  
4 asked, but there are some slight differences in the wording that may change  
5 the meaning. Because experts don't always agree on the best way to  
6 measure gambling experiences, we are trying several different approaches.  
7 Your answers will help us to better understand the correct ways to ask such  
8 questions. Remember that the following questions are about your entire  
9 lifetime, so please indicate if you have ever had any of these experiences.

10  
11 Q389 Has there ever been a period lasting two weeks or longer when you ...

12  
13 Q389A Spent a lot of time thinking about your gambling experiences? No .....1  
14 Yes .....2

15  
16 Q389B Spent a lot of time planning future gambling ventures or bets, No .....1  
17 or thinking about ways of getting money with which to gamble? Yes .....2

18  
19 Q389C Needed to gamble with increasing amounts of money or with No .....1  
20 larger bets than before in order to get the same feeling of excitement? Yes .....2

21  
22  
23 Q390 Have you ever tried to stop, cut down, or control your gambling? No .....1  
24 Yes .....2

25  
26 \*\*\*\*\*  
27 IF EVER TRIED (Q390 = 2) CONTINUE  
28 ELSE GO TO Q395  
29 \*\*\*\*\*

30  
31  
32 Q391 How many times have you tried to stop, cut down, or control your \_\_\_\_\_/\_\_\_\_/\_\_\_\_ TIMES  
33 gambling?

34  
35  
36 Q392 Have you ever tried to stop, cut down, or control your gambling, but No .....1  
37 were unable to? Yes, once or twice .....2  
38 Yes, 3 or more times .....3

39  
40  
41 Q393 On one or more of the times when you tried to stop, cut down, or No .....1  
42 control your gambling, were you restless and irritable? Yes .....2

1			
2			
3	Q394	On one or more of the times when you tried to stop, cut down, or control your gambling, did you ever experience any of the following more than usual?	
4			
5			
6		Q394A Cravings or urges to gamble?	No .....1
7			Yes .....2
8			
9		Q394B Sadness or depressed mood?	No .....1
10			Yes .....2
11			
12		Q394C Anger	No .....1
13			Yes .....2
14			
15		Q394D Difficulty sleeping	No .....1
16			Yes .....2
17			
18		Q394E Difficulty concentrating	No .....1
19			Yes .....2
20			
21			
22	Q395	Have you ever gambled as a way to escape from personal problems?	No .....1
23			Yes .....2
24			
25			
26	Q396	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?	No .....1
27			Yes .....2
28			
29			
30	Q397	Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?	No .....1
31			Yes, once or twice .....2
32			Yes, 3 or more times .....3
33			
34			
35	Q398	Have you ever lied to family members, friends or others about how much you gambled or how much money you lost gambling?	No .....1
36			Yes, once or twice .....2
37			Yes, 3 or more times .....3
38			
39			
40	Q399	Have you ever deliberately written a cheque that bounced, or stolen or taken things that didn't belong to you in order to gamble?	No .....1
41			Yes .....2
42			
43			
44	Q400	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?	No .....1
45			Yes .....2
46			
47			
48	Q401	Has your gambling ever caused you problems in school, or to lose a job, have trouble with your job, or interfered with your career?	No .....1
49			Yes .....2
50			
51			
52	Q402	Have you ever needed to ask family members or anyone else to lend you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	No .....1
53			Yes .....2
54			
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3	Q403	Please think about the 12-month period in your life when you	
4		experienced the most problems related to gambling. Which	
5		experiences did you have then?	
6			
7	Q403A	Spent a lot of time thinking about gambling experiences	No .....1
8			Yes .....2
9			
10	Q403B	Spent a lot of time planning future gambling or thinking about	No .....1
11		ways of getting money to gamble	Yes .....2
12			
13	Q403C	Needed to gamble with increasing amounts of money to get	No .....1
14		the same feeling of excitement	Yes .....2
15			
16	Q403D	Unable to stop, cut down or control gambling	No .....1
17			Yes .....2
18			
19	Q403E	Restless or irritable when you tried to stop, cut down or	No .....1
20		control gambling	Yes .....2
21			
22	Q403F	Gambled to escape from personal problems	No .....1
23			Yes .....2
24			
25	Q403G	Gambled to relieve feelings of guilt, anxiety, helplessness or	No .....1
26		depression	Yes .....2
27			
28	Q403H	After losing money, you would often return another day to	No .....1
29		get even	Yes .....2
30			
31	Q403I	Lied to family members, friends or others about gambling or	No .....1
32		money lost gambling	Yes .....2
33			
34	Q403J	Wrote a cheque that bounced, or took something that didn't	No .....1
35		belong to you to pay for gambling	Yes .....2
36			
37	Q403K	Gambling caused serious or repeated problems in relationships	No .....1
38		with family or friends	Yes .....2
39			
40	Q403L	Gambling caused problems in school, or work, or loss of a job,	No .....1
41		or interfered with your career	Yes .....2
42			
43	Q403M	Needed family members or anyone else to provide money to	No .....1
44		get out of a desperate situation caused by gambling	Yes .....2

---

Q404 Thanks for taking the time to answer these questions!

---

## Module 10 – Headaches and migraine

Q405 Have you ever had migraine or recurrent attacks of headaches? No .....1  
Yes .....2

\*\*\*\*\*

IF YES (Q405 = 2) CONTINUE

ELSE GO TO Q428

\*\*\*\*\*

Q406 Associated with your headaches, have you ever had recurrent attacks of any of the following?

Q406A Stomach or intestinal pain/dysfunction No .....1  
Yes .....2

Q406B Nausea, vomiting or diarrhoea No .....1  
Yes .....2

Q406C Visual problems such as blurring, showers of light, blind spots, or double vision No .....1  
Yes .....2

Q407 Would you describe the pain associated with your headaches as: Mild .....1  
Moderate .....2  
Severe .....3  
Unbearable .....4

Q408 How much do your headaches impair your daily activities? Would you say... Not at all .....1  
Interfere with work or social life ...2  
Must stay home from work or school .....3  
Must remain in a dark room (i.e. go to bed) .....4

Q409 Would you describe the headache pain you usually experience as:

Q409A Throbbing, pulsating or pounding - like being stabbed with a sharp knife No .....1  
Yes .....2

Q409B Pressing - like a weight pushing down on your head No .....1  
Yes .....2

Q409C Squeezing - like a tight band around your head No .....1  
Yes .....2

Q410 Do the headaches usually occur on one side of the head? No (pain on both sides) .....1  
Left .....2  
Right .....3  
Either (pain is sometimes on the left and other times on the right side) .....4

1			
2			
3	Q411	Associated with your headaches, do you experience enhanced sensitivity to:	
4			
5		Q411A Light	No .....1
6			Yes .....2
7			
8		Q411B Smell - such as perfume, petrol or smoke	No .....1
9			Yes .....2
10			
11		Q411C Noise	No .....1
12			Yes .....2
13			
14	<hr/>		
15	Q412	Do these headaches occur in an attack-like manner or are they continuous?	Attack-like .....1
16			Continuous .....2
17			
18	<hr/>		
19	Q413	How old were you the first time you had these headaches (age in years)?	___/___/___ YEARS
20			
21	<hr/>		
22	Q414	How old were you the last time you had these headaches (age in years)?	___/___/___ YEARS
23			
24	<hr/>		
25	Q415	How many of these headaches have you had during your lifetime?	1-2 .....1
26			3-4 .....2
27			5-10 .....3
28			11-50 .....4
29			51-100 .....5
30			More than 100 .....6
31			
32	<hr/>		
33	Q416	On average, how long does/did a typical untreated or unsuccessfully treated migraine/headache episode last? Please choose one time frame only.	___/___ DAYS
34			___/___ HOURS
35			___/___ MINUTES
36			
37	<hr/>		
38	Q417	On average, how often do / did you have these headaches?	Every day .....1
39			5-6 days per week .....2
40			3-4 days per week .....3
41			2 days per week .....4
42			1 day per week .....5
43			2-3 days per month .....6
44			1 day per month .....7
45			3-11 days per year .....8
46			Less often .....9
47			
48	<hr/>		
49	Q418	Are your headaches aggravated by walking up or down stairs or similar routine physical activity?	No .....1
50			Yes .....2
51			
52	<hr/>		
53	Q419	Associated with your headaches, have you ever had:	
54			
55		Q419A Difficulties speaking	No .....1
56			Yes .....2
57			
58		Q419B One-sided numbness or weakness	No .....1
59			Yes .....2
60			

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Q420 With your headaches, have you ever had visual disturbances lasting several minutes (e.g. deficiency in your visual fields, scintillating zigzag pattern, sparks or stars in your visual field, blurred or double vision, or some other visual disturbance)?

No .....1  
Yes .....2

\*\*\*\*\*  
IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q427  
\*\*\*\*\*

Q421 When you experience your headaches, do they occur between 2 days before and 2 days after your period starts? If you no longer menstruate, please answer according to how your headaches were when you did menstruate.

No .....1  
Yes, I have/had these headaches exclusively around this period of menstruation in at least two out of three menstrual cycles and at no other times of the cycle .....2  
Yes, I have/had these headaches around this period of menstruation in at least two out of three menstrual cycles and additionally at other times of the cycle .....3  
Yes, I have/had these headaches around this period of menstruation, but in less than two out of three menstrual cycles .....4  
Don't know .....5

\*\*\*\*\*  
IF NO (Q421 = 1) OR EXCLUSIVELY AROUND MENSTRUATION (Q421 = 2), GO TO Q424  
ELSE CONTINUE  
\*\*\*\*\*

Q422 Approximately what percentage of your headaches occur around menstruation? Please click on the shaded line to register your response, even if the answer is "0".

\_\_\_/\_\_\_ PERCENT

Q423 Do / did your headaches around menstruation differ from your headaches at other times?

No .....1  
Yes .....2

Q424 Do / did you get your headaches with oral contraceptive (Pill) use? headaches at other times?

No .....1  
Yes .....2  
Not applicable - I've never used oral contraceptives .....3  
Don't know .....4

\*\*\*\*\*  
IF Q322 NOT YET PRESENTED THEN CONTINUE, ELSE GO TO Q426  
\*\*\*\*\*

Q425 Have you reached menopause?

No .....1  
Yes .....2



\*\*\*\*\*  
 IF HAS REACHED MENOPAUSE (Q322 = 2 OR Q425 = 2) CONTINUE,  
 ELSE GO TO Q427  
 \*\*\*\*\*

- Q426 After you reached menopause, did the frequency of your headaches ... ?
- Remain constant .....1
  - Increase, but only the headaches occurring around menstruation .....2
  - Increase, both the headaches occurring around menstruation and at other times .....3
  - Decrease, but only the headaches occurring around menstruation .....4
  - Decrease, both the headaches around menstruation and at other times .....5
  - Not applicable - I haven't reached menopause .....6
  - Don't know .....7

- Q427 Which of the following medications have you ever taken for your migraine or headaches? Please select all that apply.
- Sumatriptan (e.g. Imigran, Iptam, Sumatab, Sumagran, Sumatran) ...1
  - Zolmitriptan (e.g. Zomig, Zoltrip) ..2
  - Rizatriptan (e.g. Maxalt) .....3
  - Naratriptan (e.g. Naramig) .....4
  - Eletriptan (e.g. Relpax) .....5
  - Pizotifen (e.g. Sandomigran) .....6
  - Cyproheptadine (e.g. Periactin) ....7
  - Topiramate (e.g. Topamax, Epiramax, Tamate) .....8
  - Botulinum toxin type A (Botox) ...9
  - Other (specify): .....10
- I have never taken medication for migraine or headaches .....11

Q428 Another section of the questionnaire finished - well done!

## Module 11 – Family

Q429 Is your biological mother still alive? No .....1  
Yes .....2  
Don't know .....3

\*\*\*\*\*

IF YES (Q429 = 2) CONTINUE

IF NO (Q429 = 1) GO TO Q431

ELSE GO TO Q434

\*\*\*\*\*

---

Q430 How old is your biological mother now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*

GO TO Q434

\*\*\*\*\*

---

Q431 How old was your biological mother when she died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q432 In what year did she die? \_\_\_/\_\_\_/\_\_\_

---

Q433 What was her cause of death? \_\_\_\_\_

---

Q434 Is your biological father still alive? No .....1  
Yes .....2  
Don't know .....3

\*\*\*\*\*

IF YES (Q434 = 2) CONTINUE

IF NO (Q434 = 1) GO TO Q436

ELSE GO TO Q439

\*\*\*\*\*

---

Q435 How old is your biological father now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*

GO TO Q439

\*\*\*\*\*

---

Q436 How old was your biological father when he died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q437 In what year did he die? \_\_\_/\_\_\_/\_\_\_

---

Q438 What was his cause of death? \_\_\_\_\_

---

Q439 Are you a twin (or triplet, etc.) No .....1  
Yes .....2

1  
2  
3 Q440 How many brothers do you have? Please include full, half, step and \_\_\_\_\_  
4 adopted brothers, including any who have died.

5  
6 \*\*\*\*\*  
7 IF NONE, GO TO Q442 ELSE CONTINUE  
8 \*\*\*\*\*

9  
10  
11 \*\*\*\*\*  
12 FOR EACH BROTHER (MAXIMUM 8), LOOP THROUGH Q441A TO Q441C  
13 \*\*\*\*\*

14 Q441 Please tell us a little bit more about your brother(s)

15  
16 Q441A Brother's relationship to you Full .....1  
17 Half .....2  
18 Step .....3  
19 Adopted .....4

20  
21 Q441B Brother's year of birth \_\_\_\_\_

22  
23 Q441C Brother's age at death (if brother is still alive, leave blank) \_\_\_\_\_ YEARS  
24

25  
26 Q442 How many sisters do you have? Please include full, half, step and \_\_\_\_\_  
27 adopted sisters, including any who have died.

28  
29 \*\*\*\*\*  
30 IF NONE, GO TO Q444, ELSE CONTINUE  
31 \*\*\*\*\*

32  
33  
34 \*\*\*\*\*  
35 FOR EACH SISTER (MAXIMUM 8), LOOP THROUGH Q443A TO Q443C  
36 \*\*\*\*\*

37 Q443 Please tell us a little bit more about your sister(s)

38  
39 Q443A Sister's relationship to you Full .....1  
40 Half .....2  
41 Step .....3  
42 Adopted .....4

43  
44 Q443B Sister's year of birth \_\_\_\_\_

45  
46 Q443C Sister's age at death (if sister is still alive, leave blank) \_\_\_\_\_ YEARS  
47

48  
49 Q444 How many children do you have? Please include biological children, \_\_\_\_\_  
50 stepchildren and adopted children, including any who have died.

51  
52 \*\*\*\*\*  
53 IF NONE, GO TO Q446, ELSE CONTINUE  
54 \*\*\*\*\*

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\*\*\*\*\*  
FOR EACH CHILD (MAXIMUM 10), LOOP THROUGH Q445A TO Q445D  
\*\*\*\*\*

Q445 Please tell us a little bit more about your child/children

Q445A Sex Male 1  
Female 2

Q445B Child's relationship to you Biological child .....1  
Step child .....2  
Adopted child .....3

Q445C Child's year of birth \_/\_/\_/\_

Q445D Child's age at death (if child is still alive, leave blank) \_/\_ YEARS

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Q446 Thank you for completing this section of the questionnaire!

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For peer review only

**Finalise and submit survey**

Q447 Just a couple of final questions about your experience in completing our online questionnaire.

---

Q448	Did you find the length of the questionnaire ... ?	Too brief .....1
		About right .....2
		Too long .....3

---

Q449	Did you find completing the questionnaire ... ?	Not at all enjoyable .....1
		Moderately enjoyable .....2
		Very enjoyable .....3

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Q450 Is there any other information that you would like to share that relates to \_\_\_\_\_  
this study? (Maximum length 500 characters)

---

Q451 Select "Finalise and submit survey" to indicate that you have completed  
the survey. Or, select "Table of Contents" to continue the survey.

---

For peer review only

# BMJ Open

## Cohort Profile: The Australian Genetics of Depression Study

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2019-032580.R3
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## Cohort Profile: The Australian Genetics of Depression Study

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## Abstract

**Purpose:** Depression is the most common psychiatric disorder and the largest contributor to global disability. The Australian Genetics of Depression study was established to recruit a large cohort of individuals who have been diagnosed with depression at some point in their lifetime. The purpose of establishing this cohort is to investigate genetic and environmental risk factors for depression and response to commonly prescribed antidepressants.

**Participants:** A total of 20,689 participants were recruited through through the Australian Department of Human Services and a media campaign, 75% of whom were female. The average age of participants was 43 years  $\pm$  15 years. Participants completed an online questionnaire that consisted of a compulsory module that assessed self-reported psychiatric history, clinical depression using the Composite Interview Diagnostic Interview Short Form, and experiences of using commonly prescribed antidepressants. Further voluntary modules assessed a wide range of traits of relevance to psychopathology. Participants who reported they were willing to provide a DNA sample (75%) were sent a saliva kit in the mail.

**Findings to date:** 95% of participants reported being given a diagnosis of depression by a medical practitioner and 88% met the criteria for a lifetime depressive episode. 68% of the sample report having been diagnosed with another psychiatric disorder in addition to depression. In line with findings from clinical trials, only 33% of the sample report responding well to the first antidepressant they were prescribed.

**Future plans:** A number of analyses to investigate the genetic architecture of depression and common comorbidities will be conducted. The cohort will contribute to the global effort to identify genetic variants that increase risk to depression. Furthermore, a thorough investigation of genetic and psychosocial predictors of antidepressant response and side-effects is planned.

## Strengths and Limitations

- One of the largest cohorts in the world for studying genetic and psychosocial risk factors for depression and response to antidepressants.
- Wide range of measures collected using the online instrument including diagnostic screening questionnaires for depression and anxiety disorders.
- Access to government medical and pharmaceutical records.
- Low rates of response to the letters recruited pharmaceutical benefits scheme and self-selection may
- Online assessment allowed for recruitment of a large sample but there may be biases attributable to self-report measures and it was not possible to clarify with participants if there were inconsistencies in their responses.

## Introduction

Approximately 20% of Australians will be diagnosed with a depressive disorder in their lifetime. As a consequence of this high prevalence, impact on function and risk to later ill-health and premature death, depressive disorders contribute the largest burden of disease due to common mental disorders [1, 2] and place a substantial burden on the economy in terms of days lost to disability.

Among psychiatric disorders, depression is moderately heritable, with approximately 40% of the variance in liability to depression attributable to genetic factors [3]. Initial efforts to identify depression risk variants using genome-wide association studies (GWAS) did not bear fruit due to insufficient power [4]. Common genetic variants for psychiatric disorders have small effect sizes and hence sample sizes in the tens of thousands of individuals are needed in order to robustly to detect them [5]. Substantial progress has been made in the last few years in identifying genetic variants that increase risk to depressive symptoms and major depression [6-8]. These discoveries have been facilitated by the collaboration of researchers worldwide in the Psychiatric Genomics Consortium (PGC). The most recent GWAS for depression which included data from the PGC, the personal genetics company 23andMe, the UK Biobank, and DeCODE, identified 102 independent genetic variants that increase risk of depression [9]. The identified variants explain only a fraction of the overall liability and larger studies are needed to identify more individual variants and to improve the predictive power of polygenic risk scores, a measure of the genetic vulnerability that an individual possesses. Thus, the psychiatric genomics community aims to collect data on 1 million cases with depression in order to elucidate the genetics of this disorder [5]

Antidepressants are a frontline treatment for moderate to severe depression, but do not provide benefit for all patients and have side effects, leading to poor adherence and reduced quality of life. Variability in response to antidepressants and experiencing side effects have a poorly understood genetic component [10, 11]. As they are one of the most commonly prescribed medications and many individuals are exposed to several different drugs, or drug classes, before symptoms improve, there is an urgent need to understand the reasons for such wide individual variability in therapeutic response and the experience of side effects. Results from pharmacogenetic studies of response and side effects have been mixed, likely because of insufficient sample sizes [12-16].

Large studies of deeply-phenotyped patients are needed to reveal the biological underpinnings of this clinically heterogeneous disorder and to better match patients to therapies so as to reduce the time to remission. For these reasons, we established the Australian Genetics of Depression Study (AGDS).

## Objectives

This study had three primary objectives. The first was to recruit 10,000 cases with depression in Australia to contribute to the global effort to identify genetic variants conferring risk to depression. The second was to further elucidate genetic and non-genetic risk factors for antidepressant response and side-effects. The third was to dissect genetic heterogeneity in depression by leveraging existing GWAS results for depression to investigate whether are differences among subtypes of depression. Our aim was to contribute to the wider PGC effort by increasing the sample size of cases of

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2  
3 depression in order to identify genetic variants that increase risk to the disorder, as well as  
4 antidepressant response. Here we describe the aims of the study, the genetic and phenotype data  
5 collection procedures and the characteristics of the sample.  
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## 10 **Cohort Description**

### 11 **Design**

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14 The AGDS is an analytical study designed to assess the contribution of genetic variation to risk of  
15 depression and therapeutic response to antidepressants. In order to maximise the sample size for  
16 genetic analysis, the focus was on recruiting participants who had been diagnosed with depression  
17 at some point in their life. An online survey was used to assess history of depression and use and  
18 experiences of antidepressants. Controls for genetic analysis come from a separate study conducted  
19 in Queensland in which participants were asked if they were ever diagnosed with depression.  
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### 23 **Recruitment Strategy**

#### 24 **Cases**

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27 Participants were recruited to the Australian Genetics of Depression Study  
28 ([www.geneticsofdepression.org.au](http://www.geneticsofdepression.org.au)) using two separate approaches: (i) recruitment based on  
29 nationwide, pharmaceutical prescription history in the last 4.5 years and (ii) a media publicity  
30 campaign throughout Australia. A schematic of the design and aims of the study is shown in Figure 1.  
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#### 33 *Recruitment via pharmaceutical prescription history*

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35 The Australian Government subsidises certain healthcare services through the Medicare Benefits  
36 Scheme (MBS) and prescription medications through the Pharmaceutical Benefits Scheme (PBS).  
37 Records for the most recent 4.5 years' services provided are retained by the Australian Government  
38 Department of Human Services (DHS). While these records are not accessible to researchers for the  
39 purposes of identifying potential research study participants, DHS is able to send invitations on  
40 behalf of researchers to individuals meeting specific selection criteria to invite them to participate in  
41 relevant research studies.  
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45 After receiving approval from the DHS research ethics committee, two waves of recruitment were  
46 undertaken using this method. A pilot study in which DHS sent 10,000 invitation letters to Australian  
47 residents aged 18-30 who had received four or more prescriptions in the previous 4.5 years for any  
48 of the 10 most commonly prescribed antidepressant medications (single medication or a  
49 combination) was initiated in September 2016. Only community patients were selected; individuals  
50 with residential locations in the PBS database corresponding to hospitals, aged-care facilities and  
51 correctional facilities were excluded as obtaining a saliva sample would not be possible. This group  
52 of invitees was 65% female, reflecting the higher prevalence of depression in women. Potential  
53 participants were sent a letter by the DHS explaining that were being contacted on behalf of  
54 researchers at QIMR Berghofer to invite them to participate in a study of the genetics of depression.  
55 The letter provided details of the study website and also a phone number that they could contact for  
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3 more information. A total of 294 individuals responded to this invitation over a six month period and  
4 enrolled in the study.  
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6 The second DHS-based recruitment wave started in April 2017 and involved sending 100,000  
7 invitation letters using similar selection criteria to the pilot study, except that the upper age  
8 restriction for participants was removed.  
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### 11 12 13 *Recruitment through Media Publicity Campaign*

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15 A Sydney-based public relations company specialising in health sector campaigns (VIVA!  
16 Communications) was contracted to manage the media campaign, which was launched on April 4  
17 2017 and utilised a combination of national broadcast, print, and social media to promote  
18 knowledge of and interest in the study among the general community. This coincided with the  
19 second wave of recruitment through DHS. The campaign encouraged participation among  
20 “Australian adults who have been, or are continuing to be treated for clinical depression by a doctor,  
21 psychologist, or psychiatrist”. A second wave of the media campaign was initiated 6 months after  
22 the initial one in September 2017 using similar procedures.  
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### 29 **Enrolment Procedure**

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31 In both the DHS recruitment letter and the media public appeal, potential participants were asked to  
32 go to the study website which was hosted on the secure QIMR Berghofer server. Upon going to the  
33 website, the information sheet which provided details of the aims of the study as well as a consent  
34 form were available for viewing. The information sheet provided telephone and e-mail contact  
35 details for the study co-ordinator and institute ethics committee in case participants had any  
36 questions. Those not interested in participating were provided with simple instructions on how to  
37 exit the website. The identity of potential participants was not known to the researchers prior to  
38 their decision to enrol in the study. The DHS did not provide identifying information to the research  
39 team on who was mailed. Before being asked to provide any identifying information, prospective  
40 participants were asked to confirm that they had read and understood the information sheet, to  
41 confirm that they would be willing to provide a saliva sample for genotyping, and to sign the study  
42 informed consent.  
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47 Upon confirming that they would like to enrol in the study, participants were asked to provide their  
48 name, age and contact details which were stored securely on the QIMR server. After providing these  
49 details, each participant was assigned a unique link to the questionnaire which was hosted on the  
50 Qualtrics website. This transition between websites was seamless to the participant. Participation in  
51 this study was not remunerated.  
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### 55 **Record Linkage - Access to Medicare and PBS records**

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57 Participants were also asked to consent to provide access to their list of Medicare and  
58 Pharmaceutical Benefits Scheme records for the previous 4.5 years, and approximately 75% of  
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3 participants did so. This consent process was separate to the overall consent to participate in the  
4 study, and participants could still enrol in the study without allowing access to these records. The  
5 consent form had to conform to the requirements of the Department of Human Services.  
6  
7 Participants were shown an example of what MBS and PBS records look like prior to consenting so  
8 they would know what information would be available to researchers. Within the MBS and PBS data,  
9 the identifiers for the providing doctor, medical service, or pharmacy are randomised so the  
10 provider and location are protected. It is possible to identify repeated claims from the same provider  
11 but not who the provider is.  
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## 17 **Measures**

### 18 **Development and structure of the questionnaire**

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21 The content of the Australian Genetics of Depression Study online questionnaire was developed over  
22 a period of 19 months between January 2015 and September 2016. The object was to maximise the  
23 amount of clinically relevant information collected with the shortest time commitment required of  
24 participants. To this end, we utilised a modular structure (Figure 2), with a core module eliciting  
25 essential information on self-report mental health diagnoses, medication response and side effects,  
26 depression diagnosis using the relevant section from the Composite International Diagnostic  
27 Interview (CIDI), screens for suicidality, mania and psychosis, and a question about family history of  
28 psychiatric disorders. Several psychiatrists in Australia and internationally with expertise in gene  
29 mapping studies and in studies of antidepressant response were consulted about the content of the  
30 questionnaire.  
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35 Ten additional “satellite” modules assessed a range of complex traits of relevance to mental health  
36 using a variety of scales and questionnaires (Figure 2). One module screened for clinical anxiety  
37 using the CIDI. The questionnaire was administered online using the Qualtrics™ software. Responses  
38 to individual questionnaire items were only required for items critical to phrasing of future  
39 questionnaire items and skip functionality (e.g. age, sex, number of children). The satellite modules  
40 could be completed in any order the participant chose once they had completed the core module.  
41 Participants were able to leave the survey and return at their convenience. Rates of completion of  
42 the satellite modules are shown in Supplementary Table 1. They ranged from 58% for the Games and  
43 Gambling module to 76% for the Experiences of Healthcare module.  
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48 Extensive beta testing was conducted by research staff at QIMR Berghofer and external consultants  
49 to ensure that there were no inconsistencies in the questionnaire and that the appropriate question  
50 skips were in place.

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52 Screenshots of the title page, sections of the questionnaire and the module selection page are  
53 shown in Supplementary Figure 1a-d.  
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### 57 **Study measures**

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3 As shown in Figure 2, a wide range of self-report variables of relevance to mental health were  
4 collected. For brevity, we report only on the primary measures of interest. The full questionnaire is  
5 available as a Supplementary Appendix.  
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## 8 **Measures – core module**

### 9 **Mental Health History**

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12 Participants were asked “Have you ever been diagnosed with any of the following” and were  
13 presented with a list of mental health disorders with “Depression” as the first response option. We  
14 also evaluated whether participants met the 2013 update to the Diagnostic and Statistical Manual of  
15 Mental Disorders (DSM-5, American Psychiatric Association (2013). Diagnostic and Statistical Manual  
16 of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing. pp. 5–25 ) criteria for  
17 major depressive disorder using the CIDI. The diagnostic questions for depression were focused on  
18 the worst period of depression that a participant had experienced. Age at worst episode as well as  
19 the age at which the participant had first had a 2 week period of dysphoria or anhedonia as well as  
20 age at most recent episode were assessed. Participants were also asked to report the number of  
21 periods of at least 2 weeks of dysphoria or anhedonia they had ever had.  
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### 28 *Antidepressants*

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30 To assess whether participants had taken antidepressants to treat depression, the question “Have  
31 you ever taken any of the following antidepressants (even if it wasn’t for depression or anxiety)?”  
32 was presented with a list of the 20 most commonly used antidepressants in Australia in addition to  
33 their common trade names. If they had taken one or more of the 10 most frequently prescribed  
34 antidepressants in Australia according to PBS records (sertraline, escitalopram, venlafaxine,  
35 fluoxetine, citalopram, desvenlafaxine, duloxetine, mirtazapine, amitriptyline and paroxetine), they  
36 were then asked “Why were you prescribed [name of antidepressant]”. The focus on collecting more  
37 detailed information on the 10 most common antidepressants was so as to align with the  
38 recruitment criteria from the PBS.  
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### 45 *Benefits and Side-Effects of 10 most common antidepressants*

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47 Perceived effectiveness of each antidepressant medication was assessed by asking participants “How  
48 well does/did [name of antidepressant] work for you?”, with response options of “very well”,  
49 “moderately well”, “not at all well” and “don’t know”. Participants were also asked to select from a  
50 list of all side-effects that they experienced from taking each antidepressant. The list of side effects  
51 was generated from the “very common” (frequency  $\geq 10\%$ ) and “common” (frequency  $\geq 1\%$  and  
52  $<10\%$ ) side effects listed in the Consumer Medication Information for each antidepressant. A total of  
53 24 side-effects were included with an “other” option also provided. Participants were also asked if  
54 they stopped taking any of the antidepressants because of side effects.  
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### ***Saliva collection and DNA extraction***



Several brands of saliva DNA kits were tested for suitability for use, including cost, ease of handling, and yield and quality of extracted DNA. Among those with the best quality reports, the Isohelix GeneFix™ GFX-02 2mL saliva collector was selected due it being the most compact, reliable, easy to use, lightweight, and therefore the least expensive to mail to participants.

After completing the core module of the questionnaire, participants were emailed to confirm their delivery address and their readiness to receive a saliva DNA kit. Upon confirmation, they were mailed a spit kit, together with a consent form specific to the treatment of genetic information to be signed and returned with the tube. We found that this confirmation step markedly increased compliance. Saliva samples were returned by study participants by pre-paid post. If the kit was not returned after 2 months, study personnel followed up by phone or email in order to maximise return rates. Upon return of the kit, DNA was extracted from the saliva sample and stored in freezers.

Genotyping was conducted using the Illumina Global Screening Array 2.0 (GSA) and is now ready for analysis. GSA was developed by human genetic disease researchers to maximise utility for gene-mapping. It includes a common variant backbone component that maximises information for imputation of common variants in multiple ethnic populations as well as a suite of common and rare variants selected for known or likely association with a range of genetic disorders. Importantly for the purposes of this study, it includes several genetic variants with known pharmacogenetic associations from the Pharmacogenomics Knowledgebase (PharmGKB, <https://www.pharmgkb.org/>).

### **Participant and Patient Involvement**

Patients were not consulted directly about the design of the study but a number of psychiatrists were consulted to ensure that the outcome measures reflect the variety of patient experiences seen in clinical practice. Two participants were featured in the promotional material and press conference for the study to encourage others with a history of clinical depression to enrol in the study. All papers that include data from the cohort will be sent to participants via email.

### ***Controls – the QSkin study***

The primary aim of the AGDS was to recruit as many individuals with depression as possible. There was no publicity initiated to recruit controls because an appropriate control sample is available at QIMR Berghofer from the QSkin Sun & Health Study. QSkin was established in 2010 to investigate risk factors for melanoma and other skin cancers in a randomly sampled cohort of individuals aged between (40-69 years) from the state of Queensland [17]. To date, more than 40,000 participants have enrolled in QSkin. Recently, a genetics arm of the study was initiated following a similar protocol for collection of DNA using saliva kits returned by mail. At the time of saliva collection, participants were asked about their medical history, including whether they have ever been diagnosed with or treated for depression, bipolar disorder, schizophrenia/psychosis, anxiety, obsessive compulsive disorder, bulimia, anorexia nervosa, autism or ADHD. In addition, women were asked if they experienced either antenatal or postnatal depression. Moreover, participants were consented for access to MBS and PBS records which will permit screening for use of antidepressants



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3 in addition to the disease checklist screening items above. QSkin is a separate study to the AGDS and  
4 hence the Qskin participants did not complete the detailed questionnaire used in the AGDS.  
5

6 More than 18,000 participants have been genotyped on the same SNP microarray chip – the Illumina  
7 GSA - and the genotype data will be merged with the AGDS study prior to genome-wide imputation.  
8 The QSkin study thus provides a large sample of Australian controls selected at random from the  
9 population and genotyped on the same SNP chip.  
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## 14 15 **Results**

### 16 17 **Sample Characteristics**

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19 As of 3 September 2018, questionnaire responses had been received from 20,689 participants, 75%  
20 of whom were female. The age distribution of participants, by sex, is shown for this recruitment  
21 wave in Figure 3. By the same date, saliva samples were returned by 15,807 participants (76% of the  
22 participant group). The average age of participants was 43 years  $\pm$  15 years (range 18 – 90 years),  
23 with the demographic characteristics of the cohort, as a function of recruitment method, being  
24 outlined in Table 1.  
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### 30 31 **Findings to date**

#### 32 33 **Mental Health History**

34 Among respondents, 98.5% reported having discussed mental health problems with a professional  
35 and 19,803 (93.4%) respondents reported having received a diagnosis of depression. The next most  
36 commonly reported diagnoses were Anxiety Disorder (55.0%), Posttraumatic Stress Disorder (14.0%)  
37 and Social Anxiety Disorder (11.4%). The frequency of all self-reported diagnoses is shown in Table  
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#### 42 43 **Depression diagnosed by CIDI**

44 The DSM-5 outlines the following criteria for a depressive episode: dysphoria and/or anhedonia  
45 most of the day, nearly every day for at least 2 weeks and experiencing at least 5 out of 9 symptoms  
46 (including dysphoria or anhedonia). Consistent with the high rates of self-report diagnosis in the  
47 sample, 17,698 out of 20,165 individuals who completed the depression screening section met the  
48 criteria for a depressive episode. Additionally, 358 individuals reported not having had a 2-week  
49 period of dysphoria or anhedonia; another 1,239 reported that their symptoms persisted for less  
50 than half the day and 161 did not endorse at least 5 of the 9 symptoms required.  
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54 Mean age at onset was 22. The distribution of age at onset by sex is shown in Figure 4. Consistent  
55 with previous studies, the peaks between ages 10-15 and 16-20 highlight that adolescence is a peak  
56 time for developing depression. The proportion of men in each category increases with increasing  
57 age, highlighting that men are more at risk to develop depression later in life.  
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3 The median number of episodes reported was 6, with the most commonly reported number of  
4 periods of at least 2 weeks with depression being 13+. Only 4% of the sample report experiencing  
5 only one depressive episode (Figure 5), indicating that the sample is enriched for severe, recurrent  
6 depression.  
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9 The median duration of the worst episode was 12 weeks. More than 10% of the sample reported  
10 that the worst episode that they experienced was longer than a year in duration (Figure 6).  
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### 14 **Family History**

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16 Out of 19,400 individuals who responded to the question about family history, 13,505 (70%)  
17 reported that a first-degree relative (parent, sibling or child) had been diagnosed with a mental  
18 health disorder. The most commonly reported diagnosis in relatives was depression, (with 11,929  
19 individuals), followed by generalised anxiety disorder (GAD) and bipolar disorder (Figure 7).  
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### 23 **Antidepressant Usage**

24  
25 A total of 95% of the sample (n = 19,585) reported taking an antidepressant. Of those reporting  
26 antidepressant use, 93% (n = 18,174) reported taking the antidepressant for depression and 51%  
27 reported taking for anxiety.  
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30  
31 Among those taking antidepressants, the mean number of antidepressants taken was 2.75 (S.D. =  
32 2.05, range = 1-14). Only 33% of the sample had ever taken only one antidepressant, with 42%  
33 reporting having taken 3 or more different antidepressants (Figure 8).  
34  
35

36 For the 10 most common antidepressants listed, the number and percentage of participants with  
37 experiences of each medication are shown in Table 3. Reported effectiveness of the 10 most  
38 common antidepressants is shown in Figure 9. The rates of endorsement of the most common side-  
39 effects across the 10 most common antidepressants are shown in Table 4. More detailed analyses on  
40 the therapeutic benefits and side-effects of different antidepressants will follow in subsequent  
41 papers.  
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### 45 **Discussion**

46  
47 The Australian Genetics of Depression Study was established to recruit a large sample of participants  
48 in Australia who have experienced depression in order to better understand risk factors for  
49 depression, treatment response, and side-effects. Participants provided extensive information on  
50 their experience with depression through a web-based questionnaire and the majority provided a  
51 saliva sample for genotyping. Through two modes of recruitment – government medical and  
52 pharmaceutical records and a large media campaign – more than 20,000 individuals were recruited  
53 to participate over a 2 year period. With extensive follow-up through email and, at the stage of  
54 getting saliva samples returned, phone follow-up by experienced interviewers, 76% of those enrolled  
55 returned a saliva sample.  
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3 The media campaign was the more successful of the two methods as more than 80% of the sample  
4 was recruited in this way. Approximately 2.5% of those sent letters by the Department of Human  
5 Services enrolled in the study. There may be several reasons for the low rate of participation from  
6 this method. Firstly, as antidepressants are prescribed for a range of conditions, many of those sent  
7 letters may not have had depression and hence decided not to participate. Secondly, letters may be  
8 easily discarded by recipients as unsolicited mail may not be well received. Lastly, the media  
9 campaign included interviews with both study investigators and individuals with lived experience of  
10 depression who encouraged others to participate. As more information can be conveyed about the  
11 importance of the research through a TV or radio interview, it likely had a bigger impact on potential  
12 participants.  
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17 While the media campaign was more effective for this study, depression is a relatively common  
18 disorder and therefore amenable to a media campaign that reaches a substantial proportion of the  
19 population. For rarer disorders, recruitment through the Pharmaceutical Benefits Scheme could be  
20 an efficient method of reaching potential participants, particularly when a drug is used to treat only  
21 one disorder and so all those prescribed it will have a diagnosis.  
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24 The primary focus of the study was to recruit cases because of the availability of the QSkin sample  
25 for use as controls for genetic analyses. QSkin participants have already been genotyped on the  
26 same SNP chip. However, the Qskin participants were not administered the full questionnaire and a  
27 single question about a prior diagnosis of psychiatric disorders is used to define controls for  
28 inclusion. Some participants may have had depression but did not receive a diagnosis and will be  
29 incorrectly included as controls. The Qskin cohort is older than the AGDS cohort (mean age 60.8  
30 years vs 42.8 years). This means that most participants are past the peak age at onset for depression  
31 and are unlikely to go on to be diagnosed with depression.  
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35 The mean age among those recruited through the media was lower than through the PBS scheme  
36 and had higher rates of university completion. This suggests that the former may be closer to a  
37 random sample from the population. Likewise, there are differences in the education level (78% with  
38 a post-high school qualification compared to 56%) between the case sample from AGDS and the  
39 controls from QSkin. Some of the differences in education level may be a cohort effect attributable  
40 to the age difference between the cohorts, as the proportion of the population with tertiary  
41 qualifications is increasing over time. According to Australian census data, the proportion of the  
42 population with a post-school qualification increased from 46% to 56% between 2006 and 2016[18].  
43 However, there may be a response bias whereby participants with higher levels of education are  
44 more likely to enroll in a genetic study. Higher levels of education have been found to be associated  
45 with participation in the optional components of volunteer studies such as the Avon Longitudinal  
46 Study of Parents and Children (ALSPAC)[19, 20] and UK Biobank[21, 22]. These differences could  
47 confound genetic association results and therefore we will conduct a number of sensitivity analyses  
48 such as comparing only cases and controls with matched education levels to investigate the  
49 influence of education differences on the analyses. Likewise, we will compare differences between  
50 those who returned a spit kit and those who did not return a kit to assess whether there is response  
51 bias that needs to be addressed.  
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58 Volunteer participation could also cause bias towards recruiting participants with less severe forms  
59 of depression. We will endeavour to investigate this response bias by comparing results from our  
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3 analyses with those from smaller datasets recruited in clinical settings and to other datasets with a  
4 broad spectrum of severity of depression. It has been shown that those with more severe depression  
5 have higher mean polygenic risk scores for depression than those with less severe depression. By  
6 comparing the distribution of polygenic risk scores to other samples, we can assess the effect of  
7 response bias on the severity of depression in AGDS. Our initial analyses suggest that many of the  
8 participants have had severe depression as they report large numbers of episodes and nearly 50%  
9 report having had symptoms in the past 4 weeks. Likewise, the reported rates of response to the  
10 first prescribed antidepressant are nearly identical to those from the STAR\*D clinical trial (33%)  
11 [23]. Based on the self-report data on number of episodes and other measures of severity, the AGDS  
12 sample has high rates of severe depression.  
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17 Our results highlight the high rate of comorbidities with depressive disorders in real-world settings  
18 [24]. Understanding the pattern of comorbidities and how it relates to response to treatment,  
19 emergence of side-effects (e.g greater anxiety or agitation in those with comorbid anxiety disorders),  
20 and underlying genetic variations are aspects of the disorder that this scale of study can address.  
21 Specifically it will be of interest to test if there are different genetic or environmental risk factors to  
22 onset, course of illness, response to pharmacological treatment or emergence of specific side-effects  
23 for those with depression and comorbid anxiety compared to depression without anxiety. In  
24 addition, we will test specific proposed subtypes of depression (e.g perinatal depression, atypical  
25 depression, chronic depression, early-onset vs late-onset depression or depression with hypomanic  
26 or brief manic features) that may show evidence of distinct genetic risk factors for onset or  
27 treatment response).  
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32 Participants reported high rates of mental disorders in their first-degree relatives, highlighting the  
33 well-established genetic component of and the covariance between psychiatric disorders [25]. High  
34 rates of familial disorders may reflect that participants were more likely to participate in a genetic  
35 study if they have a family history or that participants shared details of the study with family  
36 members. Familial relationships within the participants will be controlled for in future genetic  
37 analyses.  
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41 Nearly half of participants reported taking 3 or more antidepressants to treat depression and thus  
42 having considerable time to improvement in symptoms. Moreover, side-effects are common and in  
43 many cases cause individuals to stop taking a drug. These results confirm the urgent need to identify  
44 risk factors for non-response to certain drugs and to reduce side effects. Not only will such advances  
45 improve the lives of patients but they will also assist to reduce costs attributable to delays in  
46 achieving illness remission. When PBS records become available, we will be able to investigate the  
47 concordance with self-report information on drug response over the past 4.5 years. In collecting a  
48 wide range of environmental, social and genetic data, AGDS will make a significant contribution to  
49 our understanding of variability in response and side effects.  
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## 54 55 **Collaboration**

56  
57 We have established a cohort with rich information on history of mental illness and use of  
58 antidepressant medication use. A primary motivation for establishing this cohort was to contribute  
59 to global efforts to identify genetic risk factors for depression and treatment response through the  
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3 Psychiatric Genomics Consortium. Summary genetic association statistics for this cohort will be  
4 available through the PGC. We encourage collaborations with researchers from other studies to  
5 investigate the etiology of complex traits ascertained in AGDS to maximise sample sizes for analysis.  
6 The full questionnaire is available in the Supplementary Material. Researchers are encouraged to  
7 contact Nick Martin ([nick.martin@qimrberghofer.edu.au](mailto:nick.martin@qimrberghofer.edu.au)) to discuss collaboration. All proposals will  
8 be reviewed by the principal investigators of the Australian Genetics of Depression Study.  
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### 18 **Acknowledgments**

19  
20 We are indebted to all of the participants for giving their time to contribute to this study. We wish to  
21 thank all the people who helped in the conception, implementation, beta testing, media campaign  
22 and data cleaning. We would specifically like to acknowledge Dale Nyholt for advice on using the PBS  
23 for research; Ken Kendler, Patrick Sullivan, Andrew McIntosh, and Cathryn Lewis for input on the  
24 questionnaire; Lorelle Nunn, Mary Ferguson, Lucy Winkler, and Natalie Garden for data and sample  
25 collection; Natalia Zmicerevska, Alissa Nichles, and Candace Brennan for participant recruitment  
26 support; Jonathan Davies, Luke Lowrey, and Valeriano Antonini for support with IT aspects; Vera  
27 Morgan and Ken Kirkby for help with the media campaign. We would like to thank VIVA!  
28 Communications for their effort in promoting the study. We also acknowledge David Whiteman and  
29 Catherine Olsen from Qskin.  
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### 36 **Author Contributions**

37  
38 EMB, KK, SEM, JJM, RP, NRW, IBH and NGM designed the AGDS study. DFL, SC, DJS, LS, JL revised and  
39 tested the online questionnaire and provided intellectual input into the content. EMB and KK  
40 analysed the data. EMB, KK and NGM drafted the manuscript. SEM, LCC, JJM, NRW, IBH, RP, LS and  
41 DJS revised the article for intellectual content. All authors have read and approve of the final  
42 version.  
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49  
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51 Australia grant 1086683. This work was further supported by NHMRC grants 1145645, 1078901 and  
52 1087889. LC-C is supported by a QIMR Berghofer Institute fellowship  
53  
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### 56 **Competing Interests**

57  
58 The Authors declare that there are no relevant competing interests.  
59  
60

## Patient Consent

Obtained

## Ethics Approval

All study protocols were approved by the QIMR Berghofer Medical Research Institute Human Research Ethics Committee. The protocol for approaching participants through the DHS, enrolling them in the study, and consenting for all phases of the study (including invitation to future related studies) and accessing MBS and PBS records was approved by the Ethics Department of the Department of Human Services.

## Data sharing statement

Data used in this analysis and described in this article are available to all interested researchers through collaboration. Please contact NGM ([Nick.Martin@qimrberghofer.edu.au](mailto:Nick.Martin@qimrberghofer.edu.au)).

**Figure 1.** Schematic of the Australian Genetics of Depression Study

**Figure 2.** Overview of the structure and content of the AGDS questionnaire with median amount of time taken to complete each module during piloting of the questionnaire.

**Figure 3.** Age distribution by sex of participants in AGDS

**Figure 4.** Age at onset of depression by sex

**Figure 5.** Number of reported depressive episodes among those meeting criteria for Major Depressive Disorder by sex

**Figure 6.** Duration of worst depressive episode by sex

**Figure 7.** Frequency of reported diagnoses in first-degree relatives of participants

**Figure 8.** Distribution of the number of prescribed antidepressants taken by participants

**Figure 9.** Reported efficacy of the most commonly prescribed antidepressants (numbers with each response are shown inside the bar)

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Table 1. Demographic and study participation characteristics of study sample

	Prescription History Invitation	Public Appeal	Total In AGDS	QSKIN (genotyped sample)
Number of participants	2,963	17,726	20,689	17,218
Age in years				
Mean (SD)	45.5 (16.3)	42.3 (15.1)	42.8 (15.3)	60.8 (8.9)
Range	18 - 89	18 - 90	18 - 90	43 - 87
Sex				
Female	2,192(74%)	13,323(75%)	15,515 (75%)	9469 (55%)
Male	771 (26%)	4,376 (25%)		7749 (45%)
Unspecified	0 (0%)	27 (0.2%)	5,147 (25%) 27 (0.1%)	0 (0%)
Marital status				
Never married	788 (27%)	5,604 (32%)	6,392 (31%)	N/A
Married/de facto relationship	1,678 (57%) 423 (14%)	9,079 (51%) 2,733 (15%)	10,757 (52%)	
Separated/divorced	64 (2%)	276 (1.5%)	3,156 (15%)	
Widowed	10 (0.3%)	34 (0.2%)	340 (1.6%)	
Information not provided			44 (0.2%)	
Education (completed or partially completed)				
Junior high school or less	286 (9%)	842 (5%)	1,118 (5.4%)	1,003 (6%)
Senior high school	318 (11%)	1,283 (7%)	1,601 (7.7%)	5,568 (31%)
Certificate or diploma	819 (28%)	3,653 (21%)	4,472 (22%)	5,001 (28%)
Degree	772 (26%)	5,837 (33%)	6,609 (32%)	4,960 (28%)*
Postgraduate	556 (19%)	4,448 (25%)	5,004 (24%)	
Information not provided	212 (7%)	1,663 (9%)	1,885 (10%)	1,104 (6%)
Provided saliva sample	2,217 (75%)	13,339 (76%)	15,616 (76%)	17,218 (100%)
Permitted Medicare and Pharmaceutical Benefits Scheme data access	2,637 (89%)	13,117 (74%)	15,754 (76%)	16,482 (95.7%)

\* In the QSKIN sample, participants were not asked whether they had a postgraduate degree. Those with postgraduate degrees will be included in the degree category.



Table 2. Self-reported mental health diagnostic history of study sample. Participants may report more than one diagnosis.

<b>Depression</b>	19603	94.7
<b>Anxiety Disorder</b>	11375	55.0
<b>PTSD</b>	2900	14.0
<b>Social Anxiety Disorder</b>	2359	11.4
<b>Panic Disorder</b>	1960	9.5
<b>Bipolar</b>	1943	9.4
<b>Personality Disorder</b>	1200	5.9
<b>Obsessive Compulsive Disorder</b>	1175	5.8
<b>ADD/ADHD</b>	847	4.1
<b>Substance Use Disorder</b>	764	3.7
<b>Anorexia Nervosa</b>	731	3.6
<b>Specific Phobia</b>	724	3.6
<b>Bulimia Nervosa</b>	638	3.1
<b>Seasonal Affective Disorder</b>	582	2.8
<b>Agoraphobia</b>	448	2.2
<b>Autism</b>	331	1.6
<b>Schizophrenia</b>	184	0.9
<b>Hoarding Disorder</b>	100	0.5
<b>Tourette's</b>	27	0.1

Table 3. Frequency of antidepressant taken in AGDS. Participants may report taking more than one antidepressant

<b>Sertraline</b>	9132	44.12
<b>Escitalopram</b>	7076	34.19
<b>Venlafaxine</b>	6287	30.38
<b>Fluoxetine</b>	5823	28.14
<b>Citalopram</b>	4060	19.62
<b>Desvenlafaxine</b>	4042	19.53
<b>Duloxetine</b>	3168	15.31
<b>Mirtazapine</b>	3134	15.14
<b>Amitriptyline</b>	2593	12.53
<b>Paroxetine</b>	2471	11.94
<b>Other</b>	2212	10.69
<b>Fluvoxamine</b>	793	3.83
<b>Moclobemide</b>	491	2.37
<b>Dothiepin</b>	448	2.16
<b>Nortriptyline</b>	345	1.67
<b>Reboxetine</b>	341	1.65
<b>Imipramine</b>	322	1.56
<b>Doxepin</b>	287	1.39
<b>Clomipramine</b>	228	1.1
<b>Tranlycypromine</b>	212	1.02
<b>Phenelzine</b>	146	0.71
<b>Mianserin</b>	86	0.42
<b>Never taken antidepressants</b>	976	4.72

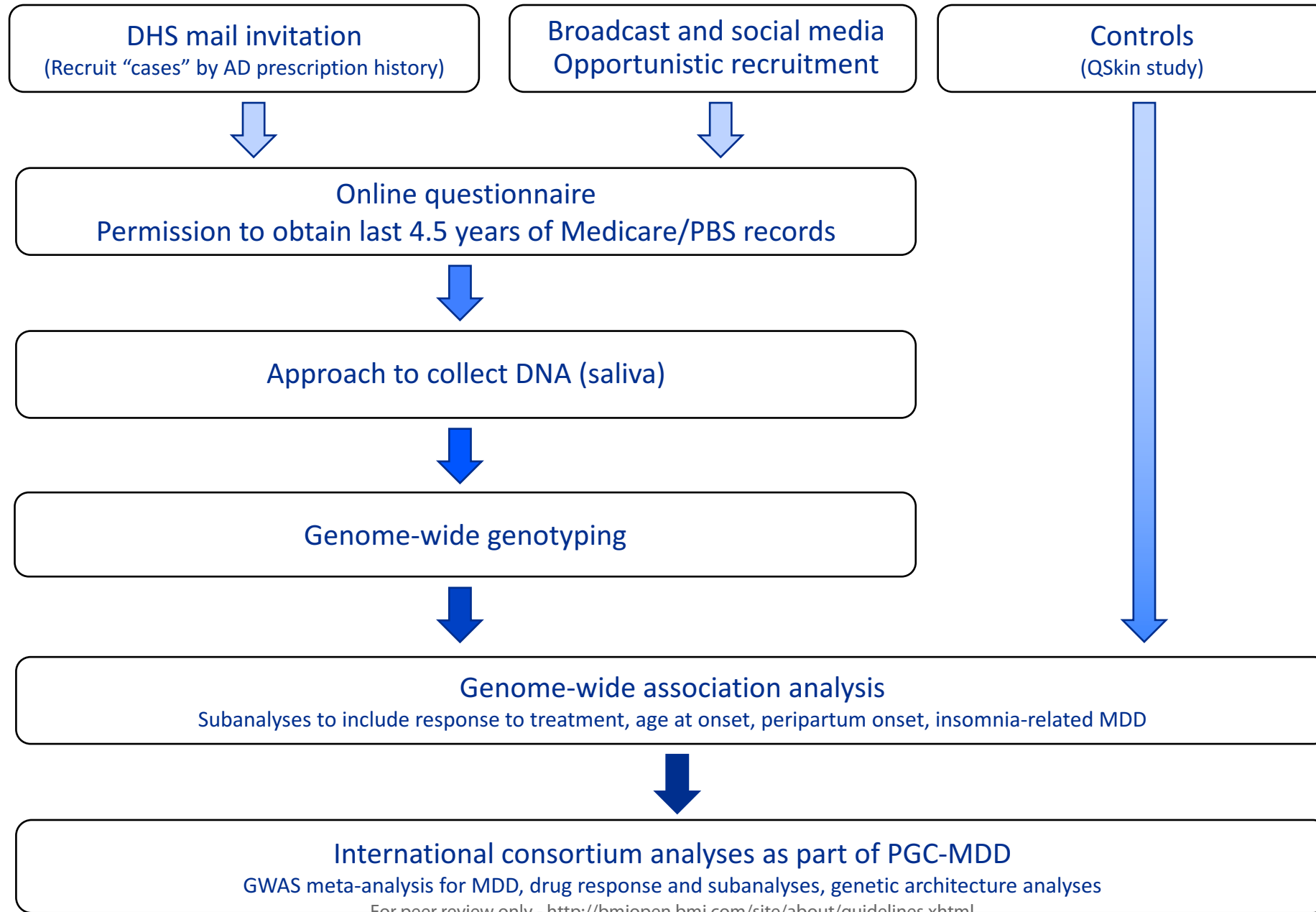
Table 4. Proportion of all individuals who have taken one of the top 10 most commonly prescribed antidepressants that endorse each side-effect.

Reduced sex drive	35.0
Weight gain	26.3
Dry mouth	21.6
Nausea	17.6
Drowsiness	16.1
Insomnia	16.0
Dizziness	15.6
Fatigue	14.4
Sweating	14.0
Headache	14.0
Suicidal thoughts	12.3
Anxiety	11.6
Agitation	11.4
Shaking	9.3
Constipation	6.6
Diarrhoea	4.7
Suicide attempt	4.3
Blurred vision	3.9
Muscle pain	3.4
Vomiting	2.7
Weight loss	2.4
Runny nose	1.3
Rash	1.0

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**General Physical and Mental Health**

**Anxieties and Phobias**

Generalised anxiety disorder  
 Panic disorder  
 Specific phobia  
 Agoraphobia  
 Social phobia  
 (all based on DSM-5 criteria) **5 mins**

Current physical health  
 Current mental health  
 SPHERE-12  
 Kessler-10  
 Days out of role **3 mins**

**Substance Use**

Substances	Measures
<ul style="list-style-type: none"> <li>Alcohol</li> <li>Tobacco</li> <li>E-cigarettes</li> <li>Illegal drugs</li> <li>Prescription medication</li> <li>Over-the-counter medication</li> </ul>	<ul style="list-style-type: none"> <li>Lifetime use <b>9 mins</b></li> <li>Age of first use</li> <li>Maximum use frequency</li> <li>Pattern of use with/without antidepressants</li> <li>Lifetime substance use disorder (based on DSM 5)</li> </ul>

**Family**

Parents, siblings, children  
 Age / age at death  
 Cause of death  
 Siblings and children  
 Relationship (biological, step, adopted)  
 Sex  
 Year of birth, age at death **2 mins**

**Genetics of Depression Core Module**

Demographic information Mental health diagnostic history Antidepressants <ul style="list-style-type: none"> <li>Prescription history</li> <li>Effectiveness and side-effects</li> <li>Concurrent medications</li> </ul> Mental health disorder screening <ul style="list-style-type: none"> <li>Depression (based on DSM 5 criteria), age of onset</li> </ul>	Pregnancy and parenting (women) <ul style="list-style-type: none"> <li>Morning sickness</li> <li>Breastfeeding</li> <li>Peripartum depression</li> </ul> Self-harm Suicidality (SIDAS) Mania (adapted from ASRM) Psychosis (adapted from CAPE)
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**21 mins median**

**Health Care**

Focus on mental health or behavioural problems  
 Reasons for avoiding / delaying seeking care  
 Sources of help / information  

- Health care professionals
- Family / friends
- Self-help
- Other

 Effectiveness of help **3 mins**

**Migraine**

IHS Classification ICHD-II  
 Migraine without aura  
 Migraine with aura  
 Pure menstrual migraine  
 Menstrually-related migraine **3 mins**

**Personality and Mental Health**

Personality measures  

- EPQ Extraversion and Neuroticism
- Loneliness (Three-Item Loneliness Scale)

 Supplementary mental health disorder screening  

- OCD (OCI-R)
- Borderline personality (PAI-BOR) **8 mins**
- ADHD (ASRS-v1.1)

**Gambling**

Gambling participation and frequency  
 Online gambling participation  
 Problem gambling severity (PGSI modified for lifetime) **2 mins**  
 Screen for gambling problems (NODS)

**General Health**

Asthma and allergic disease Sun exposure Women's reproductive health Pain Hearing loss	Disease checklist and age of onset <ul style="list-style-type: none"> <li>Autoimmune diseases</li> <li>Cancer</li> <li>Cardiovascular disease</li> <li>Diabetes</li> <li>Eye health</li> <li>Musculoskeletal conditions</li> <li>Respiratory diseases</li> </ul>
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**10 mins**

**Work and Sleep**

Work schedule (shiftwork, on-call, overtime, FIFO)  
 Average work days per week  
 Sleep  

- Sleep quality (ISI with supplementary PSQI items)
- Epworth Sleepiness Scale
- Sleep apnea
- Chronotype (MEQ)
- Caffeine consumption
- Seasonal effects (SPAQ)

**10 mins**

**Life Events**

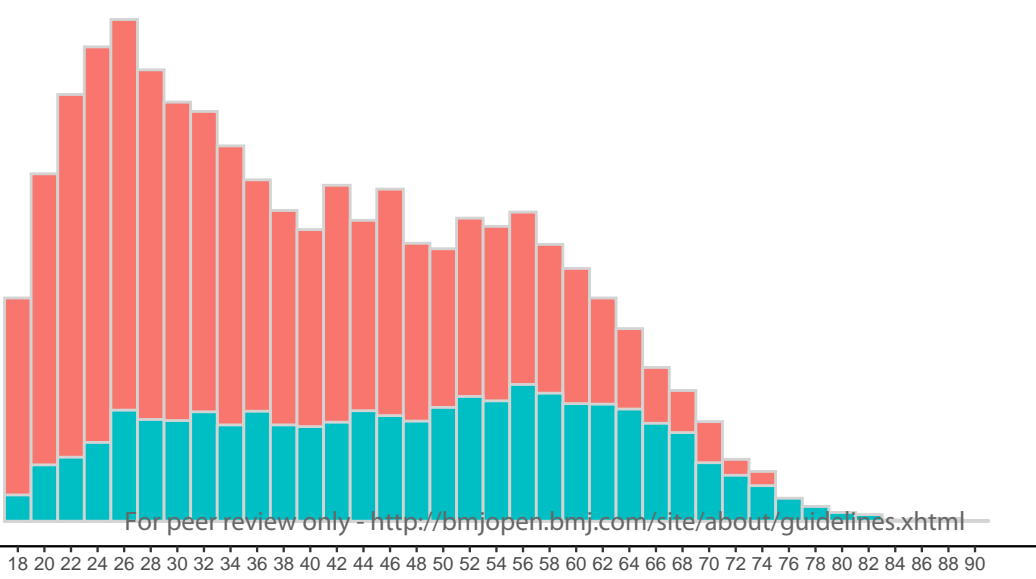
12-month serious problems getting along with others  
 Intimate Bond Measure (short form)  
 Social attachments  
 Conflictual relationships  
 Duke Social Support Index  
 12-month Serious Life E vents  
 PTSD screen, including LEC-5 and age of exposure  
 Age at first consensual sex  
 Sexual preference **11 mins**

# Sample age distribution

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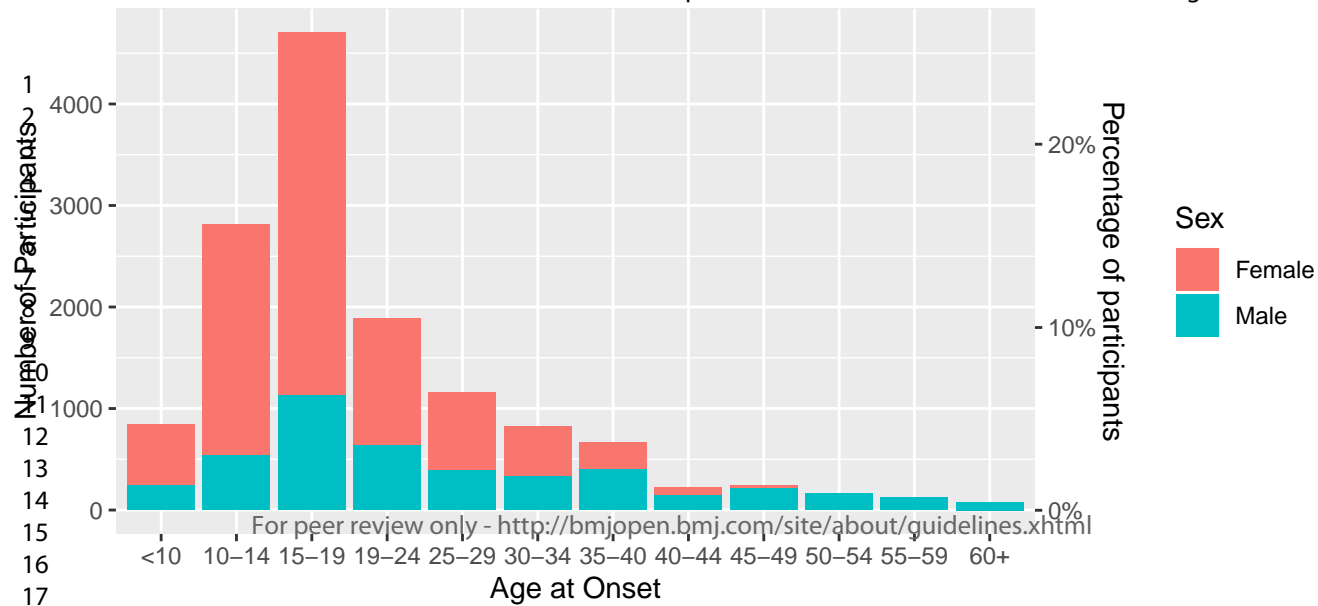
Gender  
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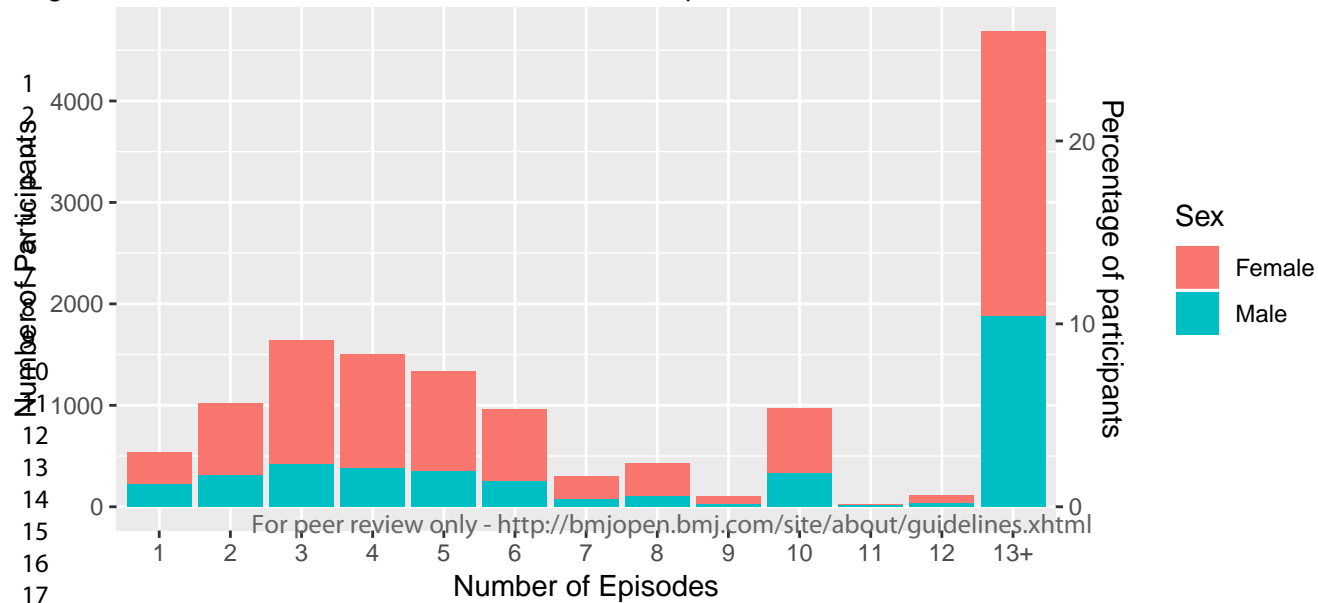


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# Number of Depressive Episodes

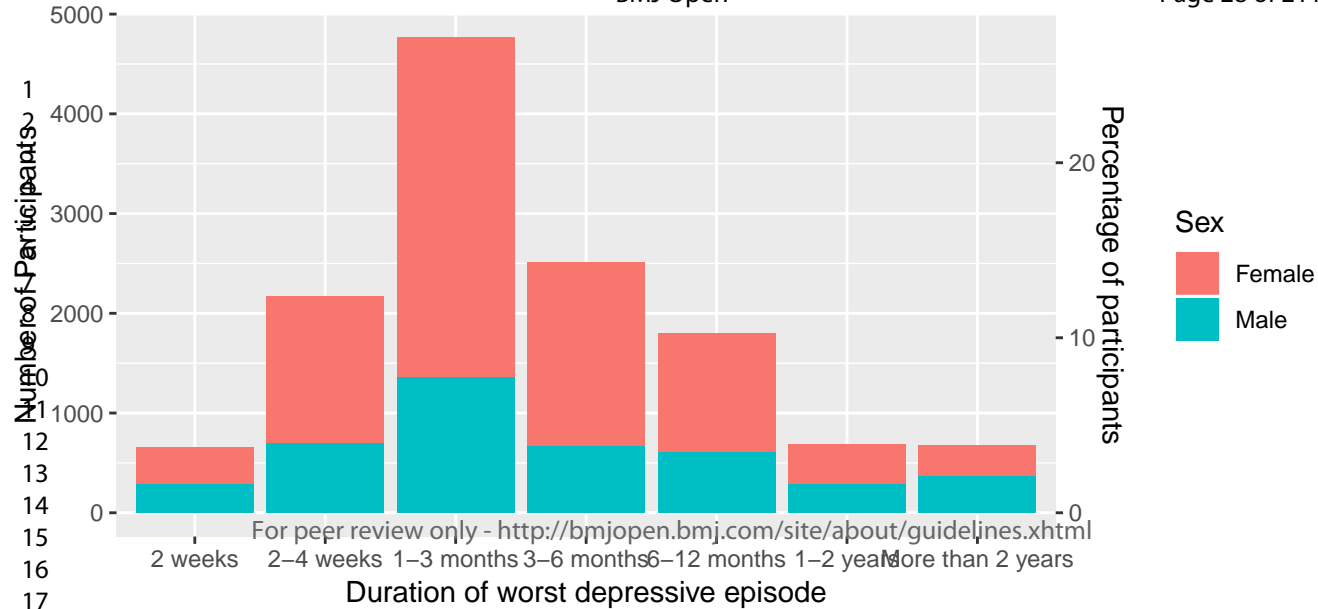
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# Duration of worst depressive episode in AGDS sample

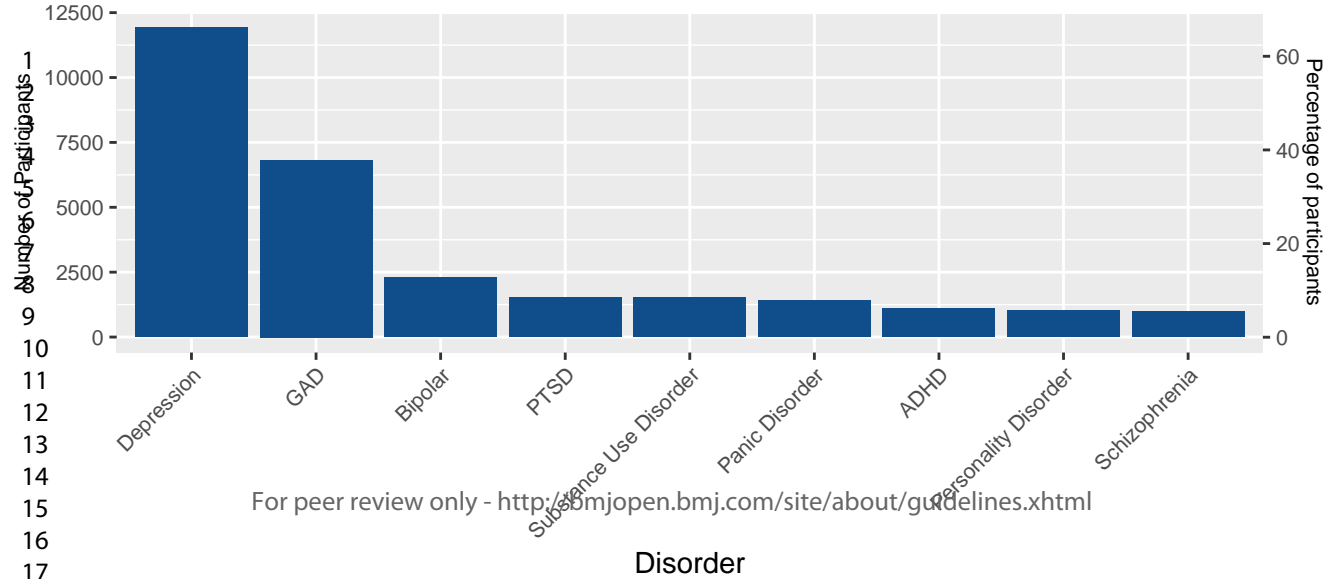
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# Frequency of Reported Diagnoses in First-Degree Relatives

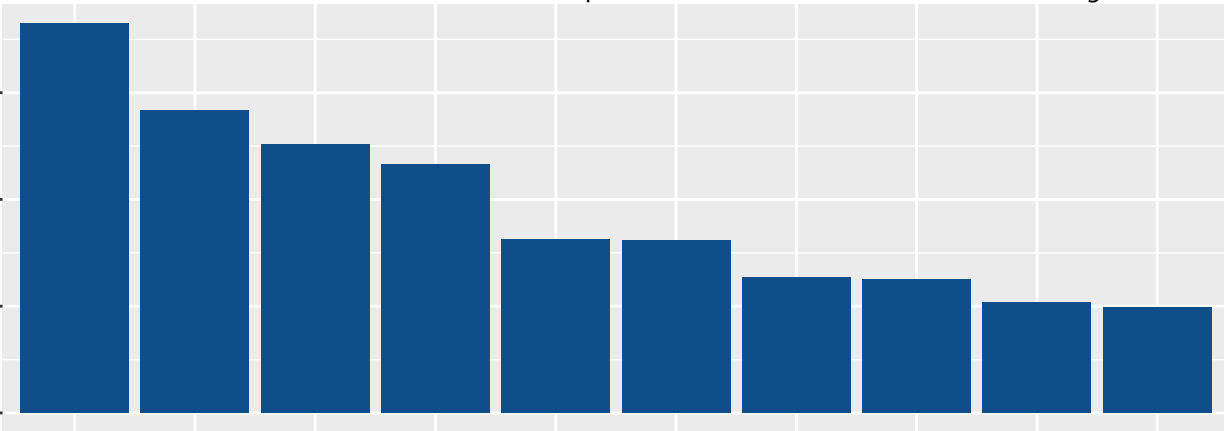
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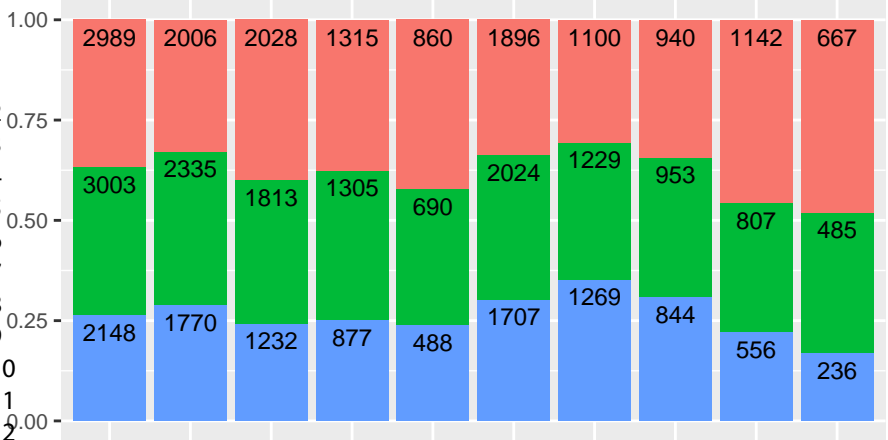
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Antidepressant

# Efficacy of 10 most commonly used Antidepressants

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Reported Efficacy for Depression

- Not at all well
- Moderately well
- Very well

Sertraline  
Escitalopram  
Fluoxetine  
Citalopram  
Paroxetine  
Venlafaxine  
Desvenlafaxine  
Duloxetine  
Mirtazapine  
Amitriptyline

Antidepressant

For peer review only. <http://bmjopen.bmj.com/site/about/guidelines.xhtml>

Supplementary Table 1. Rate of completion of satellite modules in Australian Genetics of Depression Study.

Module	Number of Participants	Percentage of Participants Completed
Core Module	20679	100
Module 2	15153	73.2
Module 3	15782	76.3
Module 4	15074	72.9
Module 5	14682	71.0
Module 6	14266	69.0
Module 7	13874	67.1
Module 8	11874	57.4
Module 9	13919	67.3
Module 10	13706	66.2
Module 11	15374	74.3

## Supplementary Figures

### Supp Figure 1a-d.

Screenshots from the Australian Genetics of Depression study



## Genetics of risk and response to treatment of depression

Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression.

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

**Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled.**

Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

Once this core questionnaire is completed you will be presented with a table of contents containing several modules. You may complete the other modules in any order you like. Depending on your answers, the series of modules should take around 60 minutes to complete. Once again, you can start and leave these modules as you please using the questionnaire link we emailed you.

**Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.**


1  
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4  Q9 Have you ever been diagnosed with any of the following? *Please select all that apply.*



6  Depression



8  Bipolar disorder

9   Premenstrual dysphoric mood disorder

10  Schizophrenia

11  Anorexia nervosa

12  Bulimia

13  Attention-deficit/hyperactivity disorder (ADD/ADHD)

14  Autism spectrum disorder (Autism, Asperger's disorder)

15  Tourette's disorder

16  Anxiety disorder (Generalised anxiety disorder)

17  Panic disorder

18  Obsessive compulsive disorder

19  Hoarding disorder

20  Posttraumatic stress disorder (PTSD)

21  Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)

22  Seasonal affective disorder (SAD)

23  Social anxiety disorder (also known as Social phobia)

24  Agoraphobia

25  Personality disorder

26  Substance use disorder

27  None of the above

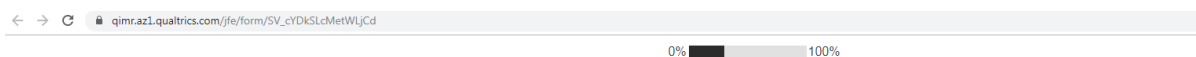
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39 Have you ever taken any of the following antidepressants (even if it wasn't for depression or anxiety)? *Please select all that apply.*


- 40  Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)
- 41  Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)
- 42  Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)
- 43  Amitriptyline (e.g. Endep)
- 44  Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)
- 45  Desvenlafaxine (e.g. Pristiq, Desfax)
- 46  Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)
- 47  Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)
- 48  Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)
- 49  Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)
- 50  A different antidepressant that isn't listed above
- 51  I have never taken antidepressants
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Thank you for completing the Core Module of our online survey. The following sections of the survey may be completed in any order you wish.

If you are completing this survey on a mobile device, you may need to click on the Table of Contents symbol to move between survey modules. It looks like this  and is located at the top left corner of each screen.

When you are finished, select the "Finalise and Submit Survey" link below.

- [Anxieties and Phobias \(approx. 5 minutes\)](#)
- [General Physical and Mental Health \(approx. 3 minutes\)](#)
- [Alcohol, Tobacco and Other Substances \(approx. 10 minutes\)](#)
- [Experiences of Health Care \(approx. 4 minutes\)](#)
- [Thoughts, Feelings and Behaviours \(approx. 10 minutes\)](#)
- [Life Events \(approx. 10 minutes\)](#)
- [Work and Sleep \(approx. 15 minutes\)](#)
- [General Health and Lifestyle \(approx. 15 minutes\)](#)
- [Games and Gambling \(approx. 3 minutes\)](#)
- [Headaches and Migraines \(approx. 5 minutes\)](#)
- [Family \(approx. 2 minutes\)](#)
- [Finalise and Submit Survey](#)

Peer review only

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# **MDD PROJECT**

## **GENETICS OF RISK AND RESPONSE TO TREATMENT OF DEPRESSION**

### **QUESTIONNAIRE STRUCTURE AND SPSS DATAFILE CODING MANUAL**

## Table of Contents

1		
2		
3		
4	How to Use this Manual.....	3
5		
6	Introduction.....	4
7		
8	Module 1 – Core.....	5
9		
10	Module 1b – Anxiety Disorders.....	50
11		
12	Module 12 – General and Physical Health.....	56
13		
14	Module 2 – Alcohol, tobacco and other substances.....	59
15		
16	Module 3 – Experiences of health care.....	93
17		
18	Module 4 – Thoughts, feelings and behaviours.....	97
19		
20	Module 5 – Life Events.....	107
21		
22	Module 6 – Work and Sleep.....	118
23		
24	Module 7 – General health and lifestyle.....	132
25		
26	Module 9 – Games and gambling.....	160
27		
28	Module 10 – Headaches and migraine.....	170
29		
30	Module 11 – Family.....	174
31		
32	Finalise and submit survey.....	177
33		
34		
35		
36		
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## How to Use this Manual

This manual describes the contents of the online questionnaire completed by MDD study participants. It includes:

- Questionnaire structure;
- Item numbers;
- Item text;
- Skip logic; and
- Coding of data in the MDD SPSS data set (after export and recoding)

Item numbers (Qxxx) refer to the question numbers assigned sequentially to the individual questionnaire items in the Qualtrics questionnaire.

Blue text denotes the variable name corresponding to the item in the MDD SPSS data set.

Skip logic instructions are denoted by lines of asterisks (\*\*\*\*\*) above and below. Skip logic algorithms are in magenta text.

**Introduction**

Q1 NOT USED FOR PARTICIPANT INPUT Autocoded .....1

Q2 Browser Meta Info

Q2_1_TEXT	Browser	_____
Q2_2_TEXT	Browser version	_____
Q2_3_TEXT	Operating system	_____
Q2_4_TEXT	Screen resolution	_____
Q2_5_TEXT	Flash version	_____
Q2_6_TEXT	Java support	_____
Q2_7_TEXT	User agent	_____

Q3 Welcome to the online questionnaire. Thank you for taking the time to assist us in our research on depression. Autocoded .....1

The questionnaire that follows is the core module. It should take approximately 10 to 15 minutes to complete.

To make it easier for you to participate, you can start the questionnaire, log off and return to it later by clicking on the link in the e-mail we have sent you. This link will return you to the last question you answered in the questionnaire.

Please note that if you would like to complete the questionnaire over multiple sessions, you need to use the same device and browser, which must have 'Cookies' enabled. Some devices have cookies disabled as a default setting, while specific Internet settings such as 'private browsing' also disable cookies. You may need to check your device and browser settings if intending to do the survey over multiple sessions.

Once this core questionnaire is completed you will be presented with a table of contents containing several modules. You may complete the other modules in any order you like. Depending on your answers, the series of modules should take around 60 minutes to complete. Once again, you can start and leave these modules as you please using the questionnaire link we emailed you.

Please consider your answers carefully, as you cannot go back during the questionnaire. Please do not use the "back" button on your internet browser.

Should you have any technical difficulties in completing the questionnaire, please contact the project coordinator at QIMR Berghofer Medical Research Institute, via the contact details in the e-mail we have sent you.

**Module 1 – Core**

**Q4** Are you male or female? Male .....1  
 Female .....2  
 Unspecified .....3

Note: This question refers to biological sex, not gender.  
 Responses to this question are used to select questionnaire items that may be relevant to the medical history of the participant.

**Q5** How old are you now? \_\_\_/\_\_\_/\_\_\_ YEARS

**Q6** What is your marital status? Married .....1  
 Separated .....2  
 Divorced .....3  
 Widowed .....4  
 Never married .....5  
 Living with partner/defacto (for a period of six months or longer) .....6

\*\*\*\*\*  
 IF MALE (Q4 = 1) GO TO Q8 ELSE CONTINUE  
 \*\*\*\*\*

**Q7** Have you ever been pregnant? No .....1  
 Yes .....2

**Q8** Have you ever talked to a doctor or psychologist about your mental health? No .....1  
 Yes .....2  
 Don't know .....3

\*\*\*\*\*  
 IF NEVER TALKED WITH DOCTOR OR PSYCHOLOGIST (Q8 ≠ 2),  
 GO TO Q10 ELSE CONTINUE  
 \*\*\*\*\*

1 Q9 Have you ever been diagnosed with any of the following?  
 2 Please select all that apply.  
 3

4 Q9_1	Depression	Yes .....	1
5 Q9_2	Bipolar disorder	Yes .....	1
6 Q9_3	Premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....	1
7 Q9_4	Schizophrenia	Yes .....	1
8 Q9_5	Anorexia nervosa	Yes .....	1
9 Q9_6	Bulimia	Yes .....	1
10 Q9_7	Attention-deficit/hyperactivity disorder (ADD/ADHD)	Yes .....	1
11 Q9_8	Autism spectrum disorder (Autism, Asperger's disorder)	Yes .....	1
12 Q9_9	Tourette's disorder	Yes .....	1
13 Q9_10	Anxiety disorder (Generalised anxiety disorder)	Yes .....	1
14 Q9_11	Panic disorder	Yes .....	1
15 Q9_12	Obsessive compulsive disorder	Yes .....	1
16 Q9_13	Hoarding disorder	Yes .....	1
17 Q9_14	Posttraumatic stress disorder (PTSD)	Yes .....	1
18 Q9_15	Specific phobia (e.g. animals, heights, storms, blood / injection / injury, flying, enclosed spaces)	Yes .....	1
19 Q9_16	Seasonal affective disorder (SAD)	Yes .....	1
20 Q9_17	Social anxiety disorder (also known as Social phobia)	Yes .....	1
21 Q9_18	Agoraphobia	Yes .....	1
22 Q9_19	Personality disorder	Yes .....	1
23 Q9_20	Substance use disorder	Yes .....	1
24 Q9_21	None of the above	Yes .....	1

27 Q10 Have you ever taken any of the following antidepressants  
 28 (even if it wasn't for depression or anxiety)? Please select  
 29 all that apply.  
 30

31 Q10_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	Yes .....	1
32 Q10_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	Yes .....	1
33 Q10_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafx, Venla, Venlexor)	Yes .....	1
34 Q10_4	Amitriptyline (e.g. Endep)	Yes .....	1
35 Q10_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	Yes .....	1
36 Q10_6	Desvenlafaxine (e.g. Pristiq, Desfax)	Yes .....	1
37 Q10_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	Yes .....	1
38 Q10_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	Yes .....	1
39 Q10_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	Yes .....	1
40 Q10_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	Yes .....	1
41 Q10_11	A different antidepressant that isn't listed above	Yes .....	1
42 Q10_12	I have never taken antidepressants	Yes .....	1

43 \*\*\*\*\*  
 44 IF NEVER TAKEN ANTIDEPRESSANTS (Q10\_12 = 1), GO TO Q30  
 45 ELSE IF DIFFERENT ANTIDEPRESSANT (Q10\_11 = 1), GO TO Q11  
 46 ELSE GO TO Q12  
 47 \*\*\*\*\*

1	Q11	Have you ever taken any of the following antidepressants	
2		(even if it wasn't for depression or anxiety)? Please select all that apply.	
3			
4	Q11_1	Dothiepin (e.g. Dothep)	Yes .....1
5	Q11_2	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	Yes .....1
6	Q11_3	Doxepin (e.g. Sinequan, Deptran)	Yes .....1
7	Q11_4	Nortriptyline (e.g. Allegron)	Yes .....1
8	Q11_5	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	Yes .....1
9	Q11_6	Clomipramine (e.g. Anafranil, Placil)	Yes .....1
10	Q11_7	Reboxetine (e.g. Edronax)	Yes .....1
11	Q11_8	Mianserin (e.g. Lumin)	Yes .....1
12	Q11_9	Imipramine (e.g. Tofranil, Tolerade)	Yes .....1
13	Q11_10	Tranlycypromine (e.g. Parnate)	Yes .....1
14	Q11_11	Phenelzine (e.g. Nardil)	Yes .....1
15	Q11_12	A different antidepressant that isn't listed above	Yes .....1

\*\*\*\*\*  
 IF EVER TAKEN ANY ANTIDEPRESSANTS (ANY OF Q10\_1 TO Q10\_11 = 1  
 OR ANY OF Q11\_1 TO Q11\_12 = 1), CONTINUE  
 ELSE GO TO Q30  
 \*\*\*\*\*

23	Q12	When you were taking these antidepressants, were you	No .....1
24		also taking any other prescribed medication?	Yes .....2
25			Don't know .....3

\*\*\*\*\*  
 IF TAKING OTHER MEDICATION (Q12 = 2) CONTINUE,  
 ELSE GO TO Q14  
 \*\*\*\*\*

33	Q13	Have you ever taken any of the following medications while you were	
34		also taking antidepressants?	
35			
36	Q13_1	Largactil, Modecate, Stelazine or Neulactil	Yes .....1
37	Q13_2	Haloperidol (e.g. Serenace, Haldol decanoate)	Yes .....1
38	Q13_3	Latuda or Zeldox	Yes .....1
39	Q13_4	Fluanxol Depot or Clopixol Depot	Yes .....1
40	Q13_5	Asenapine (e.g. Saphris)	Yes .....1
41	Q13_6	Olanzapine (e.g. Lanzek, Ozin, Zypine, Zyprexa)	Yes .....1
42	Q13_7	Quetiapine (e.g. Delucon, Kaptan, Quetia, Quetiaccord, Seronia, Seroquel, Syquet)	Yes .....1
43	Q13_8	Amisulpride (e.g. Solian, Sulprix)	Yes .....1
44	Q13_9	Aripiprazole (e.g. Abilify)	Yes .....1
45	Q13_10	Paliperidone (e.g. Invega)	Yes .....1
46	Q13_11	Risperidone (e.g. Ozidal, Rispa, Risperdal, Rispericor, Rispernia, Rixadone)	Yes .....1
47	Q13_12	Lithium carbonate (e.g. Lithicarb, Quilonum)	Yes .....1
48	Q13_13	Alprazolam (e.g. Alprax, Kalma)	Yes .....1
49	Q13_14	Diazepam (e.g. Valium, Antenex, Ranzepam, Valpam)	Yes .....1
50	Q13_15	Oxazepam (e.g. Serepax, Alepam, Murelax)	Yes .....1
51	Q13_16	Nitrazepam (e.g. Mogadon, Alodorm)	Yes .....1
52	Q13_17	Temazepam (e.g. Normison, Temaze, Temtabs)	Yes .....1

Q14 NOT USED FOR PARTICIPANT INPUT

\*\*\*\*\*  
 IF NO ANTIDEPRESSANT SELECTED AT Q10, GO TO Q22  
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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_11 = 1), COMPLETE Q15 TO Q21  
\*\*\*\*\*

For peer review only

1			
2	Q15	Why were you prescribed [X FROM Q10]? Please select	
3		all that apply.	
4	Q15_1_x1	Sertraline prescribed for depression	Yes .....1
5	Q15_2_x1	Sertraline prescribed for bipolar disorder	Yes .....1
6	Q15_3_x1	Sertraline prescribed for anxiety	Yes .....1
7	Q15_4_x1	Sertraline prescribed for panic disorder	Yes .....1
8	Q15_5_x1	Sertraline prescribed for obsessive compulsive disorder	Yes .....1
9	Q15_6_x1	Sertraline prescribed for specific phobia	Yes .....1
10	Q15_7_x1	Sertraline prescribed for posttraumatic stress disorder	Yes .....1
11	Q15_8_x1	Sertraline prescribed for premenstrual dysphoric mood	Yes .....1
12		disorder (WOMEN ONLY)	
13	Q15_9_x1	Sertraline prescribed for menopausal symptoms	Yes .....1
14		(WOMEN ONLY)	
15	Q15_10_x1	Sertraline prescribed for chronic pain	Yes .....1
16	Q15_11_x1	Sertraline prescribed for quitting smoking	Yes .....1
17	Q15_12_x1	Sertraline prescribed for sleep problems (e.g. insomnia)	Yes .....1
18	Q15_13_x1	Sertraline prescribed for restless legs syndrome	Yes .....1
19	Q15_14_x1	Sertraline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
20	Q15_15_x1	Sertraline prescribed for attention-deficit/hyperactivity	Yes .....1
21		disorder	
22	Q15_16_x1	Sertraline prescribed for other reason	Yes .....1
23	Q15_16_TEXT_x1	Other reason Sertraline was prescribed	_____
24	Q15_17_x1	Participant unsure why Sertraline was prescribed	Yes .....1
25			
26	Q15_1_x2	Escitalopram prescribed for depression	Yes .....1
27	Q15_2_x2	Escitalopram prescribed for bipolar disorder	Yes .....1
28	Q15_3_x2	Escitalopram prescribed for anxiety	Yes .....1
29	Q15_4_x2	Escitalopram prescribed for panic disorder	Yes .....1
30	Q15_5_x2	Escitalopram prescribed for obsessive compulsive disorder	Yes .....1
31	Q15_6_x2	Escitalopram prescribed for specific phobia	Yes .....1
32	Q15_7_x2	Escitalopram prescribed for posttraumatic stress disorder	Yes .....1
33	Q15_8_x2	Escitalopram prescribed for premenstrual dysphoric mood	Yes .....1
34		disorder (WOMEN ONLY)	
35	Q15_9_x2	Escitalopram prescribed for menopausal symptoms	Yes .....1
36		(WOMEN ONLY)	
37	Q15_10_x2	Escitalopram prescribed for chronic pain	Yes .....1
38	Q15_11_x2	Escitalopram prescribed for quitting smoking	Yes .....1
39	Q15_12_x2	Escitalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
40	Q15_13_x2	Escitalopram prescribed for restless legs syndrome	Yes .....1
41	Q15_14_x2	Escitalopram prescribed for premature ejaculation (MEN	Yes .....1
42		ONLY)	
43	Q15_15_x2	Escitalopram prescribed for attention-deficit/hyperactivity	Yes .....1
44		disorder	
45	Q15_16_x2	Escitalopram prescribed for other reason	Yes .....1
46	Q15_16_TEXT_x2	Other reason Escitalopram was prescribed	_____
47	Q15_17_x2	Participant unsure why Escitalopram was prescribed	Yes .....1
48			
49	Q15_1_x3	Venlafaxine prescribed for depression	Yes .....1
50	Q15_2_x3	Venlafaxine prescribed for bipolar disorder	Yes .....1
51	Q15_3_x3	Venlafaxine prescribed for anxiety	Yes .....1
52	Q15_4_x3	Venlafaxine prescribed for panic disorder	Yes .....1
53	Q15_5_x3	Venlafaxine prescribed for obsessive compulsive disorder	Yes .....1
54	Q15_6_x3	Venlafaxine prescribed for specific phobia	Yes .....1
55	Q15_7_x3	Venlafaxine prescribed for posttraumatic stress disorder	Yes .....1
56	Q15_8_x3	Venlafaxine prescribed for premenstrual dysphoric mood	Yes .....1
57		disorder (WOMEN ONLY)	
58	Q15_9_x3	Venlafaxine prescribed for menopausal symptoms	Yes .....1
59		(WOMEN ONLY)	
60	Q15_10_x3	Venlafaxine prescribed for chronic pain	Yes .....1
61	Q15_11_x3	Venlafaxine prescribed for quitting smoking	Yes .....1
62	Q15_12_x3	Venlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
63	Q15_13_x3	Venlafaxine prescribed for restless legs syndrome	Yes .....1

1	Q15_14_x3	Venlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
2			
3	Q15_15_x3	Venlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
4			
5	Q15_16_x3	Venlafaxine prescribed for other reason	Yes .....1
6	Q15_16_TEXT_x3	Other reason Venlafaxine was prescribed	_____
7	Q15_17_x3	Participant unsure why Venlafaxine was prescribed	Yes .....1
8			
9	Q15_1_x4	Amitriptyline prescribed for depression	Yes .....1
10	Q15_2_x4	Amitriptyline prescribed for bipolar disorder	Yes .....1
11	Q15_3_x4	Amitriptyline prescribed for anxiety	Yes .....1
12	Q15_4_x4	Amitriptyline prescribed for panic disorder	Yes .....1
13	Q15_5_x4	Amitriptyline prescribed for obsessive compulsive disorder	Yes .....1
14	Q15_6_x4	Amitriptyline prescribed for specific phobia	Yes .....1
15	Q15_7_x4	Amitriptyline prescribed for posttraumatic stress disorder	Yes .....1
16	Q15_8_x4	Amitriptyline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
17			
18	Q15_9_x4	Amitriptyline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
19			
20	Q15_10_x4	Amitriptyline prescribed for chronic pain	Yes .....1
21	Q15_11_x4	Amitriptyline prescribed for quitting smoking	Yes .....1
22	Q15_12_x4	Amitriptyline prescribed for sleep problems (e.g. insomnia)	Yes .....1
23	Q15_13_x4	Amitriptyline prescribed for restless legs syndrome	Yes .....1
24	Q15_14_x4	Amitriptyline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
25			
26	Q15_15_x4	Amitriptyline prescribed for attention-deficit/hyperactivity disorder	Yes .....1
27	Q15_16_x4	Amitriptyline prescribed for other reason	Yes .....1
28	Q15_16_TEXT_x4	Other reason Amitriptyline was prescribed	_____
29	Q15_17_x4	Participant unsure why Amitriptyline was prescribed	Yes .....1
30			
31	Q15_1_x5	Mirtazapine prescribed for depression	Yes .....1
32	Q15_2_x5	Mirtazapine prescribed for bipolar disorder	Yes .....1
33	Q15_3_x5	Mirtazapine prescribed for anxiety	Yes .....1
34	Q15_4_x5	Mirtazapine prescribed for panic disorder	Yes .....1
35	Q15_5_x5	Mirtazapine prescribed for obsessive compulsive disorder	Yes .....1
36	Q15_6_x5	Mirtazapine prescribed for specific phobia	Yes .....1
37	Q15_7_x5	Mirtazapine prescribed for posttraumatic stress disorder	Yes .....1
38	Q15_8_x5	Mirtazapine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
39			
40	Q15_9_x5	Mirtazapine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
41			
42	Q15_10_x5	Mirtazapine prescribed for chronic pain	Yes .....1
43	Q15_11_x5	Mirtazapine prescribed for quitting smoking	Yes .....1
44	Q15_12_x5	Mirtazapine prescribed for sleep problems (e.g. insomnia)	Yes .....1
45	Q15_13_x5	Mirtazapine prescribed for restless legs syndrome	Yes .....1
46	Q15_14_x5	Mirtazapine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
47			
48	Q15_15_x5	Mirtazapine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
49	Q15_16_x5	Mirtazapine prescribed for other reason	Yes .....1
50	Q15_16_TEXT_x5	Other reason Mirtazapine was prescribed	_____
51	Q15_17_x5	Participant unsure why Mirtazapine was prescribed	Yes .....1
52			
53	Q15_1_x6	Desvenlafaxine prescribed for depression	Yes .....1
54	Q15_2_x6	Desvenlafaxine prescribed for bipolar disorder	Yes .....1
55	Q15_3_x6	Desvenlafaxine prescribed for anxiety	Yes .....1
56	Q15_4_x6	Desvenlafaxine prescribed for panic disorder	Yes .....1
57	Q15_5_x6	Desvenlafaxine prescribed for obsessive compulsive disorder	Yes .....1
58	Q15_6_x6	Desvenlafaxine prescribed for specific phobia	Yes .....1
59	Q15_7_x6	Desvenlafaxine prescribed for posttraumatic stress disorder	Yes .....1
60	Q15_8_x6	Desvenlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1

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2	Q15_9_x6	Desvenlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
3			
4	Q15_10_x6	Desvenlafaxine prescribed for chronic pain	Yes .....1
5	Q15_11_x6	Desvenlafaxine prescribed for quitting smoking	Yes .....1
6	Q15_12_x6	Desvenlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
7	Q15_13_x6	Desvenlafaxine prescribed for restless legs syndrome	Yes .....1
8	Q15_14_x6	Desvenlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
9	Q15_15_x6	Desvenlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
10			
11	Q15_16_x6	Desvenlafaxine prescribed for other reason	Yes .....1
12	Q15_16_TEXT_x6	Other reason Desvenlafaxine was prescribed	_____
13	Q15_17_x6	Participant unsure why Desvenlafaxine was prescribed	Yes .....1
14			
15	Q15_1_x7	Citalopram prescribed for depression	Yes .....1
16	Q15_2_x7	Citalopram prescribed for bipolar disorder	Yes .....1
17	Q15_3_x7	Citalopram prescribed for anxiety	Yes .....1
18	Q15_4_x7	Citalopram prescribed for panic disorder	Yes .....1
19	Q15_5_x7	Citalopram prescribed for obsessive compulsive disorder	Yes .....1
20	Q15_6_x7	Citalopram prescribed for specific phobia	Yes .....1
21	Q15_7_x7	Citalopram prescribed for posttraumatic stress disorder	Yes .....1
22	Q15_8_x7	Citalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
23			
24	Q15_9_x7	Citalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
25			
26	Q15_10_x7	Citalopram prescribed for chronic pain	Yes .....1
27	Q15_11_x7	Citalopram prescribed for quitting smoking	Yes .....1
28	Q15_12_x7	Citalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
29	Q15_13_x7	Citalopram prescribed for restless legs syndrome	Yes .....1
30	Q15_14_x7	Citalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
31	Q15_15_x7	Citalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
32			
33	Q15_16_x7	Citalopram prescribed for other reason	Yes .....1
34	Q15_16_TEXT_x7	Other reason Citalopram was prescribed	_____
35	Q15_17_x7	Participant unsure why Citalopram was prescribed	Yes .....1
36			
37	Q15_1_x8	Fluoxetine prescribed for depression	Yes .....1
38	Q15_2_x8	Fluoxetine prescribed for bipolar disorder	Yes .....1
39	Q15_3_x8	Fluoxetine prescribed for anxiety	Yes .....1
40	Q15_4_x8	Fluoxetine prescribed for panic disorder	Yes .....1
41	Q15_5_x8	Fluoxetine prescribed for obsessive compulsive disorder	Yes .....1
42	Q15_6_x8	Fluoxetine prescribed for specific phobia	Yes .....1
43	Q15_7_x8	Fluoxetine prescribed for posttraumatic stress disorder	Yes .....1
44	Q15_8_x8	Fluoxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
45			
46	Q15_9_x8	Fluoxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
47			
48	Q15_10_x8	Fluoxetine prescribed for chronic pain	Yes .....1
49	Q15_11_x8	Fluoxetine prescribed for quitting smoking	Yes .....1
50	Q15_12_x8	Fluoxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
51	Q15_13_x8	Fluoxetine prescribed for restless legs syndrome	Yes .....1
52	Q15_14_x8	Fluoxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
53	Q15_15_x8	Fluoxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
54			
55	Q15_16_x8	Fluoxetine prescribed for other reason	Yes .....1
56	Q15_16_TEXT_x8	Other reason Fluoxetine was prescribed	_____
57	Q15_17_x8	Participant unsure why Fluoxetine was prescribed	Yes .....1
58			
59	Q15_1_x9	Duloxetine prescribed for depression	Yes .....1
60	Q15_2_x9	Duloxetine prescribed for bipolar disorder	Yes .....1
	Q15_3_x9	Duloxetine prescribed for anxiety	Yes .....1

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2	Q15_4_x9	Duloxetine prescribed for panic disorder	Yes .....1
3	Q15_5_x9	Duloxetine prescribed for obsessive compulsive disorder	Yes .....1
4	Q15_6_x9	Duloxetine prescribed for specific phobia	Yes .....1
5	Q15_7_x9	Duloxetine prescribed for posttraumatic stress disorder	Yes .....1
6	Q15_8_x9	Duloxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
7	Q15_9_x9	Duloxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
8			
9	Q15_10_x9	Duloxetine prescribed for chronic pain	Yes .....1
10	Q15_11_x9	Duloxetine prescribed for quitting smoking	Yes .....1
11	Q15_12_x9	Duloxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
12	Q15_13_x9	Duloxetine prescribed for restless legs syndrome	Yes .....1
13	Q15_14_x9	Duloxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
14			
15	Q15_15_x9	Duloxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
16			
17	Q15_16_x9	Duloxetine prescribed for other reason	Yes .....1
18	Q15_16_TEXT_x9	Other reason Duloxetine was prescribed	_____
19	Q15_17_x9	Participant unsure why Duloxetine was prescribed	Yes .....1
20			
21	Q15_1_x10	Paroxetine prescribed for depression	Yes .....1
22	Q15_2_x10	Paroxetine prescribed for bipolar disorder	Yes .....1
23	Q15_3_x10	Paroxetine prescribed for anxiety	Yes .....1
24	Q15_4_x10	Paroxetine prescribed for panic disorder	Yes .....1
25	Q15_5_x10	Paroxetine prescribed for obsessive compulsive disorder	Yes .....1
26	Q15_6_x10	Paroxetine prescribed for specific phobia	Yes .....1
27	Q15_7_x10	Paroxetine prescribed for posttraumatic stress disorder	Yes .....1
28	Q15_8_x10	Paroxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
29			
30	Q15_9_x10	Paroxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
31			
32	Q15_10_x10	Paroxetine prescribed for chronic pain	Yes .....1
33	Q15_11_x10	Paroxetine prescribed for quitting smoking	Yes .....1
34	Q15_12_x10	Paroxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
35	Q15_13_x10	Paroxetine prescribed for restless legs syndrome	Yes .....1
36	Q15_14_x10	Paroxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
37			
38	Q15_15_x10	Paroxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
39			
40	Q15_16_x10	Paroxetine prescribed for other reason	Yes .....1
41	Q15_16_TEXT_x10	Other reason Paroxetine was prescribed	_____
42	Q15_17_x10	Participant unsure why Paroxetine was prescribed	Yes .....1
43			
44	Q16	How old were you when you started taking [X FROM Q10]?	
45			
46	Q16_x1n	Age started taking Sertraline	___/___/___ YEARS
47	Q16_x2n	Age started taking Escitalopram	___/___/___ YEARS
48	Q16_x3n	Age started taking Venlafaxine	___/___/___ YEARS
49	Q16_x4n	Age started taking Amitriptyline	___/___/___ YEARS
50	Q16_x5n	Age started taking Mirtazapine	___/___/___ YEARS
51	Q16_x6n	Age started taking Desvenlafaxine	___/___/___ YEARS
52	Q16_x7n	Age started taking Citalopram	___/___/___ YEARS
53	Q16_x8n	Age started taking Fluoxetine	___/___/___ YEARS
54	Q16_x9n	Age started taking Duloxetine	___/___/___ YEARS
55	Q16_x10n	Age started taking Paroxetine	___/___/___ YEARS
56			
57			
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59			
60			

1			
2	Q17	For how long did you take / have you been taking	
3		[X FROM Q10]?	
4	Q17_x1	Time taking Sertraline	1 - 3 months .....1
5			4 - 6 months .....2
6			7 - 12 months .....3
7			Between 1 and 2 years .....4
8			Between 2 and 3 years .....5
9			Between 3 and 4 years .....6
10			More than 4 years .....7
11			
12	Q17_x2	Time taking Escitalopram	1 - 3 months .....1
13			4 - 6 months .....2
14			7 - 12 months .....3
15			Between 1 and 2 years .....4
16			Between 2 and 3 years .....5
17			Between 3 and 4 years .....6
18			More than 4 years .....7
19			
20	Q17_x3	Time taking Venlafaxine	1 - 3 months .....1
21			4 - 6 months .....2
22			7 - 12 months .....3
23			Between 1 and 2 years .....4
24			Between 2 and 3 years .....5
25			Between 3 and 4 years .....6
26			More than 4 years .....7
27			
28	Q17_x4	Time taking Amitriptyline	1 - 3 months .....1
29			4 - 6 months .....2
30			7 - 12 months .....3
31			Between 1 and 2 years .....4
32			Between 2 and 3 years .....5
33			Between 3 and 4 years .....6
34			More than 4 years .....7
35			
36	Q17_x5	Time taking Mirtazapine	1 - 3 months .....1
37			4 - 6 months .....2
38			7 - 12 months .....3
39			Between 1 and 2 years .....4
40			Between 2 and 3 years .....5
41			Between 3 and 4 years .....6
42			More than 4 years .....7
43			
44	Q17_x6	Time taking Desvenlafaxine	1 - 3 months .....1
45			4 - 6 months .....2
46			7 - 12 months .....3
47			Between 1 and 2 years .....4
48			Between 2 and 3 years .....5
49			Between 3 and 4 years .....6
50			More than 4 years .....7
51			
52	Q17_x7	Time taking Citalopram	1 - 3 months .....1
53			4 - 6 months .....2
54			7 - 12 months .....3
55			Between 1 and 2 years .....4
56			Between 2 and 3 years .....5
57			Between 3 and 4 years .....6
58			More than 4 years .....7
59			
60	Q17_x8	Time taking Fluoxetine	1 - 3 months .....1
			4 - 6 months .....2
			7 - 12 months .....3
			Between 1 and 2 years .....4

1			Between 2 and 3 years .....5
2			Between 3 and 4 years .....6
3			More than 4 years .....7
4			
5	Q17_x9	Time taking Duloxetine	1 - 3 months .....1
6			4 - 6 months .....2
7			7 - 12 months .....3
8			Between 1 and 2 years .....4
9			Between 2 and 3 years .....5
10			Between 3 and 4 years .....6
11			More than 4 years .....7
12			
13	Q17_x10	Time taking Paroxetine	1 - 3 months .....1
14			4 - 6 months .....2
15			7 - 12 months .....3
16			Between 1 and 2 years .....4
17			Between 2 and 3 years .....5
18			Between 3 and 4 years .....6
19			More than 4 years .....7

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For peer review only

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1	Q18	How well does / did each antidepressant [X FROM Q10] work for you?	
2			
3	Q18_xx1	How well Sertraline works	Not at all well .....1
4			Moderately well .....2
5			Very well .....3
6			Don't know .....4
7			
8	Q18_xx2	How well Escitalopram works	Not at all well .....1
9			Moderately well .....2
10			Very well .....3
11			Don't know .....4
12			
13	Q18_xx3	How well Venlafaxine works	Not at all well .....1
14			Moderately well .....2
15			Very well .....3
16			Don't know .....4
17			
18	Q18_xx4	How well Amitriptyline works	Not at all well .....1
19			Moderately well .....2
20			Very well .....3
21			Don't know .....4
22			
23	Q18_x5	How well Mirtazapine works	Not at all well .....1
24			Moderately well .....2
25			Very well .....3
26			Don't know .....4
27			
28	Q18_xx6	How well Desvenlafaxine works	Not at all well .....1
29			Moderately well .....2
30			Very well .....3
31			Don't know .....4
32			
33	Q18_xx7	How well Citalopram works	Not at all well .....1
34			Moderately well .....2
35			Very well .....3
36			Don't know .....4
37			
38	Q18_xx8	How well Fluoxetine works	Not at all well .....1
39			Moderately well .....2
40			Very well .....3
41			Don't know .....4
42			
43	Q18_xx9	How well Duloxetine works	Not at all well .....1
44			Moderately well .....2
45			Very well .....3
46			Don't know .....4
47			
48	Q18_xx10	How well Paroxetine works	Not at all well .....1
49			Moderately well .....2
50			Very well .....3
51			Don't know .....4

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52 Q19 NOT USED FOR PARTICIPANT INPUT

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1			
2	Q20	After taking [X FROM Q10] for a period of time, did you ever	
3		experience any further symptoms associated with the condition for	
4		which you were prescribed antidepressants?	
5	Q20_1	Further symptoms after taking Sertraline	No .....1
6			Yes .....2
7			
8	Q20_2	Further symptoms after taking Escitalopram	No .....1
9			Yes .....2
10			
11	Q20_3	Further symptoms after taking Venlafaxine	No .....1
12			Yes .....2
13			
14	Q20_4	Further symptoms after taking Amitriptyline	No .....1
15			Yes .....2
16			
17	Q20_5	Further symptoms after taking Mirtazapine	No .....1
18			Yes .....2
19			
20	Q20_6	Further symptoms after taking Desvenlafaxine	No .....1
21			Yes .....2
22			
23	Q20_7	Further symptoms after taking Citalopram	No .....1
24			Yes .....2
25			
26	Q20_8	Further symptoms after taking Fluoxetine	No .....1
27			Yes .....2
28			
29	Q20_9	Further symptoms after taking Duloxetine	No .....1
30			Yes .....2
31			
32	Q20_10	Further symptoms after taking Paroxetine	No .....1
33			Yes .....2

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1			
2	Q21	How long did the improvement in symptoms you experienced	
3		after taking [X FROM Q10] last for?	
4	Q21_1	Duration of improvement from Sertraline	Less than a month .....1
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in
11			symptoms .....7
12			
13	Q21_2	Duration of improvement from Escitalopram	Less than a month .....1
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in
20			symptoms .....7
21			
22	Q21_3	Duration of improvement from Venlafaxine	Less than a month .....1
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in
29			symptoms .....7
30			
31	Q21_4	Duration of improvement from Amitriptyline	Less than a month .....1
32			1 to 2 months .....2
33			3 to 6 months .....3
34			7 to 12 months .....4
35			More than 12 months .....5
36			Not sure .....6
37			I didn't have any improvement in
38			symptoms .....7
39			
40	Q21_5	Duration of improvement from Mirtazapine	Less than a month .....1
41			1 to 2 months .....2
42			3 to 6 months .....3
43			7 to 12 months .....4
44			More than 12 months .....5
45			Not sure .....6
46			I didn't have any improvement in
47			symptoms .....7
48			
49	Q21_6	Duration of improvement from Desvenlafaxine	Less than a month .....1
50			1 to 2 months .....2
51			3 to 6 months .....3
52			7 to 12 months .....4
53			More than 12 months .....5
54			Not sure .....6
55			I didn't have any improvement in
56			symptoms .....7
57			
58	Q21_7	Duration of improvement from Citalopram	Less than a month .....1
59			1 to 2 months .....2
60			3 to 6 months .....3
			7 to 12 months .....4
			More than 12 months .....5
			Not sure .....6

1			I didn't have any improvement in symptoms .....7
2			
3			
4	Q21_8	Duration of improvement from Fluoxetine	Less than a month .....2
5			1 to 2 months .....2
6			3 to 6 months .....3
7			7 to 12 months .....4
8			More than 12 months .....5
9			Not sure .....6
10			I didn't have any improvement in symptoms .....7
11			
12			
13	Q21_9	Duration of improvement from Duloxetine	Less than a month .....2
14			1 to 2 months .....2
15			3 to 6 months .....3
16			7 to 12 months .....4
17			More than 12 months .....5
18			Not sure .....6
19			I didn't have any improvement in symptoms .....7
20			
21			
22	Q21_10	Duration of improvement from Paroxetine	Less than a month .....2
23			1 to 2 months .....2
24			3 to 6 months .....3
25			7 to 12 months .....4
26			More than 12 months .....5
27			Not sure .....6
28			I didn't have any improvement in symptoms .....7
29			

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31 Q22\_1 Overall, how would you rate the benefits of taking \_\_\_\_\_ STARS  
 32 antidepressants?  
 33 (Lowest / worst rating = 1 star, highest / best rating =5 stars)  
 34

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36 Q23 What were the best aspects of taking the antidepressant(s)? *Include any antidepressant you have*  
 37 *taken .*  
 38 Please select all that apply.

40 Q23_1	Relief of depressive symptoms (low mood, sadness, loss of pleasure in life)	Yes .....1
42 Q23_2	Relief of other key symptoms (e.g. sleep disturbance, anxiety, loss of sex drive)	Yes .....1
44 Q23_3	Reduction in suicidal thinking or actions	Yes .....1
45 Q23_4	Return of normal emotions	Yes .....1
46 Q23_5	Improved relationships with those I am close to	Yes .....1
47 Q23_6	Getting back to normal daily activities	Yes .....1
48 Q23_7	Restored control over my mood and actions	Yes .....1
49 Q23_8	Other benefit	Yes .....1

51 Q23\_8\_TEXT Specified other benefit of antidepressant(s) \_\_\_\_\_

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54 Q24	Did you experience side effects from any antidepressant?	No .....1
55		Yes .....2

57 \*\*\*\*\*  
 58 IF NO SIDE EFFECTS (Q24 = 1), GO TO Q29  
 59 IF SIDE EFFECTS (Q24 = 2) BUT NO ANTIDEPRESSANT SELECTED AT Q10  
 60 (NONE OF Q10\_1 TO Q10\_10 = 1), GO TO Q27  
 ELSE CONTINUE  
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FOR EACH ANTIDEPRESSANT SELECTED AT Q10  
(ANY OF Q10\_1 TO Q10\_10 = 1), COMPLETE Q25  
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1			
2	Q25	Which side effects did you experience from the following	
3		antidepressant(s)? Please select all that apply.	
4			
5	Q25_1_1	Dry mouth from Sertraline	Yes .....1
6	Q25_1_2	Dry mouth from Escitalopram	Yes .....1
7	Q25_1_3	Dry mouth from Venlafaxine	Yes .....1
8	Q25_1_4	Dry mouth from Amitriptyline	Yes .....1
9	Q25_1_5	Dry mouth from Mirtazapine	Yes .....1
10	Q25_1_6	Dry mouth from Desvenlafaxine	Yes .....1
11	Q25_1_7	Dry mouth from Citalopram	Yes .....1
12	Q25_1_8	Dry mouth from Fluoxetine	Yes .....1
13	Q25_1_9	Dry mouth from Duloxetine	Yes .....1
14	Q25_1_10	Dry mouth from Paroxetine	Yes .....1
15	Q25_2_1	Sweating from Sertraline	Yes .....1
16	Q25_2_2	Sweating from Escitalopram	Yes .....1
17	Q25_2_3	Sweating from Venlafaxine	Yes .....1
18	Q25_2_4	Sweating from Amitriptyline	Yes .....1
19	Q25_2_5	Sweating from Mirtazapine	Yes .....1
20	Q25_2_6	Sweating from Desvenlafaxine	Yes .....1
21	Q25_2_7	Sweating from Citalopram	Yes .....1
22	Q25_2_8	Sweating from Fluoxetine	Yes .....1
23	Q25_2_9	Sweating from Duloxetine	Yes .....1
24	Q25_2_10	Sweating from Paroxetine	Yes .....1
25			
26	Q25_3_1	Nausea from Sertraline	Yes .....1
27	Q25_3_2	Nausea from Escitalopram	Yes .....1
28	Q25_3_3	Nausea from Venlafaxine	Yes .....1
29	Q25_3_4	Nausea from Amitriptyline	Yes .....1
30	Q25_3_5	Nausea from Mirtazapine	Yes .....1
31	Q25_3_6	Nausea from Desvenlafaxine	Yes .....1
32	Q25_3_7	Nausea from Citalopram	Yes .....1
33	Q25_3_8	Nausea from Fluoxetine	Yes .....1
34	Q25_3_9	Nausea from Duloxetine	Yes .....1
35	Q25_3_10	Nausea from Paroxetine	Yes .....1
36	Q25_4_1	Vomiting from Sertraline	Yes .....1
37	Q25_4_2	Vomiting from Escitalopram	Yes .....1
38	Q25_4_3	Vomiting from Venlafaxine	Yes .....1
39	Q25_4_4	Vomiting from Amitriptyline	Yes .....1
40	Q25_4_5	Vomiting from Mirtazapine	Yes .....1
41	Q25_4_6	Vomiting from Desvenlafaxine	Yes .....1
42	Q25_4_7	Vomiting from Citalopram	Yes .....1
43	Q25_4_8	Vomiting from Fluoxetine	Yes .....1
44	Q25_4_9	Vomiting from Duloxetine	Yes .....1
45	Q25_4_10	Vomiting from Paroxetine	Yes .....1
46			
47	Q25_5_1	Diarrhoea from Sertraline	Yes .....1
48	Q25_5_2	Diarrhoea from Escitalopram	Yes .....1
49	Q25_5_3	Diarrhoea from Venlafaxine	Yes .....1
50	Q25_5_4	Diarrhoea from Amitriptyline	Yes .....1
51	Q25_5_5	Diarrhoea from Mirtazapine	Yes .....1
52	Q25_5_6	Diarrhoea from Desvenlafaxine	Yes .....1
53	Q25_5_7	Diarrhoea from Citalopram	Yes .....1
54	Q25_5_8	Diarrhoea from Fluoxetine	Yes .....1
55	Q25_5_9	Diarrhoea from Duloxetine	Yes .....1
56	Q25_5_10	Diarrhoea from Paroxetine	Yes .....1
57	Q25_6_1	Constipation from Sertraline	Yes .....1
58	Q25_6_2	Constipation from Escitalopram	Yes .....1
59	Q25_6_3	Constipation from Venlafaxine	Yes .....1
60	Q25_6_4	Constipation from Amitriptyline	Yes .....1
	Q25_6_5	Constipation from Mirtazapine	Yes .....1

1			
2	Q25_6_6	Constipation from Desvenlafaxine	Yes .....1
3	Q25_6_7	Constipation from Citalopram	Yes .....1
4	Q25_6_8	Constipation from Fluoxetine	Yes .....1
5	Q25_6_9	Constipation from Duloxetine	Yes .....1
6	Q25_6_10	Constipation from Paroxetine	Yes .....1
7			
8	Q25_7_1	Headache from Sertraline	Yes .....1
9	Q25_7_2	Headache from Escitalopram	Yes .....1
10	Q25_7_3	Headache from Venlafaxine	Yes .....1
11	Q25_7_4	Headache from Amitriptyline	Yes .....1
12	Q25_7_5	Headache from Mirtazapine	Yes .....1
13	Q25_7_6	Headache from Desvenlafaxine	Yes .....1
14	Q25_7_7	Headache from Citalopram	Yes .....1
15	Q25_7_8	Headache from Fluoxetine	Yes .....1
16	Q25_7_9	Headache from Duloxetine	Yes .....1
17	Q25_7_10	Headache from Paroxetine	Yes .....1
18			
19	Q25_8_1	Dizziness from Sertraline	Yes .....1
20	Q25_8_2	Dizziness from Escitalopram	Yes .....1
21	Q25_8_3	Dizziness from Venlafaxine	Yes .....1
22	Q25_8_4	Dizziness from Amitriptyline	Yes .....1
23	Q25_8_5	Dizziness from Mirtazapine	Yes .....1
24	Q25_8_6	Dizziness from Desvenlafaxine	Yes .....1
25	Q25_8_7	Dizziness from Citalopram	Yes .....1
26	Q25_8_8	Dizziness from Fluoxetine	Yes .....1
27	Q25_8_9	Dizziness from Duloxetine	Yes .....1
28	Q25_8_10	Dizziness from Paroxetine	Yes .....1
29			
30	Q25_9_1	Shaking from Sertraline	Yes .....1
31	Q25_9_2	Shaking from Escitalopram	Yes .....1
32	Q25_9_3	Shaking from Venlafaxine	Yes .....1
33	Q25_9_4	Shaking from Amitriptyline	Yes .....1
34	Q25_9_5	Shaking from Mirtazapine	Yes .....1
35	Q25_9_6	Shaking from Desvenlafaxine	Yes .....1
36	Q25_9_7	Shaking from Citalopram	Yes .....1
37	Q25_9_8	Shaking from Fluoxetine	Yes .....1
38	Q25_9_9	Shaking from Duloxetine	Yes .....1
39	Q25_9_10	Shaking from Paroxetine	Yes .....1
40			
41	Q25_10_1	Muscle pain from Sertraline	Yes .....1
42	Q25_10_2	Muscle pain from Escitalopram	Yes .....1
43	Q25_10_3	Muscle pain from Venlafaxine	Yes .....1
44	Q25_10_4	Muscle pain from Amitriptyline	Yes .....1
45	Q25_10_5	Muscle pain from Mirtazapine	Yes .....1
46	Q25_10_6	Muscle pain from Desvenlafaxine	Yes .....1
47	Q25_10_7	Muscle pain from Citalopram	Yes .....1
48	Q25_10_8	Muscle pain from Fluoxetine	Yes .....1
49	Q25_10_9	Muscle pain from Duloxetine	Yes .....1
50	Q25_10_10	Muscle pain from Paroxetine	Yes .....1
51			
52	Q25_11_1	Drowsiness from Sertraline	Yes .....1
53	Q25_11_2	Drowsiness from Escitalopram	Yes .....1
54	Q25_11_3	Drowsiness from Venlafaxine	Yes .....1
55	Q25_11_4	Drowsiness from Amitriptyline	Yes .....1
56	Q25_11_5	Drowsiness from Mirtazapine	Yes .....1
57	Q25_11_6	Drowsiness from Desvenlafaxine	Yes .....1
58	Q25_11_7	Drowsiness from Citalopram	Yes .....1
59	Q25_11_8	Drowsiness from Fluoxetine	Yes .....1
60	Q25_11_9	Drowsiness from Duloxetine	Yes .....1
61	Q25_11_10	Drowsiness from Paroxetine	Yes .....1
62			
63	Q25_12_1	Difficulty getting to sleep from Sertraline	Yes .....1
64	Q25_12_2	Difficulty getting to sleep from Escitalopram	Yes .....1

1			
2	Q25_12_3	Difficulty getting to sleep from Venlafaxine	Yes .....1
3	Q25_12_4	Difficulty getting to sleep from Amitriptyline	Yes .....1
4	Q25_12_5	Difficulty getting to sleep from Mirtazapine	Yes .....1
5	Q25_12_6	Difficulty getting to sleep from Desvenlafaxine	Yes .....1
6	Q25_12_7	Difficulty getting to sleep from Citalopram	Yes .....1
7	Q25_12_8	Difficulty getting to sleep from Fluoxetine	Yes .....1
8	Q25_12_9	Difficulty getting to sleep from Duloxetine	Yes .....1
9	Q25_12_10	Difficulty getting to sleep from Paroxetine	Yes .....1
10	Q25_13_1	Increased anxiety from Sertraline	Yes .....1
11	Q25_13_2	Increased anxiety from Escitalopram	Yes .....1
12	Q25_13_3	Increased anxiety from Venlafaxine	Yes .....1
13	Q25_13_4	Increased anxiety from Amitriptyline	Yes .....1
14	Q25_13_5	Increased anxiety from Mirtazapine	Yes .....1
15	Q25_13_6	Increased anxiety from Desvenlafaxine	Yes .....1
16	Q25_13_7	Increased anxiety from Citalopram	Yes .....1
17	Q25_13_8	Increased anxiety from Fluoxetine	Yes .....1
18	Q25_13_9	Increased anxiety from Duloxetine	Yes .....1
19	Q25_13_10	Increased anxiety from Paroxetine	Yes .....1
20			
21	Q25_14_1	Agitation from Sertraline	Yes .....1
22	Q25_14_2	Agitation from Escitalopram	Yes .....1
23	Q25_14_3	Agitation from Venlafaxine	Yes .....1
24	Q25_14_4	Agitation from Amitriptyline	Yes .....1
25	Q25_14_5	Agitation from Mirtazapine	Yes .....1
26	Q25_14_6	Agitation from Desvenlafaxine	Yes .....1
27	Q25_14_7	Agitation from Citalopram	Yes .....1
28	Q25_14_8	Agitation from Fluoxetine	Yes .....1
29	Q25_14_9	Agitation from Duloxetine	Yes .....1
30	Q25_14_10	Agitation from Paroxetine	Yes .....1
31	Q25_15_1	Fatigue or weakness from Sertraline	Yes .....1
32	Q25_15_2	Fatigue or weakness from Escitalopram	Yes .....1
33	Q25_15_3	Fatigue or weakness from Venlafaxine	Yes .....1
34	Q25_15_4	Fatigue or weakness from Amitriptyline	Yes .....1
35	Q25_15_5	Fatigue or weakness from Mirtazapine	Yes .....1
36	Q25_15_6	Fatigue or weakness from Desvenlafaxine	Yes .....1
37	Q25_15_7	Fatigue or weakness from Citalopram	Yes .....1
38	Q25_15_8	Fatigue or weakness from Fluoxetine	Yes .....1
39	Q25_15_9	Fatigue or weakness from Duloxetine	Yes .....1
40	Q25_15_10	Fatigue or weakness from Paroxetine	Yes .....1
41			
42	Q25_16_1	Weight gain from Sertraline	Yes .....1
43	Q25_16_2	Weight gain from Escitalopram	Yes .....1
44	Q25_16_3	Weight gain from Venlafaxine	Yes .....1
45	Q25_16_4	Weight gain from Amitriptyline	Yes .....1
46	Q25_16_5	Weight gain from Mirtazapine	Yes .....1
47	Q25_16_6	Weight gain from Desvenlafaxine	Yes .....1
48	Q25_16_7	Weight gain from Citalopram	Yes .....1
49	Q25_16_8	Weight gain from Fluoxetine	Yes .....1
50	Q25_16_9	Weight gain from Duloxetine	Yes .....1
51	Q25_16_10	Weight gain from Paroxetine	Yes .....1
52	Q25_17_1	Weight loss from Sertraline	Yes .....1
53	Q25_17_2	Weight loss from Escitalopram	Yes .....1
54	Q25_17_3	Weight loss from Venlafaxine	Yes .....1
55	Q25_17_4	Weight loss from Amitriptyline	Yes .....1
56	Q25_17_5	Weight loss from Mirtazapine	Yes .....1
57	Q25_17_6	Weight loss from Desvenlafaxine	Yes .....1
58	Q25_17_7	Weight loss from Citalopram	Yes .....1
59	Q25_17_8	Weight loss from Fluoxetine	Yes .....1
60	Q25_17_9	Weight loss from Duloxetine	Yes .....1
	Q25_17_10	Weight loss from Paroxetine	Yes .....1



1			
2			
3	Q25_18_1	Rash from Sertraline	Yes .....1
4	Q25_18_2	Rash from Escitalopram	Yes .....1
5	Q25_18_3	Rash from Venlafaxine	Yes .....1
6	Q25_18_4	Rash from Amitriptyline	Yes .....1
7	Q25_18_5	Rash from Mirtazapine	Yes .....1
8	Q25_18_6	Rash from Desvenlafaxine	Yes .....1
9	Q25_18_7	Rash from Citalopram	Yes .....1
10	Q25_18_8	Rash from Fluoxetine	Yes .....1
11	Q25_18_9	Rash from Duloxetine	Yes .....1
12	Q25_18_10	Rash from Paroxetine	Yes .....1
13	Q25_19_1	Runny nose from Sertraline	Yes .....1
14	Q25_19_2	Runny nose from Escitalopram	Yes .....1
15	Q25_19_3	Runny nose from Venlafaxine	Yes .....1
16	Q25_19_4	Runny nose from Amitriptyline	Yes .....1
17	Q25_19_5	Runny nose from Mirtazapine	Yes .....1
18	Q25_19_6	Runny nose from Desvenlafaxine	Yes .....1
19	Q25_19_7	Runny nose from Citalopram	Yes .....1
20	Q25_19_8	Runny nose from Fluoxetine	Yes .....1
21	Q25_19_9	Runny nose from Duloxetine	Yes .....1
22	Q25_19_10	Runny nose from Paroxetine	Yes .....1
23			
24	Q25_20_1	Reduced sexual desire / function from Sertraline	Yes .....1
25	Q25_20_2	Reduced sexual desire / function from Escitalopram	Yes .....1
26	Q25_20_3	Reduced sexual desire / function from Venlafaxine	Yes .....1
27	Q25_20_4	Reduced sexual desire / function from Amitriptyline	Yes .....1
28	Q25_20_5	Reduced sexual desire / function from Mirtazapine	Yes .....1
29	Q25_20_6	Reduced sexual desire / function from Desvenlafaxine	Yes .....1
30	Q25_20_7	Reduced sexual desire / function from Citalopram	Yes .....1
31	Q25_20_8	Reduced sexual desire / function from Fluoxetine	Yes .....1
32	Q25_20_9	Reduced sexual desire / function from Duloxetine	Yes .....1
33	Q25_20_10	Reduced sexual desire / function from Paroxetine	Yes .....1
34	Q25_21_1	Blurred vision from Sertraline	Yes .....1
35	Q25_21_2	Blurred vision from Escitalopram	Yes .....1
36	Q25_21_3	Blurred vision from Venlafaxine	Yes .....1
37	Q25_21_4	Blurred vision from Amitriptyline	Yes .....1
38	Q25_21_5	Blurred vision from Mirtazapine	Yes .....1
39	Q25_21_6	Blurred vision from Desvenlafaxine	Yes .....1
40	Q25_21_7	Blurred vision from Citalopram	Yes .....1
41	Q25_21_8	Blurred vision from Fluoxetine	Yes .....1
42	Q25_21_9	Blurred vision from Duloxetine	Yes .....1
43	Q25_21_10	Blurred vision from Paroxetine	Yes .....1
44			
45	Q25_22_1	Suicidal thoughts from Sertraline	Yes .....1
46	Q25_22_2	Suicidal thoughts from Escitalopram	Yes .....1
47	Q25_22_3	Suicidal thoughts from Venlafaxine	Yes .....1
48	Q25_22_4	Suicidal thoughts from Amitriptyline	Yes .....1
49	Q25_22_5	Suicidal thoughts from Mirtazapine	Yes .....1
50	Q25_22_6	Suicidal thoughts from Desvenlafaxine	Yes .....1
51	Q25_22_7	Suicidal thoughts from Citalopram	Yes .....1
52	Q25_22_8	Suicidal thoughts from Fluoxetine	Yes .....1
53	Q25_22_9	Suicidal thoughts from Duloxetine	Yes .....1
54	Q25_22_10	Suicidal thoughts from Paroxetine	Yes .....1
55	Q25_23_1	Attempted suicide from Sertraline	Yes .....1
56	Q25_23_2	Attempted suicide from Escitalopram	Yes .....1
57	Q25_23_3	Attempted suicide from Venlafaxine	Yes .....1
58	Q25_23_4	Attempted suicide from Amitriptyline	Yes .....1
59	Q25_23_5	Attempted suicide from Mirtazapine	Yes .....1
60	Q25_23_6	Attempted suicide from Desvenlafaxine	Yes .....1
	Q25_23_7	Attempted suicide from Citalopram	Yes .....1



1	Q25_23_8	Attempted suicide from Fluoxetine	Yes .....1
2	Q25_23_9	Attempted suicide from Duloxetine	Yes .....1
3	Q25_23_10	Attempted suicide from Paroxetine	Yes .....1
4			
5	Q25_24_1	Other side effect from Sertraline	Yes .....1
6	Q25_24_2	Other side effect from Escitalopram	Yes .....1
7	Q25_24_3	Other side effect from Venlafaxine	Yes .....1
8	Q25_24_4	Other side effect from Amitriptyline	Yes .....1
9	Q25_24_5	Other side effect from Mirtazapine	Yes .....1
10	Q25_24_6	Other side effect from Desvenlafaxine	Yes .....1
11	Q25_24_7	Other side effect from Citalopram	Yes .....1
12	Q25_24_8	Other side effect from Fluoxetine	Yes .....1
13	Q25_24_9	Other side effect from Duloxetine	Yes .....1
14	Q25_24_10	Other side effect from Paroxetine	Yes .....1
15			
16	Q25_25_1	No side effects from Sertraline	Yes .....1
17	Q25_25_2	No side effects from Escitalopram	Yes .....1
18	Q25_25_3	No side effects from Venlafaxine	Yes .....1
19	Q25_25_4	No side effects from Amitriptyline	Yes .....1
20	Q25_25_5	No side effects from Mirtazapine	Yes .....1
21	Q25_25_6	No side effects from Desvenlafaxine	Yes .....1
22	Q25_25_7	No side effects from Citalopram	Yes .....1
23	Q25_25_8	No side effects from Fluoxetine	Yes .....1
24	Q25_25_9	No side effects from Duloxetine	Yes .....1
25	Q25_25_10	No side effects from Paroxetine	Yes .....1

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\*\*\*\*\*  
 FOR EACH ANTIDEPRESSANT WITH NOMINATED SIDE-EFFECTS  
 (ANY OF Q25\_1\_1 TO Q25\_124\_10 = 1), COMPLETE Q26  
 \*\*\*\*\*

1			
2	Q26	Did you have to stop taking any antidepressant because of side effects?	
3			
4	Q26_1	Stopped taking Sertraline because of side effects	No .....1 Yes .....2
5			
6			
7	Q26_2	Stopped taking Escitalopram because of side effects	No .....1 Yes .....2
8			
9			
10	Q26_3	Stopped taking Venlafaxine because of side effects	No .....1 Yes .....2
11			
12			
13	Q26_4	Stopped taking Amitriptyline because of side effects	No .....1 Yes .....2
14			
15			
16	Q26_5	Stopped taking Mirtazapine because of side effects	No .....1 Yes .....2
17			
18			
19	Q26_6	Stopped taking Desvenlafaxine because of side effects	No .....1 Yes .....2
20			
21			
22	Q26_7	Stopped taking Citalopram because of side effects	No .....1 Yes .....2
23			
24	Q26_8	Stopped taking Fluoxetine because of side effects	No .....1 Yes .....2
25			
26			
27	Q26_9	Stopped taking Duloxetine because of side effects	No .....1 Yes .....2
28			
29			
30	Q26_10	Stopped taking Paroxetine because of side effects	No .....1 Yes .....2
31			
32			
33	<hr/>		
34	Q27_1	Overall, how would you rate the side-effects of taking antidepressants? _____ STARS	
35		Lowest / worst rating (for example, very bad side effects)	
36		= 1 star, highest / best rating (for example, no side effects or	
37		only very mild side effects) = 5 stars	
38			
39			
40	<hr/>		
41	Q28	What were the worst aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken.</i>	
42		Please select all that apply.	
43			
44			
45	Q28_1	New side-effects like nausea, headache, drowsiness, fatigue, sexual dysfunction	Yes .....1
46			
47	Q28_2	Increased depressive symptoms like anxiety, agitation, sleep disturbance	Yes .....1
48			
49	Q28_3	Knowing that I needed to take medications to get well	Yes .....1
50	Q28_4	Telling others that I needed to take medications	Yes .....1
51	Q28_5	Increased suicidal thoughts or actions	Yes .....1
52	Q28_6	Interfered with my capacity to do normal daily activities	Yes .....1
53	Q28_7	Increased direct costs (e.g seeing doctors, buying medications)	Yes .....1
54	Q28_8	Other	Yes .....1
55			
56	Q28_8_TEXT	Other worst aspect	_____
57			
58			
59			
60			

1  
2  
3 Q43 The next section asks about experiences you might have had with common mental health problems. Have you ever had a time in your life when you felt depressed (e.g. sad, empty or hopeless) for two weeks or more in a row? No .....1  
4 Yes .....2  
5  
6  
7

8  
9 Q44 Have you ever had a time in your life lasting two weeks or more when you lost interest in all or almost all activities (things like hobbies, work, sport, socialising or other activities that you usually enjoyed)? No .....1  
10 Yes .....2  
11  
12

13 \*\*\*\*\*  
14 IF (Q43 = 2 OR Q44 = 2) THEN CONTINUE  
15 IF (Q43 = 1 AND Q44 = 1) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
16 ELSE GO TO Q70.  
17 \*\*\*\*\*

18  
19  
20 Q45 Please think of the period in your life, lasting at least two weeks, when your feelings of depression or loss of interest were worst. How much of the day did these feelings usually last? All day long .....1  
21 Most of the day .....2  
22 About half of the day .....3  
23 Less than half of the day .....4  
24

25 \*\*\*\*\*  
26 IF MOST OF THE DAY OR MORE (Q45 = 1 OR 2) THEN CONTINUE.  
27 IF HALF THE DAY OR LESS (Q45 = 3 OR 4) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
28 ELSE GO TO Q70.  
29 \*\*\*\*\*

30  
31  
32 Q46 During this period when your feelings of depression or loss of interest were worst, did you feel this way...? Every day .....1  
33 Almost every day .....2  
34 Less often .....3  
35

36 \*\*\*\*\*  
37 IF ALMOST EVERY DAY OR MORE (Q46 = 1 OR Q46 = 2) CONTINUE.  
38 IF LESS OFTEN (Q46 = 3) AND EVER BEEN PREGNANT (Q7 = 2) GO TO Q469.  
39 ELSE GO TO Q70.  
40 \*\*\*\*\*

41  
42  
43 Q47 Did you gain or lose weight without trying, or did you stay about the same? Gained .....1  
44 Lost .....2  
45 Both gained and lost weight .....3  
46 Stayed about the same .....4  
47 Was on a diet at the time .....5  
48

49 \*\*\*\*\*  
50 IF GAINED AND/OR LOST WEIGHT (Q47 = 1, 2 OR 3) THEN CONTINUE  
51 ELSE GO TO Q49  
52 \*\*\*\*\*

53  
54  
55 Q48 About how much did your weight change? Please enter your response in kilograms. \_\_\_/\_\_\_/\_\_\_ KILOGRAMS  
56  
57  
58  
59  
60

1  
2  
3  
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60

**Q49** Was your appetite substantially different from your usual appetite nearly every day for at least two weeks during that period of time? No .....1  
Yes .....2

**Q50** Did you have more difficulty falling asleep or staying asleep than usual? No .....1  
Yes .....2

\*\*\*\*\*  
IF YES (Q50 = 2) THEN CONTINUE, ELSE GO TO Q52  
\*\*\*\*\*

**Q51** How often did you have these difficulties with sleep? Every night .....1  
Nearly every night .....2  
Less often .....3

**Q52** Were you sleeping much more than usual? No .....1  
Yes .....2

\*\*\*\*\*  
IF YES (Q52 = 2) THEN CONTINUE, ELSE GO TO Q54  
\*\*\*\*\*

**Q53** How often were you sleeping much more than usual? Every night .....1  
Nearly every night .....2  
Less often .....3

**Q54** During that period, were you so fidgety or restless that you were unable to sit still? No .....1  
Yes .....2

**Q55** Were you talking or moving much more slowly than is normal for you? No .....1  
Yes .....2

**Q56** Did you feel fatigued or have less energy than usual? No .....1  
Yes .....2

**Q57** Did you feel worthless or guilty? No .....1  
Yes .....2

**Q58** Did you have difficulty thinking, concentrating or making decisions? No .....1  
Yes .....2

**Q59** Did you think a lot about death - either your own, someone else's, or death in general? No .....1  
Yes .....2

**Q60** How long did that period of time last, in weeks? \_\_\_/\_\_\_/\_\_\_ WEEKS

1  
2  
3 Q61 About how old were you when you experienced this worst period? \_\_\_/\_\_\_ YEARS  
4  
5

6  
7 Q62 Did this worst period start within 2 months of the death of someone close to you or after a stressful or traumatic event in your life? No .....1  
8 Yes .....2  
9

10  
11 Q63 During that time, did you seek help from a doctor or other health professional? No .....1  
12 Yes .....2  
13  
14

15  
16 Q64 How many periods have you had in your life where you felt depressed or lost interest in things every day or nearly every day for at least two weeks? \_\_\_/\_\_\_ PERIODS  
17  
18  
19

20  
21 Q65\_n How old were you the first time you had a period of at least two weeks like this (whether or not you received any help for it)? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_/\_\_\_ YEARS  
22  
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25  
26 Q66\_n How old were you the last time you had a period of at least two weeks like this (whether or not you received any help for it)? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_/\_\_\_ YEARS  
27  
28  
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31 \*\*\*\*\*  
32 IF FEMALE (Q4 = 2) AND HAS EVER BEEN PREGNANT (Q7 = 2) THEN CONTINUE  
33 ELSE GO TO Q70  
34 \*\*\*\*\*

35 Q67 Did any of your periods of depression (lasting two weeks or more) start during pregnancy or within the weeks or months following delivery? (If you experienced this in more than one pregnancy / after more than one delivery, please select all that apply.)  
36  
37  
38  
39  
40  
41 Q67\_1 No depression during or shortly after pregnancy .....1  
42 Q67\_2 Depression during pregnancy .....1  
43 Q67\_3 Depression within 4 weeks of delivery .....1  
44 Q67\_4 Depression between 4 and 6 weeks after delivery .....1  
45 Q67\_5 Depression between 6 weeks and 3 months after delivery .....1  
46 Q67\_6 Depression between 3 and 6 months after delivery .....1  
47

48 \*\*\*\*\*  
49 IF NO (Q67\_1 = 1) GO TO Q469, ELSE CONTINUE  
50 \*\*\*\*\*  
51

52  
53 Q68 Were you ever treated for post-natal depression? No .....1  
54 Yes .....2  
55

56  
57 Q69 Have you ever had any periods of depression (lasting two weeks or more) that did not start during pregnancy or within the weeks or months following delivery? No .....1  
58 Yes .....2  
59  
60

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The next few questions are about your experiences during and soon after pregnancy.

Q469 Are you currently pregnant? No .....1  
Yes .....2

\*\*\*\*\*  
IF YES (Q469 = 2) THEN CONTINUE, ELSE GO TO Q471  
\*\*\*\*\*

Q347 How many times have you been pregnant? (please include your current pregnancy.) If you're unsure, please provide your best estimate. 1  
2  
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\*\*\*\*\*  
IF Q347 = 2 OR MORE, CONTINUE, ELSE GO TO Q349  
\*\*\*\*\*

Q470 How many of your previous pregnancies have resulted in live births (including caesarean section)? Please DO NOT include your current pregnancy. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347] 0  
1  
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\*\*\*\*\*  
GO TO Q349  
\*\*\*\*\*

1 Q471 How many times have you been pregnant? If you're unsure, please 1  
 2 provide your best estimate. 2  
 3 3  
 4 4  
 5 5  
 6 6  
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 10 10  
 11 11  
 12 12  
 13 13+  
 14

16 Q348 How many of these pregnancies resulted in live births (including 0  
 17 caesarean section)? [NUMBER MUST BE LESS THAN OR EQUAL 1  
 18 TO RESPONSE TO Q471] 2  
 19 3  
 20 4  
 21 5  
 22 6  
 23 7  
 24 8  
 25 9  
 26 10  
 27 11  
 28 12  
 29 13+  
 30

33 Q349 Have you ever been pregnant with twins (or triplets, etc.)? No .....1  
 34 Yes, twins .....2  
 35 Yes, triplets (or more than  
 36 triplets).....3  
 37 Don't know.....4  
 38

\*\*\*\*\*  
 IF TWINS (Q349 = 2) THEN CONTINUE  
 ELSE IF TRIPLETS OR MORE (Q349 = 3) THEN GO TO Q351  
 ELSE GO TO Q364  
 \*\*\*\*\*

45 Q350 Are your twins? Identical (frequently mistaken  
 46 by people who know them)? .....1  
 47 Non-identical (no more alike  
 48 than normal brothers or  
 49 sisters)?.....2  
 50 Unsure .....3  
 51

\*\*\*\*\*  
 GO TO Q352  
 \*\*\*\*\*

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Q351	Are your triplets (or quads, etc.)?	All identical (frequently mistaken by people who know them)? .....1 All non-identical (no more alike than normal brothers or sisters)?.....2 Some are identical to each other, but not all .....3 Unsure .....4
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Q352	Were the twins (or triplets, etc.) conceived with the help of assisted reproduction technologies, such as IVF, hormone treatment or alternative/natural fertility treatment?	No .....1 Yes .....2 Unsure .....3
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Q364	During how many of your pregnancies did you feel sad, miserable, or very anxious? By this we mean a period of at least 2 weeks when you were not yourself and which was worse than the normal ups and downs of life. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347/Q471]	0 1 2 3 4 5 6 7 8 9 10 11 12 13+
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\*\*\*\*\*  
IF NO PREGNANCIES (Q364 = 0) GO TO Q354 (MORNING SICKNESS).  
IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
ELSE GO TO Q366  
\*\*\*\*\*

Q365	After how many of your deliveries, within the first six months postpartum, did you feel sad, miserable, or very anxious? By this we mean a period of at least 2 weeks, when you were not yourself and which was worse than the normal ups and downs of life. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347/Q471]	0 1 2 3 4 5 6 7 8 9 10 11 12 13+
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\*\*\*\*\*  
IF EVER DEPRESSED DURING OR SOON AFTER PREGNANCY  
(Q364 > 0 OR Q365 > 0) THEN CONTINUE  
ELSE GO TO Q353  
\*\*\*\*\*



1			
2			
3	Q366	Please think about the worst episode during pregnancy or after delivery.	
4		During the worst episode of feeling sad, miserable, or very anxious during	
5		pregnancy or following delivery, how often:	
6			
7		Q366A Did you feel able to laugh or see the funny side of things?	Never .....1
8			Rarely .....2
9			Sometimes .....3
10			Often .....4
11		Q366B Were you able to look forward to things with excitement?	Never .....1
12			Rarely .....2
13			Sometimes .....3
14			Often .....4
15			
16		Q366C Did you blame yourself unnecessarily when things went wrong?	Never .....1
17			Rarely .....2
18			Sometimes .....3
19			Often .....4
20			
21		Q366D Were you anxious or worried for no good reason?	Never .....1
22			Rarely .....2
23			Sometimes .....3
24			Often .....4
25			
26		Q366E Did you feel scared or panicky for no good reason?	Never .....1
27			Rarely .....2
28			Sometimes .....3
29			Often .....4
30			
31		Q366F Did you feel overwhelmed?	Never .....1
32			Rarely .....2
33			Sometimes .....3
34			Often .....4
35			
36		Q366G Were you so unhappy that you had difficulty sleeping?	Never .....1
37			Rarely .....2
38			Sometimes .....3
39			Often .....4
40			
41		Q366H Did you feel sad or miserable?	Never .....1
42			Rarely .....2
43			Sometimes .....3
44			Often .....4
45			
46		Q366I Were you so unhappy that you cried?	Never .....1
47			Rarely .....2
48			Sometimes .....3
49			Often .....4
50			
51		Q366J Did the thought of harming yourself occur to you?	Never .....1
52			Rarely .....2
53			Sometimes .....3
54			Often .....4
55	<hr/>		
56			
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1	Q367	During the worst episode of feeling sad, miserable, or very anxious during pregnancy or following delivery:	
2			
3			
4	Q367A	Were the symptoms so severe that you sought professional help?	No .....1
5			Yes .....2
6			
7	Q367B	Did the symptoms cause you problems or interfere with your day-to-day life?	No .....1
8			Yes .....2
9			
10	Q367C	Did you require psychiatric hospitalisation because of these symptoms?	No .....1
11			Yes .....2

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13	Q368	Did you receive any form of treatment such as counselling or medication because of depression during pregnancy or following delivery?	No treatment .....1
14			Counselling .....2
15			Medication .....3
16			Counselling and medication .....4

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19	Q369	During the worst episode - when did these symptoms begin?	During pregnancy .....1
20			After delivery .....2

\*\*\*\*\*  
 IF DURING PREGNANCY (Q369 = 1) THEN CONTINUE  
 IF AFTER DELIVERY (Q369 = 2) THEN GO TO Q371  
 \*\*\*\*\*

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28	Q370	At approximately what stage of pregnancy did the symptoms begin?	1st trimester .....1
29			2nd trimester .....2
30			3rd trimester .....3

\*\*\*\*\*  
 GO TO Q372  
 \*\*\*\*\*

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37	Q371	Approximately how long after delivery did the symptoms begin?	0 - 4 weeks .....1
38			1 - 3 months .....2
39			More than 3 months after deliver...3

---

42	Q372	During the worst episode, how long did these symptoms last?	Up to 2 weeks .....1
43			2 - 4 weeks .....2
44			1 - 3 months .....3
45			3 - 6 months .....4
46			More than 6 months .....5

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49	Q373	How old were you during the worst episode?	___/___ YEARS
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54	Q353	While many women experience morning sickness, there are differences in how severe morning sickness is. Did you have any morning sickness, nausea or vomiting during any of your pregnancies?	No .....1
55			Yes .....2

\*\*\*\*\*  
 IF YES (Q353 = 2) THEN CONTINUE, ELSE GO TO Q361  
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\*\*\*\*\*  
IF PREGNANT MORE THAN ONCE (Q347 > 1 OR Q471>1) THEN CONTINUE  
ELSE GO TO Q355  
\*\*\*\*\*

Q354	Thinking about all of the pregnancies you have had, during which pregnancy did you have the worst morning sickness? Please provide your answer as a number - for example answer 1 for your first pregnancy. [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q347/Q471]	1 2 3 4 5 6 7 8 9 10 11 12 13+
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For peer review only

1 Q355 Thinking back to each pregnancy, which of the following best describes  
 2 your experience: Please choose one option for each pregnancy listed.  
 3

4 Q355A 1st pregnancy

I did not have any nausea  
 or vomiting. ....1  
 Nausea and/or vomiting for less  
 than 7 days, but I didn't see a  
 doctor about this and it didn't  
 disrupt my daily routine. ....2  
 Nausea and/or vomiting for more  
 than 7 days, but I didn't see a  
 doctor about this. It didn't  
 disrupt my daily routine. ....3  
 It disrupted my daily routine  
 but it didn't affect my weight  
 and I didn't need medication  
 to manage it. ....4  
 It really disrupted my daily  
 routine and I was prescribed  
 medication (or was put on a drip)  
 but it didn't lead to weight loss. ....5  
 It really disrupted my daily  
 routine. I lost weight. I was  
 prescribed medication or was  
 put on a drip or feeding tube. ....6  
 I don't remember or am unsure. ....7

27 Q355B Pregnancy with worst morning sickness [IF Q354 > 1]

I did not have any nausea  
 or vomiting. ....1  
 Nausea and/or vomiting for less  
 than 7 days, but I didn't see a  
 doctor about this and it didn't  
 disrupt my daily routine. ....2  
 Nausea and/or vomiting for more  
 than 7 days, but I didn't see a  
 doctor about this. It didn't  
 disrupt my daily routine. ....3  
 It disrupted my daily routine  
 but it didn't affect my weight  
 and I didn't need medication  
 to manage it. ....4  
 It really disrupted my daily  
 routine and I was prescribed  
 medication (or was put on a drip)  
 but it didn't lead to weight loss. ....5  
 It really disrupted my daily  
 routine. I lost weight. I was  
 prescribed medication or was  
 put on a drip or feeding tube. ....6  
 I don't remember or am unsure. ....7

- 1 Q356 There are also differences in how long morning sickness lasts. Thinking  
 2 back to each pregnancy listed, did you have any morning sickness ...  
 3
- 4 Q356A In the first trimester (weeks 1 – 12) of the 1st pregnancy No .....1  
 5 Yes .....2  
 6
- 7 Q356B In the second trimester (weeks 13-24) of the 1st pregnancy No .....1  
 8 Yes .....2  
 9
- 10 Q356C In the third trimester (weeks 25 - birth) of the 1st pregnancy No .....1  
 11 Yes .....2  
 12
- 13 Q356D In the first trimester (weeks 1 – 12) of the pregnancy with  
 14 the worst morning sickness [IF Q354 > 1] No .....1  
 15 Yes .....2  
 16
- 17 Q356E In the second trimester (weeks 13-24) of the pregnancy with  
 18 the worst morning sickness [IF Q354 > 1] No .....1  
 19 Yes .....2  
 20
- 21 Q356F In the third trimester (weeks 25 - birth) of the pregnancy with  
 22 the worst morning sickness [IF Q354 > 1] No .....1  
 23 Yes .....2

- 23 Q357 Did you go to a hospital because of nausea or vomiting during each  
 24 pregnancy listed (even if you weren't admitted)?  
 25
- 26 Q357A In your 1st pregnancy No .....1  
 27 Yes .....2  
 28
- 29 Q357A In the pregnancy with the worst morning sickness [IF Q354 > 1] No .....1  
 30 Yes .....2  
 31

- 32 Q358 How old were you at the start of ...  
 33
- 34 Q358A Your 1st pregnancy \_\_\_\_\_ YEARS  
 35
- 36 Q358B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_\_\_\_ YEARS  
 37  
 38

39 \*\*\*\*\*  
 40 IF NEVER MULTIPLE PREGNANCY (Q349 ≠ 2 OR 3) THEN CONTINUE  
 41 ELSE GO TO Q360  
 42 \*\*\*\*\*  
 43

- 44 Q359 Were you pregnant with ...  
 45
- 46 Q359A 1st pregnancy A boy .....1  
 47 A girl .....2  
 48 Don't know.....3  
 49
- 50 Q359B The pregnancy with the worst morning sickness [IF Q354 > 1] A boy .....1  
 51 A girl .....2  
 52 Don't know.....3  
 53

54 \*\*\*\*\*  
 55 GO TO Q361  
 56 \*\*\*\*\*  
 57

1 Q360 Were you pregnant with ...  
 2  
 3 Q360A 1st pregnancy \_\_ BOYS  
 4 \_\_ GIRLS  
 5 \_\_ UNKNOWN SEX  
 6  
 7 Q360B The pregnancy with the worst morning sickness [IF Q354 > 1] \_\_ BOYS  
 8 \_\_ GIRLS  
 9 \_\_ UNKNOWN SEX  
 10

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11  
 12 \*\*\*\*\*  
 13 IF EVER HAD ONE OR MORE LIVE BIRTHS (Q348 or Q470 = 1 OR MORE) THEN CONTINUE  
 14 ELSE GO TO Q70  
 15 \*\*\*\*\*

16  
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 18  
 19 Q361 Did you breastfeed any of your children? Please include any None of my children were  
 20 breastfeeding even if you were also bottle-feeding. breastfed .....1  
 21 Only some of my children were  
 22 breastfed .....2  
 23 All of my children were breastfed ..3  
 24

25 \*\*\*\*\*  
 26 IF ONLY SOME (Q361 = 2) THEN CONTINUE  
 27 IF ALL (Q361 = 3) GO TO Q363  
 28 IF NONE (Q361 = 1) GO TO Q70  
 29 \*\*\*\*\*

30  
 31  
 32 Q362 Did you breastfeed your first child? Please include any breastfeeding No .....1  
 33 even if you were also bottle-feeding. Yes .....2  
 34

35 \*\*\*\*\*  
 36 IF YES (Q359 = 2) THEN CONTINUE, ELSE GO TO Q70  
 37 \*\*\*\*\*

38  
 39  
 40 Q363 How long (in months) did you breastfeed your first child for? Please \_\_ / \_\_ MONTHS  
 41 include any breastfeeding even if you were also bottle-feeding.  
 42  
 43

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44  
 45 Q70 As stated in the consent form you read before commencing the questionnaire, all of the information you provide  
 46 is kept confidential, unless someone is at risk of serious harm. Your responses to the questions in the next  
 47 section will be reviewed by one of our staff, who may contact you if your responses indicate you are at risk of  
 48 serious harm.  
 49

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50  
 51 Q71 Have you ever injured yourself on purpose? No .....1  
 52 Yes .....2  
 53

54 \*\*\*\*\*  
 55 IF YES (Q71 = 2) CONTINUE, ELSE GO TO Q73  
 56 \*\*\*\*\*

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2			
3	Q72	Did you intend to ...	
4			
5	Q72_2	... experience pain or suffering as a result of your self-injury?	Not at all .....1
6			[unlabelled intermediate] .....2
7			[unlabelled intermediate] .....3
8			[unlabelled intermediate] .....4
9			Very much .....5
10			
11	Q72_9	... die as a result of your self-injury?	Not at all .....1
12			[unlabelled intermediate] .....2
13			[unlabelled intermediate] .....3
14			[unlabelled intermediate] .....4
15			Very much .....5

16			
17	Q73	In the past month, how often have you had thoughts about suicide?	Never .....1
18			[unlabelled intermediate] .....2
19			[unlabelled intermediate] .....3
20			[unlabelled intermediate] .....4
21			[unlabelled intermediate] .....5
22			[unlabelled intermediate] .....6
23			[unlabelled intermediate] .....7
24			[unlabelled intermediate] .....8
25			[unlabelled intermediate] .....9
26			[unlabelled intermediate] .....10
27			Always .....11

\*\*\*\*\*  
 IF NEVER (Q73 = 1) GO TO Q78, ELSE CONTINUE  
 \*\*\*\*\*

28			
29			
30			
31			
32			
33	Q74	In the past month, how much control have you had over these thoughts?	No control / do not control .....1
34			[unlabelled intermediate] .....2
35			[unlabelled intermediate] .....3
36			[unlabelled intermediate] .....4
37			[unlabelled intermediate] .....5
38			[unlabelled intermediate] .....6
39			[unlabelled intermediate] .....7
40			[unlabelled intermediate] .....8
41			[unlabelled intermediate] .....9
42			[unlabelled intermediate] .....10
43			Full control .....11

44			
45			
46	Q75	In the past month, how close have you come to making a suicide attempt?	Not at all close .....1
47			[unlabelled intermediate] .....2
48			[unlabelled intermediate] .....3
49			[unlabelled intermediate] .....4
50			[unlabelled intermediate] .....5
51			[unlabelled intermediate] .....6
52			[unlabelled intermediate] .....7
53			[unlabelled intermediate] .....8
54			[unlabelled intermediate] .....9
55			[unlabelled intermediate] .....10
56			Have made an attempt .....11

1 2 3 4 5 6 7 8 9 10 11 12 13	Q76	In the past month, to what extent have you felt tormented by thoughts of suicide?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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15 16 17 18 19 20 21 22 23 24 25 26	Q77	In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?	Not at all .....1 [unlabelled intermediate] .....2 [unlabelled intermediate] .....3 [unlabelled intermediate] .....4 [unlabelled intermediate] .....5 [unlabelled intermediate] .....6 [unlabelled intermediate] .....7 [unlabelled intermediate] .....8 [unlabelled intermediate] .....9 [unlabelled intermediate] .....10 Extremely .....11
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28 29 30	Q78	Have you ever seriously thought about killing yourself?	No .....1 Yes .....2
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32 33 34	Q79	Have you ever made a plan about how you would kill yourself?	No .....1 Yes .....2
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Q80                      How many times have you actually tried to kill yourself?                        /  /   TIMES

\*\*\*\*\*  
 IF EVER SERIOUS SUICIDAL THOUGHTS, PLANS OR ACTIONS  
 (Q78 = 2 OR Q79 = 2 OR Q80 > 0) CONTINUE  
 ELSE IF ANY SUICIDAL THOUGHTS IN PAST MONTH (Q73 > 1) GO TO Q82  
 ELSE GO TO Q84  
 \*\*\*\*\*

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Q81\_n                      What was the earliest age at which you had serious thoughts about killing yourself, made a plan about how you would kill yourself, or actually tried to kill yourself?                        /   YEARS

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1  
2  
3 Q82 You may find it helpful to talk to a Lifeline counsellor. Autocoded .....1  
4 Lifeline have telephone counsellors, available 24 hours a  
5 day, who are trained and have experience talking with people  
6 who are having difficulties and who feel so bad that taking  
7 their own life sometimes seems to be the only answer. Even  
8 more importantly, the counsellors can give you ideas about  
9 where and how to get further help. Contact details for Lifeline  
10 are below, so please write them down.  
11 PHONE NUMBER FOR LIFELINE: 13 11 14  
12 WEBSITE: www.lifeline.org.au  
13 General information about mental health can be found at:  
14 BEYOND BLUE WEBSITE: www.beyondblue.org.au

15  
16 Q83 Have any of your first degree relatives (that is a parent, No .....1  
17 brother, sister or child) ever been diagnosed with a mental health disorder? Yes .....2  
18  
19

20 \*\*\*\*\*  
21 IF ANY FIRST DEGREE RELATIVES DIAGNOSED (Q83 = 2)  
22 CONTINUE, ELSE GO TO Q85  
23 \*\*\*\*\*  
24

25  
26 Q84 Which mental health disorders has/have your first degree  
27 relative(s) been diagnosed with? (Please select all that  
28 apply, including if multiple family members have had  
29 different diagnoses.)  
30  
31 Q84\_1 Depression Yes .....1  
32 Q84\_2 Bipolar disorder Yes .....1  
33 Q84\_3 Schizophrenia Yes .....1  
34 Q84\_4 Anorexia nervosa Yes .....1  
35 Q84\_5 Bulimia Yes .....1  
36 Q84\_6 Anxiety (Generalised anxiety disorder) Yes .....1  
37 Q84\_7 Panic disorder Yes .....1  
38 Q84\_8 Obsessive compulsive disorder Yes .....1  
39 Q84\_9 Posttraumatic stress disorder Yes .....1  
40 Q84\_10 Specific phobia Yes .....1  
41 Q84\_11 Seasonal affective disorder Yes .....1  
42 Q84\_12 Social phobia (also known as Social anxiety disorder) Yes .....1  
43 Q84\_13 Attention-deficit/hyperactivity disorder (ADD/ADHD) Yes .....1  
44 Q84\_14 Autism spectrum disorder (Autism, Asperger's disorder) Yes .....1  
45 Q84\_15 Tourette's disorder Yes .....1  
46 Q84\_16 Personality disorder Yes .....1  
47 Q84\_17 Substance use disorder Yes .....1  
48 Q84\_18 Other (please specify) Yes .....1  
49 Q84\_18\_TEXT Specified other mental health disorder \_\_\_\_\_  
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Q85	Have you ever experienced a definite period where for more than 2 or 3 days ...	
Q85_1	You felt much happier or more cheerful than usual?	No .....1 Yes .....2 Don't know .....3
Q85_2	You felt much more self-confident than usual?	No .....1 Yes .....2 Don't know .....3
Q85_3	You needed much less sleep than usual?	No .....1 Yes .....2 Don't know .....3
Q85_4	You talked much more than usual?	No .....1 Yes .....2 Don't know .....3
Q85_5	You were much more active (either socially, sexually, at work, home, or school) than usual?	No .....1 Yes .....2 Don't know .....3

\*\*\*\*\*  
 IF EVER EXPERIENCED ANY OF THE ABOVE (ANY OF Q85\_1 TO Q85\_5 = 2)  
 CONTINUE, ELSE GO TO Q92  
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Q86	Has this happened in the last 12 months?	No .....1 Yes .....2
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Q87_n	How old were you when this problem first began? Please put your age in years. An approximate age is fine.	_/_ YEARS
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Q88_n	How old were you when you most recently experienced this problem? Please put your age in years. An approximate age is fine.	_/_ YEARS
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Q89_n	How many times in your life did any of these experiences ever happen? An approximate number is fine. If 1000 times or more, enter '999'.	_/_/_ TIMES
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\*\*\*\*\*  
 IF TAKEN ANY NAMED ANTIDEPRESSANTS  
 (ANY OF Q10\_1 TO Q10\_10 OR Q11\_1 TO Q11\_11 = 1) CONTINUE  
 ELSE GO TO Q92  
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3	Q90	Did you ever experience this problem while you were taking the following antidepressant(s)?	
4			
5	Q90_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	No .....1 Yes .....2 Don't know .....3
6			
7			
8			
9	Q90_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	No .....1 Yes .....2 Don't know .....3
10			
11			
12			
13	Q90_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	No .....1 Yes .....2 Don't know .....3
14			
15			
16			
17	Q90_4	Amitriptyline (e.g. Endep)	No .....1 Yes .....2 Don't know .....3
18			
19			
20			
21	Q90_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	No .....1 Yes .....2 Don't know .....3
22			
23			
24			
25	Q90_6	Desvenlafaxine (e.g. Pristiq, Desfax)	No .....1 Yes .....2 Don't know .....3
26			
27			
28			
29	Q90_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	No .....1 Yes .....2 Don't know .....3
30			
31			
32			
33	Q90_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	No .....1 Yes .....2 Don't know .....3
34			
35			
36			
37	Q90_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	No .....1 Yes .....2 Don't know .....3
38			
39			
40	Q90_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	No .....1 Yes .....2 Don't know .....3
41			
42			
43			
44	Q90_11	Dothiepin (e.g. Dothep)	No .....1 Yes .....2 Don't know .....3
45			
46			
47			
48	Q90_12	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	No .....1 Yes .....2 Don't know .....3
49			
50			
51			
52	Q90_13	Doxepin (e.g. Sinequan, Deptran)	No .....1 Yes .....2 Don't know .....3
53			
54			
55			
56	Q90_14	Nortriptyline (e.g. Allegron)	No .....1 Yes .....2 Don't know .....3
57			
58			
59	Q90_15	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	No .....1 Yes .....2 Don't know .....3
60			

1			
2			
3	Q90_16	Clomipramine (e.g. Anafranil, Placil)	No .....1 Yes .....2 Don't know .....3
4			
5			
6	Q90_17	Reboxetine (e.g. Edronax)	No .....1 Yes .....2 Don't know .....3
7			
8			
9			
10	Q90_18	Mianserin (e.g. Lumin)	No .....1 Yes .....2 Don't know .....3
11			
12			
13			
14	Q90_19	Imipramine (e.g. Tofranil, Tolerade)	No .....1 Yes .....2 Don't know .....3
15			
16			
17			
18	Q90_20	Tranlycypromine (e.g. Parnate)	No .....1 Yes .....2 Don't know .....3
19			
20			
21			
22	Q90_21	Phenelzine (e.g. Nardil)	No .....1 Yes .....2 Don't know .....3
23			
24			
25			

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26			
27	Q91	Did you ever experience this problem while not taking antidepressants?	No .....1 Yes .....2
28			
29			

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30	Q92	Have you ever.....	
31			
32			
33	Q92_1	Felt as if the thoughts in your head were not your own?	No .....1 Yes .....2
34			
35			
36	Q92_2	Heard voices talking to each other when you were alone?	No .....1 Yes .....2
37			
38			
39	Q92_3	Heard voices when you were alone?	No .....1 Yes .....2
40			
41			
42	Q92_4	Felt that many people around you might hurt or harm you in some way?	No .....1 Yes .....2
43			
44	Q92_5	Felt as if many people around you are plotting against you?	No .....1 Yes .....2
45			
46			
47	Q92_6	Felt as if the thoughts in your head are being taken away from you?	No .....1 Yes .....2
48			
49			

\*\*\*\*\*

IF EVER ANY OF THESE SYMPTOMS (ANY OF Q92\_1 TO Q92\_6)  
THEN CONTINUE, ELSE GO TO Q103

\*\*\*\*\*

\*\*\*\*\*

IF EVER FELT THOUGHTS NOT THEIR OWN (Q92\_1 = 2) THEN CONTINUE  
ELSE GO TO Q94

\*\*\*\*\*

1  
2  
3 Q93 When you have felt as if the thoughts in your head were not No .....1  
4 your own – did this ever happen when you were: Yes .....2  
5 • not dreaming Don't know .....3  
6 • not half-asleep and  
7 • not under the influence of alcohol or drugs?

8  
9  
10 \*\*\*\*\*  
11 IF EVER HEARD VOICES TALKING TO EACH OTHER (Q92\_2 = 2)  
12 THEN CONTINUE, ELSE GO TO Q95  
13 \*\*\*\*\*

14  
15 Q94 When you have heard voices talking to each other when you No .....1  
16 were alone – did this ever happen when you were: Yes .....2  
17 • not dreaming Don't know .....3  
18 • not half-asleep and  
19 • not under the influence of alcohol or drugs?

20  
21 \*\*\*\*\*  
22 IF EVER HEARD VOICES WHEN ALONE (Q92\_3 = 2) THEN CONTINUE  
23 ELSE GO TO Q96  
24 \*\*\*\*\*

25  
26 Q95 When you have heard voices when you were alone - did No .....1  
27 this ever happen when you were: Yes .....2  
28 • not dreaming Don't know .....3  
29 • not half-asleep and  
30 • not under the influence of alcohol or drugs?

31  
32 \*\*\*\*\*  
33 IF EVER FELT MANY PEOPLE MIGHT HURT OR HARM (Q92\_4 = 2)  
34 THEN CONTINUE ELSE GO TO Q97  
35 \*\*\*\*\*

36  
37  
38 Q96 When you have felt that many people around you might hurt No .....1  
39 or harm you in some way – did this ever happen when you Yes .....2  
40 were: Don't know .....3  
41 • not dreaming  
42 • not half-asleep and  
43 • not under the influence of alcohol or drugs?

44  
45 \*\*\*\*\*  
46 IF EVER FELT MANY PEOPLE PLOTTING (Q92\_5 = 2) THEN CONTINUE  
47 ELSE GO TO Q98  
48 \*\*\*\*\*

49  
50  
51 Q97 When you have felt as if many people around you are No .....1  
52 plotting against you – did this ever happen when you were: Yes .....2  
53 • not dreaming Don't know .....3  
54 • not half-asleep and  
55 • not under the influence of alcohol or drugs?

56  
57 \*\*\*\*\*  
58 IF EVER FELT THOUGHTS IN HEAD BEING TAKEN (Q92\_6 = 2)  
59 THEN CONTINUE, ELSE GO TO Q99  
60 \*\*\*\*\*

1  
2  
3 Q98 When you have felt as if the thoughts in your head are No .....1  
4 being taken away from you - did this ever happen when Yes .....2  
5 you were: Don't know .....3  
6 • not dreaming  
7 • not half-asleep and  
8 • not under the influence of alcohol or drugs?  
9

10  
11 Q99 Did any of these experiences occur in the last 12 months? No .....1  
12 Yes .....2  
13 Don't know .....3  
14

15  
16 Q100\_n How old were you when you first had any of these \_\_\_/\_\_\_ YEARS  
17 experiences? Please put your age in years. An approximate  
18 age is fine.  
19

20  
21 Q101\_n How old were you when you most recently had any of these \_\_\_/\_\_\_ YEARS  
22 experiences? Please put your age in years. An approximate  
23 age is fine.  
24

25  
26 Q102\_n How many times in your life did any of these experiences ever \_\_\_/\_\_\_/\_\_\_ TIMES  
27 happen? An approximate number is fine. If 1000 times or  
28 more, enter '999'.  
29

30  
31 Q103 Have you ever had a period lasting one month or longer No .....1  
32 when most of the time you felt worried, tense or anxious? Yes .....2  
33

34 \*\*\*\*\*  
35 IF EVER ONE MONTH OR LONGER (Q103 = 2) THEN GO TO Q107  
36 ELSE CONTINUE  
37 \*\*\*\*\*  
38

39  
40 Q104 People differ a lot in how much they worry about things. No .....1  
41 Did you ever have a time when you worried a lot more than Yes .....2  
42 most people would in your situation?  
43

44 \*\*\*\*\*  
45 IF EVER SUCH A TIME (Q104 = 2) THEN CONTINUE  
46 ELSE GO TO Q119  
47 \*\*\*\*\*  
48

49  
50 Q107 How long was the longest time that this kind of worrying Less than 6 months .....1  
51 lasted? Between 6 and 12 months .....2  
52 Between 1 and 5 years .....3  
53 More than 5 years .....4  
54 All my life / As long as I can  
55 remember .....5  
56  
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1			
2			
3	Q119	The next questions are about things that make some people so afraid that they avoid them or they endure them with intense fear or anxiety. Do you have (or have you ever had) a strong fear of any of the following things:	
4			
5			
6			
7	Q119_1	Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)	No .....1 Yes .....2
8			
9			
10	Q119_2	Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?	No .....1 Yes .....2
11			
12			
13			
14	Q119_3	Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?	No .....1 Yes .....2
15			
16			
17	Q119_4	Blood, injections or injury (e.g. blood, needles, medical procedures?)	No .....1 Yes .....2
18			
19			

\*\*\*\*\*  
 IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
 THEN CONTINUE, ELSE GO TO Q127  
 \*\*\*\*\*

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Q120 Please think about these situations that you fear (or feared):

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29	Q121	How often do (or did) these situations cause immediate fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
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\*\*\*\*\*  
 IF ALWAYS OR ALMOST ALWAYS (Q121 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q127  
 \*\*\*\*\*

40	Q127	Do you have (or have you ever had) a strong fear of, or are (were) you extremely anxious about, any of the following situations?	
41			
42			
43			
44	Q127_1	Being in social situations (e.g. talking with and meeting unfamiliar people)	No .....1 Yes .....2
45			
46			
47	Q127_2	Being observed (e.g. eating or drinking while others are watching, talking in front of others)	No .....1 Yes .....2
48			
49			

\*\*\*\*\*  
 IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) THEN CONTINUE  
 ELSE GO TO Q137  
 \*\*\*\*\*

56	Q128	Are (or were) you worried about what other people will think in these social situations?	No .....1 Yes .....2
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Q129	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
------	---	---

Q137 This is a list of situations which some people actively avoid, need a companion with them for, or endure with intense fear or anxiety. Do you have (or have you ever had) a strong fear of any of the following situations?

Q137_1	Using public transportation (e.g. cars, buses, trains, ships, planes)	No .....1 Yes .....2
Q137_2	Being in open spaces (e.g. parking lots, marketplaces, bridges)	No .....1 Yes .....2
Q137_3	Being in enclosed spaces (e.g. shops, theatres, cinemas)	No .....1 Yes .....2
Q137_4	Standing in line or being in a crowd	No .....1 Yes .....2
Q137_5	Being outside of the home alone	No .....1 Yes .....2

\*\*\*\*\*  
 IF EVER HAD ANY OF THESE  
 (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
 THEN CONTINUE ELSE GO TO Q147  
 \*\*\*\*\*

Q138 Please think about these situations that you fear (or feared):

Q139	How often do (or did) these situations cause fear or anxiety for you?	Always .....1 Almost always .....2 Some of the time .....3 Only one or two times ever .....4 Never .....5
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1  
2  
3 Q147 Have you ever had a sudden, unexpected surge of intense  
4 fear or intense discomfort (panic attack) during which you  
5 experienced some of the following symptoms? (Please select  
6 all symptoms that occurred at the same time)

7 Q147\_1 Your heart was pounding or racing Yes .....1  
8 Q147\_2 You were sweating Yes .....1  
9 Q147\_3 You were trembling or shaking Yes .....1  
10 Q147\_4 You felt short of breath, or like you were being smothered Yes .....1  
11 Q147\_5 You felt like you were choking Yes .....1  
12 Q147\_6 You had pain or discomfort in your chest Yes .....1  
13 Q147\_7 You were nauseous or felt sick in the stomach Yes .....1  
14 Q147\_8 You felt dizzy, unsteady, light-headed or faint Yes .....1  
15 Q147\_9 You felt hot or cold Yes .....1  
16 Q147\_10 You felt numbness or tingling sensations Yes .....1  
17 Q147\_11 It felt like things weren't real, or you felt detached from  
18 yourself Yes .....1  
19 Q147\_12 You were afraid you were going to lose control or "go crazy" Yes .....1  
20 Q147\_13 You were afraid you were going to die Yes .....1  
21 Q147\_14 No, I have never had this happen to me Yes .....1

22  
23  
24 Q156 How tall are you? (Please enter centimetres or feet and inches,  
25 not both)

26  
27 Q156\_1\_n Height (feet component) \_\_\_\_\_ FEET  
28 Q156\_2\_n Height (inches component) \_\_\_\_\_ INCHES  
29 Q156\_3\_n Height (centimetres) \_\_\_\_\_ CENTIMETRES

30  
31  
32 Q157 How much do you weigh now (in kilograms)? If you are \_\_\_\_\_ KILOGRAMS  
33 pregnant, what did you weigh before you were pregnant?

34  
35  
36 Q160 What is your highest level of education? No formal education .....1  
37 Completed or partially  
38 completed primary school  
39 (years 1-7) .....2  
40 Completed or partially  
41 completed junior secondary  
42 school (years 8-10) .....3  
43 Completed or partially  
44 completed senior secondary  
45 school (years 11-12) .....4  
46 Completed or partially  
47 completed certificate or diploma .....5  
48 Completed or partially  
49 completed a degree .....6  
50 Completed or partially  
51 completed a Post Graduate  
52 Diploma, Masters degree,  
53 Doctorate or PhD .....7  
54 Don't know .....8

55  
56 Q460 Thinking about what you know of your family history, which of  
57 the following best describes the geographic regions where your  
58 ancestors (i.e. your great-great-grandparents) come from? You  
59 may select as many choices as you need.  
60

1			
2	Q460_1	England, Ireland, Scotland or Wales	Yes.....1
3	Q460_2	Australia - not of Aboriginal or Torres Strait Islander descent	Yes.....1
4	Q460_3	Australia - of Aboriginal or Torres Strait Islander descent	Yes.....1
5	Q460_4	New Zealand - not of Maori descent	Yes.....1
6	Q460_5	New Zealand - of Maori descent	Yes.....1
7	Q460_5	Northern Europe including Sweden, Norway, Finland	
8		and surrounding countries	Yes.....1
9	Q460_7	Western Europe including France, Germany, the Netherlands	
10		and surrounding countries	Yes.....1
11	Q460_8	Southern Europe including Italy, Greece, Spain, Portugal	
12		and surrounding countries	Yes.....1
13	Q460_9	Eastern Europe including Russia, Poland, Hungary	
14		and surrounding countries	Yes.....1
15	Q460_10	Middle East including Lebanon, Turkey	
16		and surrounding countries	Yes.....1
17	Q460_11	Eastern Asia including China, Japn, South Korea,	
18		North Korea, Taiwan and Hong Kong	Yes.....1
19	Q460_12	South-East Asia including Thailand, Malaysia, Indonesia,	
20		Singapore and surrounding countries	Yes.....1
21	Q460_13	South Asia including India, Pakistan, Sri Lanka	
22		and surrounding countries	Yes.....1
23	Q460_14	Polynesia, Micronesia or Melanesia including Tonga,	
24		Fiji, Papua New Guinea and surrounding countries	Yes.....1
25	Q460_15	Africa	Yes.....1
26	Q460_16	North America - not of First Nations, Native American,	
27		Inuit or Métis descent	Yes.....1
28	Q460_17	North America - of First Nations, Native American,	
29		Inuit or Métis descent	Yes.....1
30	Q460_18	Caribbean, Central or South America	Yes.....1
31	Q460_19	Don't know	Yes.....1
32	Q460_20	Other	Yes.....1
33	Q460_20_TEXT	Specify	.....1
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**Module 1b – Anxiety Disorders**

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IF Q103= 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q463

\*\*\*\*\*

Q462 You mentioned earlier in the questionnaire that you have had at least one period lasting one month or longer when most of the time you felt worried, tense or anxious.

\*\*\*\*\*

GO TO Q105\_n

\*\*\*\*\*

\*\*\*\*\*

IF Q103= 1 AND Q104 = 2 AND Q103 = EITHER (2, 3, 4, or 5) CONTINUE.  
OTHERWISE GO TO Q464 SKIP BOX

\*\*\*\*\*

Q463 You mentioned earlier that you have had a time when you worried a lot more than most people would in your situation.

Q105\_n How old were you when this kind of worrying started? \_\_\_/\_\_\_ YEARS  
*Please put your age in years. An approximate age is fine.*

Q106\_n How old were you when you most recently experienced this kind of worrying? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q108 Please think of the period in your life when you have felt the most worried, tense, or anxious. This could be in the past, or it could be continuing now.

Q109 During that period, do you think you worried much more than other people would? No .....1  
Yes .....2

Q110 Did you worry most days? No .....1  
Yes .....2

Q111 Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing? One thing .....1  
More than one thing .....2

Q112 Did you find it difficult to stop worrying? No .....1  
Yes .....2

Q113 Did you ever have different worries on your mind at the same time? No .....1  
Yes .....2

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**Q114** How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried? Often .....1  
Sometimes .....2  
Rarely .....3  
Never .....4

**Q115** How often did you find it difficult to control your worry? Often .....1  
Sometimes .....2  
Rarely .....3  
Never .....4

**Q116** When you were worried or anxious, were you also:

**Q116\_1** Restless? No .....1  
Yes .....2

**Q116\_2** Keyed up or on edge? No .....1  
Yes .....2

**Q116\_3** Easily tired? No .....1  
Yes .....2

**Q116\_4** Having difficulty keeping your mind on what you were doing? No .....1  
Yes .....2

**Q116\_5** More irritable than usual? No .....1  
Yes .....2

**Q116\_6** Having tense, sore, or aching muscles? No .....1  
Yes .....2

**Q116\_7** Often having trouble falling or staying asleep? No .....1  
Yes .....2

**Q117** Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counsellor, nurse, clergy, or other helping professional)? No .....1  
Yes .....2

**Q118** How much did the worry or anxiety interfere with your life or activities? A lot .....1  
Some .....2  
A little .....3  
Not at all .....4

\*\*\*\*\*  
IF EVER HAD ANY OF THESE (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2) AND ALWAYS OR ALMOST ALWAYS (Q121 = 1 OR 2) THEN CONTINUE.  
ELSE GO TO Q465.  
\*\*\*\*\*

\*\*\*\*\*  
ITEMS DISPLAYED ONLY WHEN ENDORSED (Q119\_1, Q119\_2, Q119\_3 OR Q119\_4 = 2)  
\*\*\*\*\*

**Q464** You mentioned earlier in the questionnaire that you have (or have had) a strong fear of the following:

Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)  
 Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?  
 Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?  
 Blood, injections or injury (e.g. blood, needles, medical procedures?)

Q122\_n How old were you when these fears started? \_\_\_/\_\_\_ YEARS  
 Please put your age in years. An approximate age is fine.

Q123\_n How old were you when you most recently experienced these fears? Please put your age in years. An approximate age is fine. \_\_\_/\_\_\_ YEARS

Q124 How long was the longest time any of these fears lasted? Less than 6 months .....1  
 Between 6 and 12 months .....2  
 Between 1 and 5 years .....3  
 More than 5 years .....4  
 All my life / As long as I can remember .....5

Q125 How much have any of these fears ever interfered with your life or activities? A lot .....1  
 Some .....2  
 A little .....3  
 Not at all .....4

Q126 Are (or were) any of these fears out of proportion to the actual danger involved? No .....1  
 Yes.....2

\*\*\*\*\*  
 IF EVER HAD EITHER (Q127\_1 OR Q127\_2 = 2) AND  
 IF ALWAYS OR ALMOST ALWAYS (Q129 = 1 OR 2) THEN CONTINUE  
 ELSE GO TO Q466.  
 \*\*\*\*\*

\*\*\*\*\*  
 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q127\_1 OR Q127\_2 = 2)  
 \*\*\*\*\*

Q465 You mentioned earlier in the questionnaire that you have had a strong fear of, or have been extremely anxious about, the following situations (either now or in the past):  
 Being in social situations (e.g. talking with and meeting unfamiliar people)  
 Being observed (e.g. eating or drinking while others are watching, talking in front of others)

Q130 Do you (or did you) ...  
 Q130\_1 ... avoid social situations? No .....1  
 Yes .....2  
 Q130\_2 ... endure them with intense anxiety? No .....1  
 Yes .....2

1  
2  
3 Q131 Is (or was) your fear or anxiety in social situations out of No .....1  
4 proportion to the actual threat posed by the situations? Yes .....2

5  
6  
7 Q132\_n How old were you when these fears or anxieties about \_\_\_\_/\_\_\_\_ YEARS  
8 social situations started? Please put your age in years.  
9 An approximate age is fine.

10  
11  
12 Q133\_n How old were you when you most recently experienced these \_\_\_\_/\_\_\_\_ YEARS  
13 fears or anxieties about social situations? Please put your age  
14 in years. An approximate age is fine.

15  
16  
17 Q134 How long was the longest time these fears or anxieties Less than 6 months .....1  
18 about social situations lasted? Between 6 and 12 months .....2  
19 More than 1 and 5 years .....3  
20 More than 5 years .....4  
21 All my life / As long as I can  
22 remember .....5

23  
24  
25 Q135 How much does (or did) your fear, anxiety or avoidance of A lot .....1  
26 social situations upset or bother you? Some .....2  
27 A little .....3  
28 Not at all .....4

29  
30  
31 Q136 How much does (or did) your fear, anxiety or avoidance of A lot .....1  
32 social situations interfere with your ability to do your job, Some .....2  
33 have a social life, or interfere with any other important area A little .....3  
34 of your life? Not at all .....4

35  
36 \*\*\*\*\*

37 IF EVER HAD ANY OF THESE  
38 (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2) AND  
39 IF ALWAYS OR ALMOST ALWAYS (Q139 = 1 OR 2) THEN CONTINUE.  
40 ELSE GO TO Q467.

41 \*\*\*\*\*

42 \*\*\*\*\*  
43 ITEMS DISPLAYED ONLY WHEN ENDORSED (Q137\_1, Q137\_2, Q137\_3, Q137\_4 OR Q137\_5 = 2)  
44 \*\*\*\*\*

45  
46 Q465 Earlier in the questionnaire, you mentioned that you have (or have previously had) a strong fear of  
47 the following:

48 Using public transportation (e.g. cars, buses, trains, ships, planes)  
49 Being in open spaces (e.g. parking lots, marketplaces, bridges)  
50 Being in enclosed spaces (e.g. shops, theatres, cinemas)  
51 Standing in line or being in a crowd  
52 Being outside of the home alone  
53

54  
55  
56  
57 Q140 In one or more of these situations, are (were) you ever No .....1  
58 afraid that you might faint, lose control, or embarrass Yes .....2  
59 yourself in other ways?  
60

\*\*\*\*\*

IF YES (Q140 = 2) THEN CONTINUE, ELSE GO TO Q143

\*\*\*\*\*

Q141	Are (were) you afraid that escape might be difficult if that happened?	No .....1 Yes .....2
Q142	Are (were) you afraid that help might not be available if you needed it?	No .....1 Yes .....2
Q143_n	How old were you when these fears started? Please put your age in years. An approximate age is fine.	___/___ YEARS
Q144_n	How old were you when you most recently experienced any of these fears? Please put your age in years. An approximate age is fine.	___/___ YEARS
Q145	How long was the longest time any of these fears lasted?	Less than 6 months .....1 Between 6 and 12 months .....2 Between 1 and 5 years .....3 More than 5 years .....4 All my life / As long as I can remember .....5
Q146	How much have any of these fears ever interfered with your life or activities?	A lot .....1 Some .....2 A little .....3 Not at all .....4

\*\*\*\*\*  
IF LESS THAN 4 SYMPTOMS (Q147\_1 TO Q147\_13) GO TO MODULE 2,  
ELSE CONTINUE.

\*\*\*\*\*  
\*\*\*\*\*  
ITEMS DISPLAYED ONLY WHEN ENDORSED (Q147\_1 TO Q147\_13)  
\*\*\*\*\*

Q467 You mentioned earlier in the questionnaire that you have previously had at least one panic attack (a sudden, unexpected surge of intense fear or intense discomfort). You said that your symptoms included:

- Your heart was pounding or racing
- You were sweating
- You were trembling or shaking
- You felt short of breath, or like you were being smothered
- You felt like you were choking
- You had pain or discomfort in your chest
- You were nauseous or felt sick in the stomach
- You felt dizzy, unsteady, light-headed or faint
- You felt hot or cold
- You felt numbness or tingling sensations
- It felt like things weren't real, or you felt detached from yourself
- You were afraid you were going to lose control or "go crazy"
- You were afraid you were going to die

1 Q148 How many such attacks of fear or panic would you say that you have had \_\_\_\_\_ ATTACKS  
 2 over the course of your lifetime?  
 3

---

4  
 5 Q149 After any of your attacks of fear or panic, did you ever ...

6  
 7 Q149\_1 ... feel anxious, worried or nervous about having more panic attacks? No .....1  
 8 Yes .....2

9  
 10 Q149\_2 ... feel worried about losing control, having a heart attack, No .....1  
 11 going crazy, or other bad things happening because of panic attacks? Yes .....2  
 12

13  
 14 Q149\_3 ... avoid situations in which panic attacks might occur? No .....1  
 15 Yes .....2  
 16

17 \*\*\*\*\*  
 18 IF EVER ANY OF THESE (Q149\_1, Q149\_2 OR Q149\_3 = 2) THEN CONTINUE.  
 19 ELSE GO TO Q151  
 20 \*\*\*\*\*

---

21  
 22  
 23 Q150 How long did you continue to worry about panic attacks Less than 1 month .....1  
 24 or their consequences, or avoid situations in which panic Between 1 and 6 months .....2  
 25 attacks might occur? Between 6 and 12 months .....3  
 26 More than 12 months .....4  
 27

---

28  
 29 Q151 Were these attacks or sudden periods of physical discomfort No, never .....1  
 30 ever the result of a medical condition (e.g. a heart attack) or Yes, some of them .....2  
 31 from using medication, drugs or alcohol? Yes, all of them .....3  
 32

---

33  
 34 Q152 We already asked about specific situations that cause strong No .....1  
 35 fears (heights, elevators, snakes etc). When you have sudden Yes .....2  
 36 anxiety attacks, do they usually occur in specific situations  
 37 that cause you strong fear?  
 38

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39  
 40 Q153 Did you ever have an attack when you were not in a situation No .....1  
 41 that usually causes you to have strong fears? Yes .....2  
 42

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43  
 44 Q154\_n How old were you the first time you had one of these sudden \_\_\_\_\_ YEARS  
 45 attacks of feeling frightened, anxious or panicky?  
 46

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47  
 48 Q155\_n How old were you the last time you had one of these sudden \_\_\_\_\_ YEARS  
 49 attacks of feeling frightened, anxious or panicky?  
 50

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**Module 12 – General and Physical Health**

Q30 On a scale from 1 to 5 where 1 star is very poor and 5 stars is excellent, how would you rate your current overall physical health and mental health?

Q30\_1 Physical health \_\_ STARS

Q30\_2 Mental health \_\_ STARS

Q31 Over the past few weeks have you been troubled by....

Q31\_1 Feeling nervous or tense? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_2 Feeling unhappy and depressed? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_3 Feeling constantly under strain? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_4 Everything getting on top of you? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_5 Losing confidence? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_6 Being unable to overcome difficulties? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_7 Muscle pain after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_8 Needing to sleep longer? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_9 Prolonged tiredness after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_10 Poor sleep? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_11 Poor concentration? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

Q31\_12 Tired muscles after activity? Never or some of the time .....1  
A good part of the time .....2  
Most of the time .....3

1			
2			
3	Q32	In the past four weeks, about how often did you feel...	
4	Q32_1	Tired out for no good reason?	None of the time .....1
5			A little of the time .....2
6			Some of the time .....3
7			Most of the time .....4
8			All of the time .....5
9			
10	Q32_2	Nervous?	None of the time .....1
11			A little of the time .....2
12			Some of the time .....3
13			Most of the time .....4
14			All of the time .....5
15			
16	Q32_3	So nervous that nothing could calm you down?	None of the time .....1
17			A little of the time .....2
18			Some of the time .....3
19			Most of the time .....4
20			All of the time .....5
21			
22	Q32_4	Hopeless?	None of the time .....1
23			A little of the time .....2
24			Some of the time .....3
25			Most of the time .....4
26			All of the time .....5
27			
28	Q32_5	Restless or fidgety?	None of the time .....1
29			A little of the time .....2
30			Some of the time .....3
31			Most of the time .....4
32			All of the time .....5
33			
34	Q32_6	So restless you could not sit still?	None of the time .....1
35			A little of the time .....2
36			Some of the time .....3
37			Most of the time .....4
38			All of the time .....5
39			
40	Q32_7	Depressed?	None of the time .....1
41			A little of the time .....2
42			Some of the time .....3
43			Most of the time .....4
44			All of the time .....5
45			
46	Q32_8	That everything was an effort?	None of the time .....1
47			A little of the time .....2
48			Some of the time .....3
49			Most of the time .....4
50			All of the time .....5
51			
52	Q32_9	So sad that nothing could cheer you up?	None of the time .....1
53			A little of the time .....2
54			Some of the time .....3
55			Most of the time .....4
56			All of the time .....5
57			
58	Q32_10	Worthless?	None of the time .....1
59			A little of the time .....2
60			Some of the time .....3
			Most of the time .....4
			All of the time .....5

1 Q33 Over the past four weeks, how many days in total were you \_\_\_/\_\_\_ DAYS  
2 unable to carry out your usual daily activities fully? Don't know .....99  
3  
4

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5 Q34 Over the past four weeks, how many days in total did you \_\_\_/\_\_\_ DAYS  
6 stay in bed all or most of the day because of illness or injury? Don't know .....99  
7  
8

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9 Q461 Great work! You have finished this part of the questionnaire!  
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For peer review only

## Module 2 – Alcohol, tobacco and other substances

Q165	In your life, have you ever...	
Q165_1	Consumed alcoholic beverages (beer, wine or spirits)?	No .....1 Yes .....2
Q165_2	Used tobacco products (cigarettes, chewing tobacco, or cigars)?	No .....1 Yes .....2
Q165_3	Used cannabis (marijuana)?	No .....1 Yes .....2

\*\*\*\*\*  
 IF EVER USED TOBACCO (Q165\_2 = 2) CONTINUE, ELSE GO TO Q168  
 \*\*\*\*\*

Q166	Have you smoked at least 100 cigarettes in your entire life?	No .....1 Yes .....2
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\*\*\*\*\*  
 IF 100 CIGARETTES OR MORE IN LIFETIME (Q166 = 2) GO TO Q168  
 ELSE CONTINUE  
 \*\*\*\*\*

Q167	Have you smoked pipes, cigars, or other tobacco products at least 20 times in your entire life?	No .....1 Yes .....2
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Q168	E-cigarettes (also called electronic cigarettes) are battery-operated devices that heat a liquid to produce a vapour that users inhale. "Smoking" an e-cigarette mimics the act of smoking, and is often called "vaping". Have you ever used an e-cigarette?	No .....1 Yes .....2
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\*\*\*\*\*  
 IF NEVER USED E-CIGARETTE (Q168 = 1) GO TO Q171, ELSE CONTINUE  
 \*\*\*\*\*

Q169	Some liquids for use in e-cigarettes contain nicotine, while others don't. Have you used an e-cigarette with a liquid that contained nicotine?	No .....1 Yes .....2 Don't know .....3
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Q170	How many times in your life have you used an e-cigarette?	Fewer than 5 times .....1 Between 5 and 9 times .....2 Between 10 and 19 times .....3 Between 20 and 99 times .....4 100 times or more .....5
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\*\*\*\*\*  
 IF EVER USED CANNABIS (Q165\_3 = 2) CONTINUE, ELSE GO TO Q172  
 \*\*\*\*\*

1 2 3 4 5 6 7	Q171	How many times in your life have you used cannabis (marijuana)?	Fewer than 5 times .....1 Between 5 and 9 times .....2 Between 10 and 19 times .....3 20 times or more .....4
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Q172 In your life, which of the following substances have you ever used? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.

13 14 15	Q172_1	Cocaine	No .....1 Yes .....2
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16 17 18	Q172_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
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19 20 21	Q172_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
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22 23 24	Q172_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
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25 26 27	Q172_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
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28 29 30	Q172_6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
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31 32 33	Q172_7	Ecstasy (E, MDMA)	No .....1 Yes .....2
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34 35 36	Q172_8	Ketamine (Special K)	No .....1 Yes .....2
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37 38 39	Q172_9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
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40 41 42	Q172_10	Other party drugs	No .....1 Yes .....2
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43 44 45	Q172_11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
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46 47 48	Q172_12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
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49 50 51	Q172_13	Other (specify):	No .....1 Yes .....2
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52  
53

Q172\_13\_TEXT Specified other substance \_\_\_\_\_

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\*\*\*\*\*  
FOR EACH SUBSTANCE SELECTED AT Q172, COMPLETE Q173  
IF NO SUBSTANCE SELECTED AT Q172, GO TO Q175  
\*\*\*\*\*

1			
2	Q173	In your life, which of the following substances have you used	
3		10 or more times? Non-medical use only: do not include items	
4		that were taken in the quantities and manner prescribed by a	
5		medical professional.	
6	Q173_1	Cocaine	No .....1
7			Yes .....2
8			
9	Q173_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
10			Yes .....2
11			
12	Q173_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
13			Yes .....2
14			
15	Q173_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
16			Yes .....2
17			
18	Q173_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
19			Yes .....2
20			
21	Q173_6	Opioids (e.g. heroin, morphine, methadone)	No .....1
22			Yes .....2
23			
24	Q173_7	Ecstasy (E, MDMA)	No .....1
25			Yes .....2
26			
27	Q173_8	Ketamine (Special K)	No .....1
28			Yes .....2
29			
30	Q173_9	GHB (liquid e, Fantasy)	No .....1
31			Yes .....2
32			
33	Q173_10	Other party drugs	No .....1
34			Yes .....2
35			
36	Q173_11	Over-the-counter or prescription pain killers and analgesics	No .....1
37		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
38		hydrocodone)	
39	Q173_12	Over-the-counter or prescription stimulants (e.g. No-doz,	No .....1
40		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Yes .....2
41			
42	Q173_13	Other	No .....1
43			Yes .....2
44			

\*\*\*\*\*

IF EVER CONSUMED ALCOHOL (Q165\_1 = 2),  
 COMPLETE Q174 FOR EACH SUBSTANCE SELECTED AT Q172  
 ELSE GO TO Q175

\*\*\*\*\*

1	Q174	In your life, which of the following substances have you ever used while drinking alcohol?	
2			
3			
4	Q174_x1	Cocaine	No .....1
5			Yes .....2
6			
7	Q174_x2	Amphetamine type stimulants (e.g. ice, speed)	No .....1
8			Yes .....2
9			
10	Q174_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
11			Yes .....2
12			
13	Q174_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
14			Yes .....2
15			
16	Q174_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
17			Yes .....2
18			
19	Q174_x6	Opioids (e.g. heroin, morphine, methadone)	No .....1
20			Yes .....2
21			
22	Q174_x7	Ecstasy (E, MDMA)	No .....1
23			Yes .....2
24			
25	Q174_x8	Ketamine (Special K)	No .....1
26			Yes .....2
27			
28	Q174_x9	GHB (liquid e, Fantasy)	No .....1
29			Yes .....2
30			
31	Q174_x10	Other party drugs	No .....1
32			Yes .....2
33			
34	Q174_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
35			Yes .....2
36			
37	Q174_x12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
38			Yes .....2
39			
40	Q174_x13	Other	No .....1
41			Yes .....2
42			

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q175  
 IF NO SUBSTANCES SELECTED AT ANY OF Q165, Q168 OR Q172,  
 GO TO Q201  
 \*\*\*\*\*

1	Q175	At what age did you first use these substances? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5	Q175_1	Alcohol (beer, wine, spirits)	___/___ YEARS
6			
7	Q175_2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	___/___ YEARS
8			
9	Q175_3	E-cigarettes	___/___ YEARS
10			
11	Q175_4	Cannabis (marijuana)	___/___ YEARS
12			
13	Q175_x1	Cocaine	___/___ YEARS
14			
15	Q175_x2	Amphetamine-type stimulants (e.g. ice, speed)	___/___ YEARS
16			
17	Q175_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	___/___ YEARS
18			
19	Q175_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	___/___ YEARS
20			
21	Q175_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	___/___ YEARS
22			
23	Q175_x6	Opioids (e.g. heroin, morphine, methadone)	___/___ YEARS
24			
25	Q175_x7	Ecstasy (E, MDMA)	___/___ YEARS
26			
27	Q175_x8	Ketamine (Special K)	___/___ YEARS
28			
29	Q175_x9	GHB (liquid e, Fantasy)	___/___ YEARS
30			
31	Q175_x10	Other party drugs	___/___ YEARS
32			
33	Q175_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	___/___ YEARS
34			
35	Q175_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	___/___ YEARS
36			
37			
38	Q175_x13	Other	___/___ YEARS

\*\*\*\*\*  
 IF NEVER CONSUMED ALCOHOL (Q165\_1 = 1) GO TO Q182  
 ELSE CONTINUE  
 \*\*\*\*\*

Q176 Please refer to the following standard drink guides for the next two questions.

Q177





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Q178



Q179



Q180 In the past three months, how many times have you had three or more standard drinks in a day? \_\_\_/\_\_\_ TIMES

Q181 In the past three months, how many times have you had five or more standard drinks in a day? \_\_\_/\_\_\_ TIMES

\*\*\*\*\*  
FOR EACH SUBSTANCE SELECTED AT Q165B, Q165D, Q168 AND Q172,  
COMPLETE Q182  
IF NO SUBSTANCES SELECTED AT ANY OF Q165B, Q165D, Q168 OR Q172,  
GO TO Q183  
\*\*\*\*\*

1			
2	Q182	In the past three months, how often have you used these	
3		substances? Non-medical use only: do not include items that	
4		were taken in the quantities and manner prescribed by a	
5		medical professional.	
6	Q182_1	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Never .....1
7			Once or twice .....2
8			Monthly .....3
9			Weekly .....4
10			Daily or almost daily .....5
11			
12	Q182_2	E-cigarettes	Never .....1
13			Once or twice .....2
14			Monthly .....3
15			Weekly .....4
16			Daily or almost daily .....5
17			
18	Q182_3	Cannabis (marijuana)	Never .....1
19			Once or twice .....2
20			Monthly .....3
21			Weekly .....4
22			Daily or almost daily .....5
23			
24	Q182_x1	Cocaine	Never .....1
25			Once or twice .....2
26			Monthly .....3
27			Weekly .....4
28			Daily or almost daily .....5
29			
30	Q182_x2	Amphetamine-type stimulants (e.g. ice, speed)	Never .....1
31			Once or twice .....2
32			Monthly .....3
33			Weekly .....4
34			Daily or almost daily .....5
35			
36	Q182_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Never .....1
37			Once or twice .....2
38			Monthly .....3
39			Weekly .....4
40			Daily or almost daily .....5
41			
42	Q182_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Never .....1
43			Once or twice .....2
44			Monthly .....3
45			Weekly .....4
46			Daily or almost daily .....5
47			
48	Q182_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Never .....1
49			Once or twice .....2
50			Monthly .....3
51			Weekly .....4
52			Daily or almost daily .....5
53			
54	Q182_x6	Opioids (e.g. heroin, morphine, methadone)	Never .....1
55			Once or twice .....2
56			Monthly .....3
57			Weekly .....4
58			Daily or almost daily .....5
59			
60	Q182_x7	Ecstasy (E, MDMA)	Never .....1
			Once or twice .....2
			Monthly .....3
			Weekly .....4

		Daily or almost daily .....5
1		
2		
3		
4	Q182_x8	Ketamine (Special K)
5		Never .....1
6		Once or twice .....2
7		Monthly .....3
8		Weekly .....4
9		Daily or almost daily .....5
10	Q182_x9	GHB (liquid e, Fantasy)
11		Never .....1
12		Once or twice .....2
13		Monthly .....3
14		Weekly .....4
15		Daily or almost daily .....5
16	Q182_x10	Other party drugs
17		Never .....1
18		Once or twice .....2
19		Monthly .....3
20		Weekly .....4
21		Daily or almost daily .....5
22	Q182_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)
23		Never .....1
24		Once or twice .....2
25		Monthly .....3
26		Weekly .....4
27		Daily or almost daily .....5
28	Q182_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)
29		Never .....1
30		Once or twice .....2
31		Monthly .....3
32		Weekly .....4
33		Daily or almost daily .....5
34	Q182_x13	Other
35		Never .....1
36		Once or twice .....2
37		Monthly .....3
38		Weekly .....4
39		Daily or almost daily .....5

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\*\*\*\*\*  
 FOR EACH SUBSTANCE SELECTED AT Q165, Q168 AND Q172,  
 COMPLETE Q183 TO Q200  
 ELSE GO TO Q201  
 \*\*\*\*\*

1	Q183	During the period that you used each of these substances the most, how often did you use it? Non-medical use only: do not include items that were taken in the quantities and manner prescribed by a medical professional.	
2			
3			
4			
5			
6	Q183_x1	Alcohol (beer, wine, spirits)	Once or twice .....1
7			Monthly .....2
8			Weekly .....3
9			Daily or almost daily .....4
10			
11	Q183_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Once or twice .....1
12			Monthly .....2
13			Weekly .....3
14			Daily or almost daily .....4
15			
16	Q183_x3	E-cigarettes	Once or twice .....1
17			Monthly .....2
18			Weekly .....3
19			Daily or almost daily .....4
20			
21	Q183_x4	Cannabis (marijuana)	Once or twice .....1
22			Monthly .....2
23			Weekly .....3
24			Daily or almost daily .....4
25			
26	Q183_xx1	Cocaine	Once or twice .....1
27			Monthly .....2
28			Weekly .....3
29			Daily or almost daily .....4
30			
31	Q183_xx2	Amphetamine-type stimulants (e.g. ice, speed)	Once or twice .....1
32			Monthly .....2
33			Weekly .....3
34			Daily or almost daily .....4
35			
36	Q183_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Once or twice .....1
37			Monthly .....2
38			Weekly .....3
39			Daily or almost daily .....4
40			
41	Q183_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Once or twice .....1
42			Monthly .....2
43			Weekly .....3
44			Daily or almost daily .....4
45			
46	Q183_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Once or twice .....1
47			Monthly .....2
48			Weekly .....3
49			Daily or almost daily .....4
50			
51	Q183_xx6	Opioids (e.g. heroin, morphine, methadone)	Once or twice .....1
52			Monthly .....2
53			Weekly .....3
54			Daily or almost daily .....4
55			
56	Q183_xx7	Ecstasy (E, MDMA)	Once or twice .....1
57			Monthly .....2
58			Weekly .....3
59			Daily or almost daily .....4
60			
	Q183_xx8	Ketamine (Special K)	Once or twice .....1
			Monthly .....2
			Weekly .....3

1			Daily or almost daily .....4
2			
3			
4	Q183_xx9	GHB (liquid e, Fantasy)	Once or twice .....1
5			Monthly .....2
6			Weekly .....3
7			Daily or almost daily .....4
8			
9	Q183_xx10	Other party drugs	Once or twice .....1
10			Monthly .....2
11			Weekly .....3
12			Daily or almost daily .....4
13	Q183_xx11	Over-the-counter or prescription pain killers and analgesics	Once or twice .....1
14		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Monthly .....2
15		hydrocodone)	Weekly .....3
16			Daily or almost daily .....4
17			
18	Q183_xx12	Over-the-counter or prescription stimulants (e.g. No-doz,	Once or twice .....1
19		pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Monthly .....2
20			Weekly .....3
21			Daily or almost daily .....4
22			
23	Q183_xx13	Other	Once or twice .....1
24			Monthly .....2
25			Weekly .....3
26			Daily or almost daily .....4

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1			
2	Q184	The following questions will ask you about experiences you	
3		may have had while using alcohol, tobacco or other substances	
4		for non-medical purposes. For each of the following questions,	
5		think about the 12-month period in your life when you used	
6		each substance the most. This may have been at different times	
7		for different substances.	
8		Did you often use a lot more of any of these substances than	
9		you intended to?	
10			
11	Q184_x1	Alcohol (beer, wine, spirits)	No .....1
12			Yes .....2
13			
14	Q184_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
15			Yes .....2
16			
17	Q184_x3	E-cigarettes	No .....1
18			Yes .....2
19			
20	Q184_x4	Cannabis (marijuana)	No .....1
21			Yes .....2
22			
23	Q184_xx1	Cocaine	No .....1
24			Yes .....2
25			
26	Q184_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
27			Yes .....2
28			
29	Q184_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes .....2
31			
32	Q184_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
33			Yes .....2
34			
35	Q184_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
36			Yes .....2
37			
38	Q184_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
39			Yes .....2
40			
41	Q184_xx7	Ecstasy (E, MDMA)	No .....1
42			Yes .....2
43			
44	Q184_xx8	Ketamine (Special K)	No .....1
45			Yes .....2
46			
47	Q184_xx9	GHB (liquid e, Fantasy)	No .....1
48			Yes .....2
49			
50	Q184_xx10	Other party drugs	No .....1
51			Yes .....2
52			
53	Q184_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1
54		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
55		hydrocodone)	
56			
57	Q184_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
58			Yes .....2
59			
60	Q184_xx13	Other	No .....1
			Yes .....2

1	Q185	Did you often use any of these substances over a longer period of time than you intended to?	
2			
3			
4	Q185_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q185_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q185_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q185_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q185_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q185_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q185_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q185_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q185_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q185_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q185_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q185_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q185_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q185_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q185_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q185_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q185_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
58			
59			
60			

1	Q186	Did you keep wanting to cut down or control your use of any of these substances?	
2			
3			
4	Q186_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q186_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q186_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q186_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q186_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q186_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q186_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q186_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q186_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q186_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q186_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q186_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q186_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q186_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q186_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q186_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q186_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
58			
59			
60			



1	Q187	Did you try to cut down or control your use of any of these substances and find that you couldn't?	
2			
3			
4	Q187_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q187_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q187_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q187_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q187_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q187_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q187_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q187_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q187_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q187_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q187_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q187_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q187_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q187_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q187_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
47			
48	Q187_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
49			
50			
51	Q187_xx13	Other	No .....1 Yes .....2
52			
53	<hr/>		
54			
55			
56			
57			
58			
59			
60			

1	Q188	Did you spend a lot of time obtaining or using any of these substances, or recovering from their effects?	
2			
3			
4	Q188_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q188_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q188_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q188_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q188_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q188_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q188_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q188_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q188_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q188_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q188_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q188_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q188_xx9	Q188M GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q188_xx10	Q188N Other party drugs	No .....1
44			Yes .....2
45			
46	Q188_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q188_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q188_xx13	Other	No .....1
53			Yes .....2
54			
55			
56			
57			
58			
59			
60			

1	Q189	In between those times when you were using any of these substances, did you have a strong desire or urge to use any of them?	
2			
3			
4			
5	Q189_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q189_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q189_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q189_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q189_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q189_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q189_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q189_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q189_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q189_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q189_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q189_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q189_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q189_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q189_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q189_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q189_xx13	Other	No .....1
54			Yes .....2
55	<hr/>		
56			
57			
58			
59			
60			

1			
2	Q190	Did you ever fail to do what was normally expected of you	
3		(at work, school or home) because of your use of any of	
4		these substances?	
5	Q190_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, once or twice .....2
7			Yes, 3 times or more .....3
8			
9	Q190_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, once or twice .....2
11			Yes, 3 times or more .....3
12			
13	Q190_x3	E-cigarettes	No .....1
14			Yes, once or twice .....2
15			Yes, 3 times or more .....3
16			
17	Q190_x4	Cannabis (marijuana)	No .....1
18			Yes, once or twice .....2
19			Yes, 3 times or more .....3
20			
21	Q190_xx1	Cocaine	No .....1
22			Yes, once or twice .....2
23			Yes, 3 times or more .....3
24			
25	Q190_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, once or twice .....2
27			Yes, 3 times or more .....3
28			
29	Q190_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, once or twice .....2
31			Yes, 3 times or more .....3
32			
33	Q190_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, once or twice .....2
35			Yes, 3 times or more .....3
36			
37	Q190_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, once or twice .....2
39			Yes, 3 times or more .....3
40			
41	Q190_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, once or twice .....2
43			Yes, 3 times or more .....3
44			
45	Q190_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, once or twice .....2
47			Yes, 3 times or more .....3
48			
49	Q190_xx8	Ketamine (Special K)	No .....1
50			Yes, once or twice .....2
51			Yes, 3 times or more .....3
52			
53	Q190_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, once or twice .....2
55			Yes, 3 times or more .....3
56			
57	Q190_xx10	Other party drugs	No .....1
58			Yes, once or twice .....2
59			Yes, 3 times or more .....3
60			
	Q190_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1
		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes, once or twice .....2
		hydrocodone)	Yes, 3 times or more .....3

1			
2			
3	Q190_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
4			Yes, once or twice .....2
5			Yes, 3 times or more .....3
6	Q190_xx13	Other	No .....1
7			Yes, once or twice .....2
8			Yes, 3 times or more .....3
9			
10	<hr/>		

For peer review only

1	Q191	Did using any of these substances cause problems with other people (such as family members, friends, or people at work) or make existing problems worse?	
2			
3			
4			
5	Q191_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q191_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q191_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q191_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q191_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q191_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q191_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q191_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q191_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q191_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q191_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q191_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q191_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q191_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q191_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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3	Q191_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
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6	Q191_xx13	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
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2	Q192	Did you ever give up or reduce important activities (like sports,	
3		hobbies, work, or time with friends or relatives) because of	
4		your use of any of the following substances?	
5	Q192_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q192_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q192_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q192_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q192_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q192_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q192_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q192_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q192_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q192_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q192_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q192_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q192_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q192_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q192_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1
48		(e.g. cough medicine, Mersyndol, Panadeine, codeine,	Yes .....2
49		hydrocodone)	
50			
51	Q192_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
52			Yes .....2
53			
54	Q192_xx13	Other	No .....1
55			Yes .....2
56			
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1	Q193	Did you ever use any of these substances in a situation in which it might have been physically hazardous (like driving a car, motorbike or boat; climbing; swimming; or operating machinery or power equipment)?	
2			
3			
4			
5			
6	Q193_x1	Alcohol (beer, wine, spirits)	No .....1
7			Yes, once or twice .....2
8			Yes, 3 times or more .....3
9			
10	Q193_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
11			Yes, once or twice .....2
12			Yes, 3 times or more .....3
13			
14	Q193_x3	E-cigarettes	No .....1
15			Yes, once or twice .....2
16			Yes, 3 times or more .....3
17			
18	Q193_x4	Cannabis (marijuana)	No .....1
19			Yes, once or twice .....2
20			Yes, 3 times or more .....3
21			
22	Q193_xx1	Cocaine	No .....1
23			Yes, once or twice .....2
24			Yes, 3 times or more .....3
25			
26	Q193_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
27			Yes, once or twice .....2
28			Yes, 3 times or more .....3
29			
30	Q193_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
31			Yes, once or twice .....2
32			Yes, 3 times or more .....3
33			
34	Q193_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
35			Yes, once or twice .....2
36			Yes, 3 times or more .....3
37			
38	Q193_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
39			Yes, once or twice .....2
40			Yes, 3 times or more .....3
41			
42	Q193_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
43			Yes, once or twice .....2
44			Yes, 3 times or more .....3
45			
46	Q193_xx7	Ecstasy (E, MDMA)	No .....1
47			Yes, once or twice .....2
48			Yes, 3 times or more .....3
49			
50	Q193_xx8	Ketamine (Special K)	No .....1
51			Yes, once or twice .....2
52			Yes, 3 times or more .....3
53			
54	Q193_xx9	GHB (liquid e, Fantasy)	No .....1
55			Yes, once or twice .....2
56			Yes, 3 times or more .....3
57			
58	Q193_xx10	Other party drugs	No .....1
59			Yes, once or twice .....2
60			Yes, 3 times or more .....3
	Q193_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine,	No .....1
			Yes, once or twice .....2

1			
2		hydrocodone)	Yes, 3 times or more .....3
3			
4	Q193_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
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7	Q193_xx13	Other	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
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1	Q194	Did using any of these substances ever cause you physical health problems, or make an existing physical health problem worse?	
2			
3			
4			
5	Q194_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes, and I quit using .....2
7			Yes, and I kept using .....3
8			
9	Q194_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
10			Yes, and I quit using .....2
11			Yes, and I kept using .....3
12			
13	Q194_x3	E-cigarettes	No .....1
14			Yes, and I quit using .....2
15			Yes, and I kept using .....3
16			
17	Q194_x4	Cannabis (marijuana)	No .....1
18			Yes, and I quit using .....2
19			Yes, and I kept using .....3
20			
21	Q194_xx1	Cocaine	No .....1
22			Yes, and I quit using .....2
23			Yes, and I kept using .....3
24			
25	Q194_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
26			Yes, and I quit using .....2
27			Yes, and I kept using .....3
28			
29	Q194_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
30			Yes, and I quit using .....2
31			Yes, and I kept using .....3
32			
33	Q194_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
34			Yes, and I quit using .....2
35			Yes, and I kept using .....3
36			
37	Q194_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
38			Yes, and I quit using .....2
39			Yes, and I kept using .....3
40			
41	Q194_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
42			Yes, and I quit using .....2
43			Yes, and I kept using .....3
44			
45	Q194_xx7	Ecstasy (E, MDMA)	No .....1
46			Yes, and I quit using .....2
47			Yes, and I kept using .....3
48			
49	Q194_xx8	Ketamine (Special K)	No .....1
50			Yes, and I quit using .....2
51			Yes, and I kept using .....3
52			
53	Q194_xx9	GHB (liquid e, Fantasy)	No .....1
54			Yes, and I quit using .....2
55			Yes, and I kept using .....3
56			
57	Q194_xx10	Other party drugs	No .....1
58			Yes, and I quit using .....2
59			Yes, and I kept using .....3
60			
	Q194_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
			Yes, and I quit using .....2
			Yes, and I kept using .....3

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Q194\_xx12

Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)

No .....1  
Yes, and I quit using .....2  
Yes, and I kept using .....3

Q194\_xx13

Other

No .....1  
Yes, and I quit using .....2  
Yes, and I kept using .....3

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1	Q195	Did using any of these substances ever cause you	
2		psychological problems (like making you depressed or	
3		anxious, making it hard to sleep, making it hard to remember	
4		things clearly) or cause existing problems like these to get	
5		worse?	
6			
7	Q195_x1	Alcohol (beer, wine, spirits)	No .....1
8			Yes, and I quit using .....2
9			Yes, and I kept using .....3
10			
11	Q195_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
12			Yes, and I quit using .....2
13			Yes, and I kept using .....3
14			
15	Q195_x3	E-cigarettes	No .....1
16			Yes, and I quit using .....2
17			Yes, and I kept using .....3
18			
19	Q195_x4	Cannabis (marijuana)	No .....1
20			Yes, and I quit using .....2
21			Yes, and I kept using .....3
22			
23	Q195_xx1	Cocaine	No .....1
24			Yes, and I quit using .....2
25			Yes, and I kept using .....3
26			
27	Q195_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
28			Yes, and I quit using .....2
29			Yes, and I kept using .....3
30			
31	Q195_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
32			Yes, and I quit using .....2
33			Yes, and I kept using .....3
34			
35	Q195_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
36			Yes, and I quit using .....2
37			Yes, and I kept using .....3
38			
39	Q195_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
40			Yes, and I quit using .....2
41			Yes, and I kept using .....3
42			
43	Q195_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
44			Yes, and I quit using .....2
45			Yes, and I kept using .....3
46			
47	Q195_xx7	Ecstasy (E, MDMA)	No .....1
48			Yes, and I quit using .....2
49			Yes, and I kept using .....3
50			
51	Q195_xx8	Ketamine (Special K)	No .....1
52			Yes, and I quit using .....2
53			Yes, and I kept using .....3
54			
55	Q195_xx9	GHB (liquid e, Fantasy)	No .....1
56			Yes, and I quit using .....2
57			Yes, and I kept using .....3
58			
59	Q195_xx10	Other party drugs	No .....1
60			Yes, and I quit using .....2
			Yes, and I kept using .....3
	Q195_xx11	Over-the-counter or prescription pain killers and analgesics	No .....1

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	(e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Yes, and I quit using .....2
		Yes, and I kept using .....3
Q195_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
		Yes, and I quit using .....2
		Yes, and I kept using .....3
Q195_xx13	Other	No .....1
		Yes, and I quit using .....2
		Yes, and I kept using .....3

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1	Q196	Over time, did you need to use a lot more of any of these substances to feel its effects compared to when you first started using it?	
2			
3			
4			
5	Q196_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q196_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q196_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q196_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q196_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q196_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q196_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q196_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q196_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q196_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q196_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q196_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q196_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q196_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q196_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q196_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q196_xx13	Other	No .....1
54			Yes .....2

1	Q197	Over time, did you find that the same amount of any of these substances had much less effect compared to when you first started using it?	
2			
3			
4			
5	Q197_x1	Alcohol (beer, wine, spirits)	No .....1
6			Yes .....2
7			
8	Q197_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
9			Yes .....2
10			
11	Q197_x3	E-cigarettes	No .....1
12			Yes .....2
13			
14	Q197_x4	Cannabis (marijuana)	No .....1
15			Yes .....2
16			
17	Q197_xx1	Cocaine	No .....1
18			Yes .....2
19			
20	Q197_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
21			Yes .....2
22			
23	Q197_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
24			Yes .....2
25			
26	Q197_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
27			Yes .....2
28			
29	Q197_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
30			Yes .....2
31			
32	Q197_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
33			Yes .....2
34			
35	Q197_xx7	Ecstasy (E, MDMA)	No .....1
36			Yes .....2
37			
38	Q197_xx8	Ketamine (Special K)	No .....1
39			Yes .....2
40			
41	Q197_xx9	GHB (liquid e, Fantasy)	No .....1
42			Yes .....2
43			
44	Q197_xx10	Other party drugs	No .....1
45			Yes .....2
46			
47	Q197_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
48			Yes .....2
49			
50	Q197_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
51			Yes .....2
52			
53	Q197_xx13	Q197Q Other	No .....1
54			Yes .....2
55			
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2	Q198	People who cut down or stop using a substance after using it	
3		steadily for some time may not feel well. These feelings are	
4		more intense than the usual after-effects. These problems may	
5		include: trembling hands, being unable to sleep, feeling	
6		anxious, irritable or depressed, feeling restless, sweating, heart	
7		beating fast, fever or chills, nausea or vomiting, weight loss or	
8		decreased appetite, feeling physically weak, having headaches	
9		or difficulty concentrating, seizures, hearing / seeing things	
10		that aren't there.	
11		Still thinking about the 12-month period in your life when you	
12		used each of these substances the most: When you stopped,	
13		cut down or went without any of these substances, did you	
14		experience any problems like these?	
15			
16	Q198_x1	Alcohol (beer, wine, spirits)	No .....1
17			Yes .....2
18			I did not cut down or stop in that
19			12 months .....3
20			
21	Q198_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
22			Yes .....2
23			I did not cut down or stop in that
24			12 months .....3
25			
26	Q198_x3	E-cigarettes	No .....1
27			Yes .....2
28			I did not cut down or stop in that
29			12 months .....3
30			
31	Q198_x4	Cannabis (marijuana)	No .....1
32			Yes .....2
33			I did not cut down or stop in that
34			12 months .....3
35			
36	Q198_xx1	Cocaine	No .....1
37			Yes .....2
38			I did not cut down or stop in that
39			12 months .....3
40			
41	Q198_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
42			Yes .....2
43			I did not cut down or stop in that
44			12 months .....3
45			
46	Q198_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
47			Yes .....2
48			I did not cut down or stop in that
49			12 months .....3
50			
51	Q198_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
52			Yes .....2
53			I did not cut down or stop in that
54			12 months .....3
55			
56	Q198_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
57			Yes .....2
58			I did not cut down or stop in that
59			12 months .....3
60			
	Q198_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
			Yes .....2
			I did not cut down or stop in that

1			12 months .....3
2			
3			
4	Q198_xx7	Ecstasy (E, MDMA)	No .....1
5			Yes .....2
6			I did not cut down or stop in that
7			12 months .....3
8	Q198_xx8	Ketamine (Special K)	No .....1
9			Yes .....2
10			I did not cut down or stop in that
11			12 months .....3
12			
13	Q198_xx9	GHB (liquid e, Fantasy)	No .....1
14			Yes .....2
15			I did not cut down or stop in that
16			12 months .....3
17			
18	Q198_xx10	Other party drugs	No .....1
19			Yes .....2
20			I did not cut down or stop in that
21			12 months .....3
22			
23	Q198_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
24			Yes .....2
25			I did not cut down or stop in that
26			12 months .....3
27			
28	Q198_xx12	Over-the-counter or prescription stimulants (e.g. No-do, do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
29			Yes .....2
30			I did not cut down or stop in that
31			12 months .....3
32	Q198_xx13	Other	No .....1
33			Yes .....2
34			I did not cut down or stop in that
35			12 months .....3
36			
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1	Q199	Did you ever drink alcohol, take medication or drugs to keep from having these problems or to make them go away?	
2			
3			
4	Q199_x1	Alcohol (beer, wine, spirits)	No .....1
5			Yes .....2
6			
7	Q199_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1
8			Yes .....2
9			
10	Q199_x3	E-cigarettes	No .....1
11			Yes .....2
12			
13	Q199_x4	Cannabis (marijuana)	No .....1
14			Yes .....2
15			
16	Q199_xx1	Cocaine	No .....1
17			Yes .....2
18			
19	Q199_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1
20			Yes .....2
21			
22	Q199_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1
23			Yes .....2
24			
25	Q199_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1
26			Yes .....2
27			
28	Q199_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1
29			Yes .....2
30			
31	Q199_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1
32			Yes .....2
33			
34	Q199_xx7	Ecstasy (E, MDMA)	No .....1
35			Yes .....2
36			
37	Q199_xx8	Ketamine (Special K)	No .....1
38			Yes .....2
39			
40	Q199_xx9	GHB (liquid e, Fantasy)	No .....1
41			Yes .....2
42			
43	Q199_xx10	Other party drugs	No .....1
44			Yes .....2
45			
46	Q199_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1
47			Yes .....2
48			
49	Q199_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1
50			Yes .....2
51			
52	Q199_xx13	Other	No .....1
53			Yes .....2

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\*\*\*\*\*  
 IF EVER TAKEN ANY ANTIDEPRESSANT (ANY OF Q10\_1 TO Q10\_11 = 1),  
 CONTINUE  
 ELSE GO TO Q201  
 \*\*\*\*\*

1			
2	Q200	During the time(s) you have taken antidepressants (even if it wasn't for	
3		anxiety or depression), did this change the amount you used any of the	
4		following substances?	
5	Q200_x1	Alcohol (beer, wine, spirits)	No change .....1
6			Use increased while taking
7			antidepressants .....2
8			Use decreased or stopped while
9			taking antidepressants .....3
10			
11	Q200_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No change .....1
12			Use increased while taking
13			antidepressants .....2
14			Use decreased or stopped while
15			taking antidepressants .....3
16			
17	Q200_x3	E-cigarettes	No change .....1
18			Use increased while taking
19			antidepressants .....2
20			Use decreased or stopped while
21			taking antidepressants .....3
22			
23	Q200_x4	Cannabis (marijuana)	No change .....1
24			Use increased while taking
25			antidepressants .....2
26			Use decreased or stopped while
27			taking antidepressants .....3
28			
29	Q200_xx1	Cocaine	No change .....1
30			Use increased while taking
31			antidepressants .....2
32			Use decreased or stopped while
33			taking antidepressants .....3
34	Q200_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No change .....1
35			Use increased while taking
36			antidepressants .....2
37			Use decreased or stopped while
38			taking antidepressants .....3
39			
40	Q200_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No change .....1
41			Use increased while taking
42			antidepressants .....2
43			Use decreased or stopped while
44			taking antidepressants .....3
45			
46	Q200_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No change .....1
47			Use increased while taking
48			antidepressants .....2
49			Use decreased or stopped while
50			taking antidepressants .....3
51			
52	Q200_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No change .....1
53			Use increased while taking
54			antidepressants .....2
55			Use decreased or stopped while
56			taking antidepressants .....3
57			
58	Q200_xx6	Opioids (e.g. heroin, morphine, methadone)	No change .....1
59			Use increased while taking
60			antidepressants .....2
			Use decreased or stopped while
			taking antidepressants .....3

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2			
3	Q200_xx7	Ecstasy (E, MDMA)	No change .....1
4			Use increased while taking
5			antidepressants .....2
6			Use decreased or stopped while
7			taking antidepressants .....3
8	Q200_xx8	Ketamine (Special K)	No change .....1
9			Use increased while taking
10			antidepressants .....2
11			Use decreased or stopped while
12			taking antidepressants .....3
13			
14	Q200_xx9	GHB (liquid e, Fantasy)	No change .....1
15			Use increased while taking
16			antidepressants .....2
17			Use decreased or stopped while
18			taking antidepressants .....3
19			
20	Q200_xx10	Other party drugs	No change .....1
21			Use increased while taking
22			antidepressants .....2
23			Use decreased or stopped while
24			taking antidepressants .....3
25			
26	Q200_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No change .....1
27			Use increased while taking
28			antidepressants .....2
29			Use decreased or stopped while
30			taking antidepressants .....3
31			
32	Q200_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No change .....1
33			Use increased while taking
34			antidepressants .....2
35			Use decreased or stopped while
36			taking antidepressants .....3
37	Q200_xx13	Other	No change .....1
38			Use increased while taking
39			antidepressants .....2
40			Use decreased or stopped while
41			taking antidepressants .....3
42			
43	<hr/>		
44	Q201	You have reached the end of this section of the questionnaire. Thanks for	
45		answering our questions!	
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1 Q209 How long have you recognised that you have had this mental  
 2 health or behavioural problem?  
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 4 If 3 months or less, please record your answer in the Days  
 5 field. If more than 3 months but no more than 2 years, please  
 6 record your answer in the Months field. If longer than 2 years,  
 7 please record your answer in the Years field.  
 8  
 9 Q209 Recognition of problem time units Days .....1  
 10 Months .....2  
 11 Years .....3  
 12  
 13 Q209\_n Number of recognition of problem time units \_/\_  
 14

15  
 16 Q210 Thinking about your mental health or behavioural problem ...  
 17  
 18 Q210\_1 Have you discussed this problem with any close friends? No .....1  
 19 Yes .....2  
 20 Don't know .....3  
 21  
 22 Q210\_2 Have you sought any information for this problem? No .....1  
 23 Yes .....2  
 24 Don't know .....3  
 25  
 26 Q210\_3 Have you discussed your problem with family? No .....1  
 27 Yes .....2  
 28 Don't know .....3  
 29  
 30 Q210\_4 Have you used or do you use any self-help strategies to help No .....1  
 31 you deal with this problem? Yes .....2  
 32 Don't know .....3  
 33  
 34 Q210\_5 Have you used alcohol or other substances to deal with this No .....1  
 35 problem? Yes .....2  
 36 Don't know .....3  
 37  
 38 Q210\_6 Have you seen a health professional, such as a general No .....1  
 39 practitioner, about this problem? Yes .....2  
 40 Don't know .....3  
 41  
 42 Q210\_7 Have you seen or do you see a specialist, such as a No .....1  
 43 psychiatrist, about this problem? Yes .....2  
 44 Don't know .....3  
 45  
 46 Q210\_8 Have you done or did you do anything else to deal with No .....1  
 47 this problem? Yes .....2  
 48 Don't know .....3

49 \*\*\*\*\*  
 50 IF ANY ACTION TAKEN (ANY OF Q210\_1 TO Q210\_8 = 2) CONTINUE  
 51 ELSE GO TO Q217  
 52 \*\*\*\*\*

53 \*\*\*\*\*  
 54 IF SOUGHT INFORMATION (Q210\_2 = 2) CONTINUE, ELSE GO TO Q213  
 55 \*\*\*\*\*

56 Q211 What information have you sought? \_\_\_\_\_  
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Q212	Where did you get this information from?		
Q212_1	Doctor	Yes .....	1
Q212_2	Friend / family member	Yes .....	1
Q213_3	Book(s)	Yes .....	1
Q213_4	Helpline	Yes .....	1
Q213_5	Mental health organization	Yes .....	1
Q213_6	Community health centre	Yes .....	1
Q213_7	Internet	Yes .....	1
Q213_8	Visited the library	Yes .....	1
Q213_9	Other	Yes .....	1
Q213_10	Don't know	Yes .....	1
Q213_5_TEXT	Specified mental health organization	_____	
Q213_9_TEXT	Specified other information source	_____	

\*\*\*\*\*  
 IF USED SELF-HELP STRATEGIES (Q210D = 2) CONTINUE  
 ELSE GO TO Q214  
 \*\*\*\*\*

Q213 What self-help strategies have you used? \_\_\_\_\_

\*\*\*\*\*  
 IF DID SOMETHING ELSE (Q210H = 2) CONTINUE  
 ELSE GO TO Q215  
 \*\*\*\*\*

Q214 What else did you do / have you done? \_\_\_\_\_



\*\*\*\*\*  
 FOR EACH ACTION TAKEN AT Q210 (Q210A TO Q210H = 2), COMPLETE  
 THE RELEVANT SECTION OF Q215  
 \*\*\*\*\*

Q215	Did you find the following helpful or unhelpful?	
	Q215A Discussing your problem with close friends	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215B [TEXT FOR INFORMATION SOUGHT FROM Q211]	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215C Discussing the problem with your family	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215D [TEXT FOR SELF-HELP STRATEGY FROM Q213]	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215E Using alcohol or other substances	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215F Seeing a health professional	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215G Seeing a specialist	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
	Q215H [OTHER ACTION FROM Q214]	Helpful .....1 Unhelpful .....2 Neither helpful nor unhelpful .....3 Don't know .....4
<hr/>		
Q216	Was a parent, guardian or another adult involved in any of these processes?	No .....1 Yes .....2 Don't know .....3

Q217 Another section of the questionnaire completed. Well done!

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## Module 4 – Thoughts, feelings and behaviours

Q218 Please answer each question by choosing Yes or No. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the questions.

Q218A Does your mood often go up and down?	No .....1
	Yes .....2
Q218B Are you a talkative person?	No .....1
	Yes .....2
Q218C Do you ever feel 'just miserable' for no reason?	No .....1
	Yes .....2
Q218D Are you rather lively?	No .....1
	Yes .....2
Q218E Are you an irritable person?	No .....1
	Yes .....2
Q218F Do you enjoy meeting new people?	No .....1
	Yes .....2
Q218G Are your feelings easily hurt?	No .....1
	Yes .....2
Q218H Can you usually let yourself go and enjoy yourself at a lively party?	No .....1
	Yes .....2
Q218I Do you often feel 'fed-up'?	No .....1
	Yes .....2
Q218J Do you usually take the initiative in making new friends?	No .....1
	Yes .....2
Q218K Would you call yourself a nervous person?	No .....1
	Yes .....2
Q218L Can you easily get some life into a rather dull party?	No .....1
	Yes .....2

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Q219 Please answer each question by choosing Yes or No. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the questions.

Q219A Are you a worrier?	No .....1
	Yes .....2
Q219B Do you tend to keep in the background on social occasions?	No .....1
	Yes .....2
Q219C Would you call yourself tense or "highly-strung"?	No .....1
	Yes .....2
Q219D Do you like mixing with people?	No .....1
	Yes .....2
Q219E Do you worry too long after an embarrassing experience?	No .....1
	Yes .....2
Q219F Do you like plenty of bustle and excitement around you?	No .....1
	Yes .....2
Q219G Do you suffer from "nerves"?	No .....1
	Yes .....2
Q219H Are you mostly quiet when you are with other people?	No .....1
	Yes .....2
Q219I Do you often feel lonely?	No .....1
	Yes .....2
Q219J Do other people think of you as being very lively?	No .....1
	Yes .....2
Q219K Are you often troubled by feelings of guilt?	No .....1
	Yes .....2
Q219L Can you get a party going?	No .....1
	Yes .....2

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2	Q220	The following items refer to experiences that many people have in their	
3		everyday lives. Choose the answer that best describes how much that	
4		experience has <b>distressed or bothered</b> you during the past month.	
5			
6		Q220A I have saved up so many things that they get in the way	Not at all .....1
7			A little .....2
8			Moderately .....3
9			A lot .....4
10			Extremely .....5
11		Q220B I check things more often than necessary	Not at all .....1
12			A little .....2
13			Moderately .....3
14			A lot .....4
15			Extremely .....5
16			
17		Q220C I get upset if objects are not arranged properly	Not at all .....1
18			A little .....2
19			Moderately .....3
20			A lot .....4
21			Extremely .....5
22			
23		Q220D I feel compelled to count while I am doing things	Not at all .....1
24			A little .....2
25			Moderately .....3
26			A lot .....4
27			Extremely .....5
28			
29		Q220E I find it difficult to touch an object when I know it has been	Not at all .....1
30		touched by strangers or certain people	A little .....2
31			Moderately .....3
32			A lot .....4
33			Extremely .....5
34			
35		Q220F I find it difficult to control my own thoughts	Not at all .....1
36			A little .....2
37			Moderately .....3
38			A lot .....4
39			Extremely .....5
40			
41		Q220G I collect things I don't need	Not at all .....1
42			A little .....2
43			Moderately .....3
44			A lot .....4
45			Extremely .....5
46			
47		Q220H I repeatedly check doors, windows, drawers etc.	Not at all .....1
48			A little .....2
49			Moderately .....3
50			A lot .....4
51			Extremely .....5
52			
53		Q220I I get upset if others change the way I have arranged things	Not at all .....1
54			A little .....2
55			Moderately .....3
56			A lot .....4
57			Extremely .....5
58			
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2	Q221	The following items refer to experiences that many people have in their
3		everyday lives. Choose the answer that best describes how much that
4		experience has <b>distressed or bothered</b> you during the past month.
5		
6	Q221A	I feel I have to repeat certain numbers
7		Not at all .....1
8		A little .....2
9		Moderately .....3
10		A lot .....4
11		Extremely .....5
12	Q221B	I sometimes have to wash or clean myself simply because I
13		feel contaminated
14		Not at all .....1
15		A little .....2
16		Moderately .....3
17		A lot .....4
18		Extremely .....5
19	Q221C	I am upset by unpleasant thoughts that come into my mind
20		against my will
21		Not at all .....1
22		A little .....2
23		Moderately .....3
24		A lot .....4
25		Extremely .....5
26	Q221D	I avoid throwing things away because I am afraid I might
27		need them later
28		Not at all .....1
29		A little .....2
30		Moderately .....3
31		A lot .....4
32		Extremely .....5
33	Q221E	I repeatedly check gas and water taps and light switches
34		after turning them off
35		Not at all .....1
36		A little .....2
37		Moderately .....3
38		A lot .....4
39		Extremely .....5
40	Q221F	I need things to be arranged in a particular order
41		Not at all .....1
42		A little .....2
43		Moderately .....3
44		A lot .....4
45		Extremely .....5
46	Q221G	I feel that there are good and bad numbers
47		Not at all .....1
48		A little .....2
49		Moderately .....3
50		A lot .....4
51		Extremely .....5
52	Q221H	I wash my hands more often and longer than necessary
53		Not at all .....1
54		A little .....2
55		Moderately .....3
56		A lot .....4
57		Extremely .....5
58	Q221I	I frequently get nasty thoughts and have difficulty getting rid
59		of them
60		Not at all .....1
		A little .....2
		Moderately .....3
		A lot .....4
		Extremely .....5

1			
2	Q222	Read each statement and decide if it is an accurate statement about you.	
3		Mark your answer next to each statement. Give your own opinion of	
4		yourself. Be sure to answer every statement.	
5			
6	Q222A	My mood can shift quite suddenly	False, not at all true .....1
7			Slightly true .....2
8			Mainly true .....3
9			Very true .....4
10	Q222B	I avoid eye contact with other people	False, not at all true .....1
11			Slightly true .....2
12			Mainly true .....3
13			Very true .....4
14			
15	Q222C	My attitude about myself changes a lot	False, not at all true .....1
16			Slightly true .....2
17			Mainly true .....3
18			Very true .....4
19			
20	Q222D	I have difficulty making friends, even when trying my best	False, not at all true .....1
21			Slightly true .....2
22			Mainly true .....3
23			Very true .....4
24			
25	Q222E	My relationships have been stormy	False, not at all true .....1
26			Slightly true .....2
27			Mainly true .....3
28			Very true .....4
29			
30	Q222F	I am sometimes regarded by other people as odd or weird	False, not at all true .....1
31			Slightly true .....2
32			Mainly true .....3
33			Very true .....4
34			
35	Q222G	My moods get quite intense	False, not at all true .....1
36			Slightly true .....2
37			Mainly true .....3
38			Very true .....4
39			
40	Q222H	I have trouble keeping up with the flow of a normal conversation	False, not at all true .....1
41			Slightly true .....2
42			Mainly true .....3
43			Very true .....4
44			
45	Q222I	Sometimes I feel terribly empty inside	False, not at all true .....1
46			Slightly true .....2
47			Mainly true .....3
48			Very true .....4
49			
50	Q222J	I have difficulty relating to peers	False, not at all true .....1
51			Slightly true .....2
52			Mainly true .....3
53			Very true .....4
54			
55	Q222K	I want to let certain people know how much they've hurt me	False, not at all true .....1
56			Slightly true .....2
57			Mainly true .....3
58			Very true .....4
59			
60	Q222L	Compared to others I have a restricted or unusually narrow range of interests	False, not at all true .....1
			Slightly true .....2
			Mainly true .....3
			Very true .....4

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For peer review only

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2	Q223	Read each statement and decide if it is an accurate statement about you.	
3		Mark your answer next to each statement. Give your own opinion of	
4		yourself. Be sure to answer every statement.	
5			
6	Q223A	My mood is very steady	False, not at all true .....1
7			Slightly true .....2
8			Mainly true .....3
9			Very true .....4
10			
11	Q223B	I have trouble understanding the meaning of other people's	False, not at all true .....1
12		tone of voice and facial expressions	Slightly true .....2
13			Mainly true .....3
14			Very true .....4
15			
16	Q223C	I worry a lot about other people leaving me	False, not at all true .....1
17			Slightly true .....2
18			Mainly true .....3
19			Very true .....4
20			
21	Q223D	I have trouble concentrating too much on parts of things	False, not at all true .....1
22		rather than seeing the whole picture	Slightly true .....2
23			Mainly true .....3
24			Very true .....4
25			
26	Q223E	People once close to me have let me down	False, not at all true .....1
27			Slightly true .....2
28			Mainly true .....3
29			Very true .....4
30			
31	Q223F	I would rather be alone than with others	False, not at all true .....1
32			Slightly true .....2
33			Mainly true .....3
34			Very true .....4
35			
36	Q223G	I have little control over my anger	False, not at all true .....1
37			Slightly true .....2
38			Mainly true .....3
39			Very true .....4
40			
41	Q223H	I have more difficulty than others do with changes in routine	False, not at all true .....1
42			Slightly true .....2
43			Mainly true .....3
44			Very true .....4
45			
46	Q223I	I often wonder what I should do with my life	False, not at all true .....1
47			Slightly true .....2
48			Mainly true .....3
49			Very true .....4
50			
51	Q223J	I am (or used to be) overly sensitive to sounds, textures or smells	False, not at all true .....1
52			Slightly true .....2
53			Mainly true .....3
54			Very true .....4
55			
56	Q223K	I rarely feel very lonely	False, not at all true .....1
57			Slightly true .....2
58			Mainly true .....3
59			Very true .....4
60			
	Q223L	I frequently make careless mistakes	False, not at all true .....1
			Slightly true .....2
			Mainly true .....3
			Very true .....4



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3		
4	Q224	Read each statement and decide if it is an accurate statement about you.
5		Mark your answer next to each statement. Give your own opinion of
6		yourself. Be sure to answer every statement.
7		
8	Q224A	I sometimes do things so impulsively that I get into trouble
9		False, not at all true .....1
10		Slightly true .....2
11		Mainly true .....3
12		Very true .....4
13	Q224B	I have difficulty keeping my attention on tasks that don't
14		interest me
15		False, not at all true .....1
16		Slightly true .....2
17		Mainly true .....3
18		Very true .....4
19	Q224C	I've always been a pretty happy person
20		False, not at all true .....1
21		Slightly true .....2
22		Mainly true .....3
23		Very true .....4
24	Q224D	People tell me that I don't listen when others are talking
25		False, not at all true .....1
26		Slightly true .....2
27		Mainly true .....3
28		Very true .....4
29	Q224E	I can't handle separation from those close to me very well
30		False, not at all true .....1
31		Slightly true .....2
32		Mainly true .....3
33		Very true .....4
34	Q224F	I have difficulty finishing projects or assignments (hobbies
35		or work)
36		False, not at all true .....1
37		Slightly true .....2
38		Mainly true .....3
39		Very true .....4
40	Q224G	I've made some real mistakes in the people I've picked as
41		friends
42		False, not at all true .....1
43		Slightly true .....2
44		Mainly true .....3
45		Very true .....4
46	Q224H	I have difficulty staying organised at work or home
47		False, not at all true .....1
48		Slightly true .....2
49		Mainly true .....3
50		Very true .....4
51	Q224I	When I'm upset, I typically do something to hurt myself
52		False, not at all true .....1
53		Slightly true .....2
54		Mainly true .....3
55		Very true .....4
56	Q224J	I have difficulty with projects that require sustained mental
57		effort
58		False, not at all true .....1
59		Slightly true .....2
60		Mainly true .....3
		Very true .....4

1			
2	Q225	Read each statement and decide if it is an accurate statement about you.	
3		Mark your answer next to each statement. Give your own opinion of	
4		yourself. Be sure to answer every statement.	
5			
6	Q225A	I frequently lose things (like pencils or my car keys)	False, not at all true .....1
7			Slightly true .....2
8			Mainly true .....3
9			Very true .....4
10	Q225B	I don't get bored very easily	False, not at all true .....1
11			Slightly true .....2
12			Mainly true .....3
13			Very true .....4
14	Q225C	I am easily distracted	False, not at all true .....1
15			Slightly true .....2
16			Mainly true .....3
17			Very true .....4
18	Q225D	Once someone is my friend, we stay friends	False, not at all true .....1
19			Slightly true .....2
20			Mainly true .....3
21			Very true .....4
22	Q225E	Compared to others I am forgetful	False, not at all true .....1
23			Slightly true .....2
24			Mainly true .....3
25			Very true .....4
26	Q225F	I'm too impulsive for my own good	False, not at all true .....1
27			Slightly true .....2
28			Mainly true .....3
29			Very true .....4
30	Q225G	I tend to blurt out answers or comments	False, not at all true .....1
31			Slightly true .....2
32			Mainly true .....3
33			Very true .....4
34	Q225H	I spend money too easily	False, not at all true .....1
35			Slightly true .....2
36			Mainly true .....3
37			Very true .....4
38	Q225I	I have difficulty waiting my turn	False, not at all true .....1
39			Slightly true .....2
40			Mainly true .....3
41			Very true .....4
42	Q225J	I'm a reckless person	False, not at all true .....1
43			Slightly true .....2
44			Mainly true .....3
45			Very true .....4
46	Q225K	People tell me that I frequently interrupt	False, not at all true .....1
47			Slightly true .....2
48			Mainly true .....3
49			Very true .....4
50	Q225L	I'm careful about how I spend my money	False, not at all true .....1
51			Slightly true .....2
52			Mainly true .....3
53			Very true .....4
54			
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## Module 5 – Life Events

Q228 This section of the questionnaire contains a number of questions about events you may have experienced during your life, including some that may have been traumatic or that may be upsetting to think about. If you find any of these questions upsetting, please feel free to skip them. If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get further help. Contact details for Lifeline are below. You may like to write them down before we continue.  
 PHONE NUMBER FOR LIFELINE: 13 11 14  
 WEBSITE: www.lifeline.org.au

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Q229 Do you have a romantic partner now? No .....1  
 Yes .....2  
 Don't know .....3

---

Q230 Have you had a romantic partner in the last 12 months? No .....1  
 Yes .....2  
 Don't know .....3

---

Q231 Have you had any serious problems getting along with any of the following individuals during the past 12 months?

Q231A Your partner (IF Q229 = 2 OR Q230 = 2) No .....1  
 Yes .....2

Q231B Other family member No .....1  
 Yes .....2

Q231C A close friend No .....1  
 Yes .....2

Q231D A neighbour No .....1  
 Yes .....2

Q231E Someone living with you (e.g. child, flatmate or elderly parent) No .....1  
 Yes .....2

Q231F A workmate/co-worker No .....1  
 Yes .....2

---

1			
2	Q232	If you have a partner, please judge your partner's attitudes and behaviour towards you in recent times.	
3			
4		Q232A Is very loving to me	Very true .....1
5			Moderately true .....2
6			Somewhat true .....3
7			Not at all true .....4
8			
9		Q232B Is a good companion	Very true .....1
10			Moderately true .....2
11			Somewhat true .....3
12			Not at all true .....4
13			
14		Q232C Is affectionate to me	Very true .....1
15			Moderately true .....2
16			Somewhat true .....3
17			Not at all true .....4
18			
19		Q232D Is very considerate of me	Very true .....1
20			Moderately true .....2
21			Somewhat true .....3
22			Not at all true .....4
23			
24		Q232E Is fun to be with	Very true .....1
25			Moderately true .....2
26			Somewhat true .....3
27			Not at all true .....4
28			
29		Q232F Shows his/her appreciation of me	Very true .....1
30			Moderately true .....2
31			Somewhat true .....3
32			Not at all true .....4
33			
34		Q232G Understands my problems and worries	Very true .....1
35			Moderately true .....2
36			Somewhat true .....3
37			Not at all true .....4
38			
39		Q232H Confides closely in me	Very true .....1
40			Moderately true .....2
41			Somewhat true .....3
42			Not at all true .....4
43			
44		Q232I Makes me feel needed	Very true .....1
45			Moderately true .....2
46			Somewhat true .....3
47			Not at all true .....4
48			
49		Q232J Is physically gentle and considerate	Very true .....1
50			Moderately true .....2
51			Somewhat true .....3
52			Not at all true .....4
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2	Q233	And, some questions about your relationships with people close to you	
3		and your social networks	
4			
5		Q233A If you get angry or upset do you have people you can tell	No .....1
6		just how you feel?	Yes, with one or two people .....2
7			Yes, with more than two people ....3
8			
9		Q233B Recently have you had any fights or arguments with people	No .....1
10		close to you?	Yes, with one or two people .....2
11			Yes, with more than two people ....3

---

Q234

12			
13			
14			
15		Q234A Are you a member of any social club or sporting group?	No .....1
16			Yes .....2
17			Yes, sort of .....3
18			
19		Q234B Are you currently in a relationship?	No .....1
20			Yes .....2
21			Yes, sort of .....3
22			
23		Q234C Do you have someone you can trust with your private	No .....1
24		thoughts and feelings?	Yes .....2
25			Yes, sort of .....3
26			
27		Q234D If you're having a tough time, do you have someone you can	No .....1
28		really depend on?	Yes .....2
29			Yes, sort of .....3
30			
31		Q234E Is there anyone who really knows you very well (e.g.	No .....1
32		understands how you think and feel)?	Yes .....2
33			Yes, sort of .....3
34			
35		Q234F Is there anyone you feel close to that understands your	No .....1
36		concerns / difficulties?	Yes .....2
37			Yes, sort of .....3
38			
39		Q234G Is there anyone you feel you can turn to, if in trouble or a crisis?	No .....1
40			Yes .....2
41			Yes, sort of .....3
42			
43		Q234H When you feel happy do you have someone you can share	No .....1
44		this with?	Yes .....2
45			Yes, sort of .....3

---

## Q235

Q235A Does it seem that your family and friends (people who are important to you) understand you?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235B Do you feel useful to your family and friends (people important to you)?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235C Do you know what is going on with your family and friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235D When you are talking with your family and friends, do you feel you are being listened to?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235E Do you feel you have a definite role or place in your family and among your friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3
Q235F Can you talk about your deepest problems with at least some of your family and friends?	Hardly ever .....1
	Some of the time .....2
	Most of the time .....3

## Q236 How often do friends and/or family ...

Q236A Create tensions or arguments with you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236B Criticise you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236C Express interest in how you are doing?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236D Make too many demands on you?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4
Q236E Make you feel cared for?	Never .....1
	Rarely .....2
	Sometimes .....3
	Often .....4

Q237 Other than members of your family, how many people do you feel you can depend on or feel very close to?	None .....1
	1 to 2 people .....2
	More than 2 people .....3

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Q238 And, thinking specifically about your family and friends, about how many times in the past week (excluding time spent at school or work):

Q238A Did you spend time with someone who doesn't live with you (e.g. went to see them or they came to visit you, or you went out together)?

0	.....	1
1	.....	2
2	.....	3
3	.....	4
4	.....	5
5	.....	6
6	.....	7
7 or more	.....	8

Q238B Did you talk to someone (friends, relatives or others) on the telephone?

0	.....	1
1	.....	2
2	.....	3
3	.....	4
4	.....	5
5	.....	6
6	.....	7
7 or more	.....	8

Q238C Did you go to meetings of clubs, religious meetings, or other groups of which you're a member?

0	.....	1
1	.....	2
2	.....	3
3	.....	4
4	.....	5
5	.....	6
6	.....	7
7 or more	.....	8

Q238D Did you use the internet to spend time with someone, talk with someone, or attend club / group meetings?

0	.....	1
1	.....	2
2	.....	3
3	.....	4
4	.....	5
5	.....	6
6	.....	7
7 or more	.....	8

For peer review only



1	Q239	During the past 12 months have you had any of these events occur?	
2			
3			
4	Q239A	Divorce	No .....1
5			Yes .....2
6			
7	Q239B	Marital separation	No .....1
8			Yes .....2
9			
10	Q239C	Broken engagement or steady relationship	No .....1
11			Yes .....2
12			
13	Q239D	Separation from other loved one or close friend	No .....1
14			Yes .....2
15			
16	Q239E	Serious illness or injury	No .....1
17			Yes .....2
18			
19	Q239F	Serious accident (not involving personal injury)	No .....1
20			Yes .....2
21			
22	Q239G	Burgled or robbed	No .....1
23			Yes .....2
24			
25	Q239H	Laid off or sacked from job	No .....1
26			Yes .....2
27			
28	Q239I	Other serious difficulties at work	No .....1
29			Yes .....2
30			
31	Q239J	Major financial problems	No .....1
32			Yes .....2
33			
34	Q239K	Legal troubles or involvement with police	No .....1
35			Yes .....2
36			
37	Q239L	Living in unpleasant surroundings	No .....1
38			Yes .....2
39			
40			
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1  
2 Q472 The next series of questions will ask you about events you may have experienced during your life, including  
3 some that may have been traumatic or that may be upsetting to think about.  
4 If you find any of these questions upsetting, please feel free to skip them.

5  
6 If the questions cause you distress, you may find it helpful to talk to a Lifeline counsellor. Lifeline have  
7 telephone counsellors, available 24 hours a day, who are trained and have experience talking with people who  
8 are having difficulties. Even more importantly, the counsellors can give you ideas about where and how to get  
9 further help.

10 Contact details for Lifeline are below. You may like to write them down before we continue.

11  
12 PHONE NUMBER

13  
14 FOR LIFELINE:

15  
16 13 11 14

17  
18 WEBSITE: [www.lifeline.org.au](http://www.lifeline.org.au)  
19

20  
21 Q240 Listed below are a number of difficult or stressful things that sometimes  
22 happen to people. For each event mark one or more of the boxes to the  
23 right to indicate that: (a) it happened to you personally; (b) you  
24 witnessed it happen to someone else; (c) you learned about it happening  
25 to a close family member or close friend; (d) you were exposed to it as  
26 part of your job (for example, paramedic, police, military or other first  
27 responder); (e) you're not sure if it fits; or (f) it doesn't apply to you. Be  
28 sure to consider your entire life (growing up as well as adulthood) as you  
29 go through the list of events.

30	Q240A Natural disaster (e.g. flood, cyclone, tornado, earthquake)	Happened to me .....1
31		Witnessed it .....2
32		Learned about it .....3
33		Part of my job .....4
34		Not sure .....5
35		Doesn't apply .....6
36		
37	Q240B Fire or explosion	Happened to me .....1
38		Witnessed it .....2
39		Learned about it .....3
40		Part of my job .....4
41		Not sure .....5
42		Doesn't apply .....6
43		
44	Q240C Transportation accident (e.g. car accident, boat accident, 45 train wreck, plane crash)	Happened to me .....1
46		Witnessed it .....2
47		Learned about it .....3
48		Part of my job .....4
49		Not sure .....5
50		Doesn't apply .....6
51	Q240D Serious accident at work, home or during recreational activity	Happened to me .....1
52		Witnessed it .....2
53		Learned about it .....3
54		Part of my job .....4
55		Not sure .....5
56		Doesn't apply .....6
57	Q240E Exposure to toxic substances (e.g. dangerous chemicals, 58 radiation)	Happened to me .....1
59		Witnessed it .....2
60		Learned about it .....3
		Part of my job .....4
		Not sure .....5

1		Doesn't apply .....	6
2			
3			
4	Q240F Physical assault (e.g. being attacked, hit, slapped, kicked,	Happened to me .....	1
5	beaten up)	Witnessed it .....	2
6		Learned about it .....	3
7		Part of my job .....	4
8		Not sure .....	5
9		Doesn't apply .....	6
10			
11	Q240G Assault with a weapon (e.g. being shot, stabbed,	Happened to me .....	1
12	threatened with a knife, gun, bomb)	Witnessed it .....	2
13		Learned about it .....	3
14		Part of my job .....	4
15		Not sure .....	5
16		Doesn't apply .....	6
17			
18	Q240H Sexual assault (rape, attempted rape, made to perform	Happened to me .....	1
19	any type of sexual act through force or threat of harm)	Witnessed it .....	2
20		Learned about it .....	3
21		Part of my job .....	4
22		Not sure .....	5
23		Doesn't apply .....	6
24			
25	Q240I Other unwanted or uncomfortable sexual experience	Happened to me .....	1
26		Witnessed it .....	2
27		Learned about it .....	3
28		Part of my job .....	4
29		Not sure .....	5
30		Doesn't apply .....	6
31			
32	Q240J Combat or exposure to a war-zone (in the military or as	Happened to me .....	1
33	a civilian)	Witnessed it .....	2
34		Learned about it .....	3
35		Part of my job .....	4
36		Not sure .....	5
37		Doesn't apply .....	6
38			
39	Q240K Captivity (e.g. being kidnapped, abducted, held hostage,	Happened to me .....	1
40	prisoner of war)	Witnessed it .....	2
41		Learned about it .....	3
42		Part of my job .....	4
43		Not sure .....	5
44		Doesn't apply .....	6
45			
46	Q240L Life-threatening illness or injury	Happened to me .....	1
47		Witnessed it .....	2
48		Learned about it .....	3
49		Part of my job .....	4
50		Not sure .....	5
51		Doesn't apply .....	6
52			
53	Q240M Severe human suffering	Happened to me .....	1
54		Witnessed it .....	2
55		Learned about it .....	3
56		Part of my job .....	4
57		Not sure .....	5
58		Doesn't apply .....	6
59			
60	Q240N Sudden violent death (e.g. homicide, suicide)	Happened to me .....	1
		Witnessed it .....	2
		Learned about it .....	3
		Part of my job .....	4
		Not sure .....	5

1		Doesn't apply .....	6
2			
3			
4	Q240O Sudden accidental death	Happened to me .....	1
5		Witnessed it .....	2
6		Learned about it .....	3
7		Part of my job .....	4
8		Not sure .....	5
9		Doesn't apply .....	6
10			
11	Q240P Serious injury, harm or death you caused to someone else	Happened to me .....	1
12		Witnessed it .....	2
13		Learned about it .....	3
14		Part of my job .....	4
15		Not sure .....	5
16		Doesn't apply .....	6
17			
18	Q240Q Any other very stressful event or experience	Happened to me .....	1
19		Witnessed it .....	2
20		Learned about it .....	3
21		Part of my job .....	4
22		Not sure .....	5
23		Doesn't apply .....	6
24	*****		
25	IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4), CONTINUE		
26	ELSE GO TO Q244		
27	*****		
28	<hr/>		
29	Q241	Sometimes images or strong memories of traumatic events keep coming back in flashbacks, thoughts that you can't get rid of, or repeated nightmares. Has that ever happened to you?	No .....1 Yes .....2
30			
31			
32			
33	<hr/>		
34	Q242	Did you make a special effort to avoid thinking or talking about what happened or deliberately stayed away from things or people that reminded you of the terrible experience?	No .....1 Yes .....2
35			
36			
37			
38	<hr/>		
39	Q243	After this experience did you have trouble sleeping, have difficulty concentrating, have outbursts of anger, feel overly watchful or on guard, or were you unusually irritable, very jumpy or easily startled?	No .....1 Yes .....2
40			
41			
42			
43	<hr/>		
44	Q244	People may experience stressful situations in childhood which may affect their future health and well-being. Please indicate if you experienced any of these situations during your childhood.	
45			
46			
47			
48	Q244A	Emotional abuse (e.g. often being told you were no good, yelled at in a scary way, threatened, ignored, or stopped from making friends)	No .....1 Yes .....2 Unsure .....3
49			
50			
51			
52	Q244B	Emotional neglect (e.g. often not being shown affection, or not being given encouragement or support)	No .....1 Yes .....2 Unsure .....3
53			
54			
55			
56	Q244C	Physical neglect (e.g. often not being given enough to eat or drink, appropriate clothing, shelter, medical care, education, supervision or a safe home environment)	No .....1 Yes .....2 Unsure .....3
57			
58			
59			
60	<hr/>		

\*\*\*\*\*  
 IF ANY EVENT (Q240A TO Q240Q = 1, 2, 3 OR 4 OR Q244A TO Q244C = 2),  
 COMPLETE THE RELEVANT SECTION OF Q245  
 ELSE GO TO Q246  
 \*\*\*\*\*

Q245	How old were you the first and last time these things happened? If something happened only once, please enter the same age for the first and last time.		
Q245A	Natural disaster	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245B	Fire or explosion	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245C	Transportation accident	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245D	Serious accident	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245E	Exposure to toxic substance	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245F	Physical assault	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245G	Assault with a weapon	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245H	Sexual assault	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245I	Other unwanted or uncomfortable sexual experience	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245J	Combat or exposure to a war-zone	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245K	Captivity	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245L	Life-threatening illness or injury	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245M	Severe human suffering	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245N	Sudden violent death	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245O	Sudden accidental death	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245P	Serious injury, harm or death you caused to someone else	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245Q	Other stressful event or experience	First time	___/___ AGE IN YEARS
		Last time	___/___ AGE IN YEARS
Q245R	Emotional abuse	First time	___/___ AGE IN YEARS

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Q245S Emotional neglect

Last time \_\_\_/\_\_\_ AGE IN YEARS

First time \_\_\_/\_\_\_ AGE IN YEARS

Last time \_\_\_/\_\_\_ AGE IN YEARS

Q245T Physical neglect

First time \_\_\_/\_\_\_ AGE IN YEARS

Last time \_\_\_/\_\_\_ AGE IN YEARS

Q246 How old were you when you first had sexual intercourse with your consent?

\_\_\_/\_\_\_ AGE IN YEARS

Q247 Do you have a sexual preference for males, females, or both?

Males .....1

Females .....2

Both .....3

Not interested in sex .....4

Prefer not to answer .....5

Q248 You have now finished this section of the questionnaire. We recognise that some of the life events we have asked about can be upsetting for some people to answer. But the questions are very important for our research into depression, so thank you for taking the time to answer them.

For peer review only

**Module 6 – Work and Sleep**

Q249 Do you have a regular work schedule (i.e. work the same hours every day on the same days each week)? This includes being a housewife or househusband. No .....1  
Yes .....2

\*\*\*\*\*  
IF REGULAR WORK SCHEDULE (Q249 = 2) GO TO Q251  
ELSE CONTINUE  
\*\*\*\*\*

Q250 Which of the following best describes your current work arrangements? You may choose more than one. Shiftwork with rotating shifts .....1  
Shiftwork with irregular shifts .....2  
On-call or standby .....3  
Overtime or extra hours (paid or unpaid) .....4  
Fly-in fly-out (FIFO), drive-in drive-out (DIDO) or equivalent .....5

Q251 How many days per week do you work on average? 0 .....1  
1 .....2  
2 .....3  
3 .....4  
4 .....5  
5 .....6  
6 .....7  
7 .....8

Q252 The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the **majority** of days and nights in the past month.

1		
2	Q253	During the past month, when have you usually gone to bed at night?
3		
4	Q253A	On work days
5		Earlier than 8:00 pm .....1
6		8:00 pm .....2
7		8:30 pm .....3
8		9:00 pm .....4
9		9:30 pm .....5
10		10:00 pm .....6
11		10:30 pm .....7
12		11:00 pm .....8
13		11:30 pm .....9
14		Midnight .....10
15		12:30 am .....11
16		1:00 am .....12
17		1:30 am .....13
18		2:00 am .....14
19		2:30 am .....15
20		3:00 am .....16
21		After 3:00 am .....17
22		Don't know .....18
23	Q253B	On free days (e.g. weekend)
24		Earlier than 8:00 pm .....1
25		8:00 pm .....2
26		8:30 pm .....3
27		9:00 pm .....4
28		9:30 pm .....5
29		10:00 pm .....6
30		10:30 pm .....7
31		11:00 pm .....8
32		11:30 pm .....9
33		Midnight .....10
34		12:30 am .....11
35		1:00 am .....12
36		1:30 am .....13
37		2:00 am .....14
38		2:30 am .....15
39		3:00 am .....16
40		After 3:00 am .....17
41		Don't know .....18
42	Q253C	In an ideal situation (i.e. you have no responsibilities such as work, children, or engagements the next day)
43		Earlier than 8:00 pm .....1
44		8:00 pm .....2
45		8:30 pm .....3
46		9:00 pm .....4
47		9:30 pm .....5
48		10:00 pm .....6
49		10:30 pm .....7
50		11:00 pm .....8
51		11:30 pm .....9
52		Midnight .....10
53		12:30 am .....11
54		1:00 am .....12
55		1:30 am .....13
56		2:00 am .....14
57		2:30 am .....15
58		3:00 am .....16
59		After 3:00 am .....17
60		Don't know .....18



1  
2 Q254 During the past month, how long (in minutes) has it usually taken you to  
3 fall asleep each night?

4 Q254A On work days

\_\_/\_/\_ MINUTES

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6 Q254B On free days

\_\_/\_/\_ MINUTES  
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For peer review only

1 Q255 During the past month, when have you usually gotten up in the morning?  
2

3 Q255A On work days

4	Before 4:30 am	1
5	4:30 am	2
6	5:00 am	3
7	5:30 am	4
8	6:00 am	5
9	6:30 am	6
10	7:00 am	7
11	7:30 am	8
12	8:00 am	9
13	8:30 am	10
14	9:00 am	11
15	9:30 am	12
16	10:00 am	13
17	10:30 am	14
18	11:00 am	15
19	11:30 am	16
20	Midday	17
21	12:30 pm	18
22	1:00 pm	19
23	After 1:00 pm	20
24	Don't know	21

25 Q255B On free days (e.g. weekend)

26	Before 4:30 am	1
27	4:30 am	2
28	5:00 am	3
29	5:30 am	4
30	6:00 am	5
31	6:30 am	6
32	7:00 am	7
33	7:30 am	8
34	8:00 am	9
35	8:30 am	10
36	9:00 am	11
37	9:30 am	12
38	10:00 am	13
39	10:30 am	14
40	11:00 am	15
41	11:30 am	16
42	Midday	17
43	12:30 pm	18
44	1:00 pm	19
45	After 1:00 pm	20
46	Don't know	21

47 Q255C In an ideal situation (i.e. you have no responsibilities  
48 such as work, children, or engagements the next day)

49	Before 4:30 am	1
50	4:30 am	2
51	5:00 am	3
52	5:30 am	4
53	6:00 am	5
54	6:30 am	6
55	7:00 am	7
56	7:30 am	8
57	8:00 am	9
58	8:30 am	10
59	9:00 am	11
60	9:30 am	12
	10:00 am	13
	10:30 am	14
	11:00 am	15
	11:30 am	16
	Midday	17

12:30 pm .....	18
1:00 pm .....	19
After 1:00 pm .....	20
Don't know .....	21

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Q256 During the past month, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed) \_\_\_\_\_ HOURS

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Q257 Do you have young children who disrupt your sleep or who have changed your usual sleep pattern? No .....1  
Yes .....2

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Q258 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Choose the most appropriate option for each situation.

Q258A Sitting and reading Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258B Watching TV Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258C Sitting, inactive in a public place (e.g. a theatre or a meeting) Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258D As a passenger in a car for an hour without a break Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258E Lying down to rest in the afternoon when circumstances permit Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258F Sitting and talking to someone Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258G Sitting quietly after lunch without alcohol Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

Q258H In a car, while stopped for a few minutes in the traffic Would never doze .....1  
Slight chance of dozing .....2  
Moderate chance of dozing .....3  
High chance of dozing .....4

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2	Q259	If you usually have to get up at a specific time in the morning, how	Not at all .....1
3		much do you depend on an alarm clock?	Slightly .....2
4			Somewhat .....3
5			Very much .....4
6	<hr/>		
7	Q260	During the first half hour after you wake up in the morning, how do	Very tired .....1
8		you feel?	Fairly tired .....2
9			Fairly refreshed .....3
10			Very refreshed .....4
11	<hr/>		
12	Q261	If you had no commitments the next day, what time would you go to	Seldom or never later .....1
13		bed compared to your usual bedtime?	Less than 1 hour later .....2
14			1-2 hours later .....3
15			More than 2 hours later .....4
16	<hr/>		
17	Q262	At approximately what time in the evening do you feel tired, and, as	8:00 pm - 9:00 pm .....1
18		a result, in need of sleep?	9:00 pm - 10:15 pm .....2
19			10:15 pm - 12:45 am .....3
20			12:45 am - 2:00 am .....4
21			2:00 am - 3:00 am .....5
22	<hr/>		
23	Q263	At approximately what time of day do you usually feel your best?	5:00 am - 8:00 am .....1
24			8:00 am - 10:00 am .....2
25			10:00 am - 5:00 pm .....3
26			5:00 pm - 10:00 pm .....4
27			10:00 pm - 5:00 am .....5
28	<hr/>		
29	Q264	One hears about "morning types" and "evening types." Which one	Definitely a morning type .....1
30		of these types do you consider yourself to be?	Rather more a morning type
31			than an evening type .....2
32			Rather more an evening type
33			than a morning type .....3
34			Definitely an evening type .....4
35	<hr/>		
36	Q265	Over the last 2 weeks, have you had problems with falling asleep,	No .....1
37		staying asleep or waking up too early?	Yes .....2
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39			
40	<hr/>		

\*\*\*\*\*  
 IF PROBLEMS WITH SLEEP (Q265 = 2) CONTINUE, ELSE GO TO Q267  
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Q266	Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s).	
	Q266A Difficulty falling asleep	None .....1 Mild .....2 Moderate .....3 Severe .....4 Very severe .....5
	Q266B Difficulty staying asleep	None .....1 Mild .....2 Moderate .....3 Severe .....4 Very severe .....5
	Q266C Problem waking up too early	None .....1 Mild .....2 Moderate .....3 Severe .....4 Very severe .....5

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Q267	How satisfied/dissatisfied are you with your current sleep pattern?	Very dissatisfied .....1 Dissatisfied .....2 Moderately satisfied .....3 Satisfied .....4 Very satisfied .....5
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**IF ANY CURRENT INSOMNIA SYMPTOM (Q266A, Q266B OR Q266C > 1) OR**  
**LESS THAN SATISFIED WITH CURRENT SLEEP (Q267 <4) CONTINUE**  
**ELSE GO TO Q271**  
 \*\*\*\*\*

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Q268	How noticeable to others do you think your poor sleep is in terms of impairing the quality of your life?	Not at all noticeable .....1 A little .....2 Somewhat .....3 Much .....4 Very much noticeable .....5
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Q269	How worried/distressed are you about your current sleep problem?	Not at all worried .....1 A little .....2 Somewhat .....3 Much .....4 Very much worried .....5
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Q270	To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?	Not at all .....1 A little .....2 Somewhat .....3 Much .....4 Very much .....5
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Q271	During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	Not during the past month .....1 Less than once a week .....2 Once or twice per week .....3 Three or more times per week .....4
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2  
3 Q272 During the past month, how often have you had trouble staying  
4 awake while driving, eating meals, or engaging in social activity? Not during the past month .....1  
5 Less than once a week .....2  
6 Once or twice per week .....3  
7 Three or more times per week .....4

8  
9 Q273 If you were to drink coffee in the evening, would it stop you from  
10 getting to sleep? No .....1  
11 Yes .....2

12  
13 Q274 How many cups/cans/bottles of the following caffeinated beverages do  
14 you drink per day? Note: decaffeinated coffee or caffeine-free cola do not  
15 count towards this total. Please click or tap on the shaded line under your  
16 chosen number to register your response, even if the answer is "0".

17 Q274A Coffee \_\_\_\_\_ CUPS

18 Q274B Tea \_\_\_\_\_ CUPS

19 Q274C Soft drinks (e.g. Coca-Cola, Pepsi, Mountain Dew etc) \_\_\_\_\_ CANS OR BOTTLES

20 Q274D Energy drinks (e.g. Red Bull, Mother, Rockstar) \_\_\_\_\_ CANS OR BOTTLES

21  
22  
23 Q275 On average, how much time do you spend outdoors in natural light per day?

24 Q275A On work days \_\_\_\_\_ HOURS  
25 \_\_\_\_\_ MINUTES

26 Q275B On free days (e.g. weekend) \_\_\_\_\_ HOURS  
27 \_\_\_\_\_ MINUTES

28  
29  
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31 Q276 During the last month, on how many nights or days per week have you  
32 had or been told you had the following:

33 Q276A Loud snoring  
34 Never .....1  
35 Rarely, less than once a week .....2  
36 1-2 times per week .....3  
37 3-4 times per week .....4  
38 5-7 times per week .....5  
39 Don't know .....6

40 Q276B Snorting or gasping  
41 Never .....1  
42 Rarely, less than once a week .....2  
43 1-2 times per week .....3  
44 3-4 times per week .....4  
45 5-7 times per week .....5  
46 Don't know .....6

47 Q276C Your breathing stops or you choke or struggle for breath  
48 Never .....1  
49 Rarely, less than once a week .....2  
50 1-2 times per week .....3  
51 3-4 times per week .....4  
52 5-7 times per week .....5  
53 Don't know .....6

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3 Q277 The purpose of the following questions is to find out how your mood and  
4 behaviour change over time. Note: We are interested in your experience,  
5 not others you may have observed.

6  
7  
8 Q278 For how long have you lived in your current town or in the surrounding area?

\_\_\_/\_\_\_ YEARS  
\_\_\_/\_\_\_ MONTHS

9  
10  
11 Q279 To what degree do the following change with the seasons?

12	Q279A Sleep length	No change .....1
13		Slight change .....2
14		Moderate change .....3
15		Marked change .....4
16		Extremely marked change .....5
17		
18	Q279B Social activity	No change .....1
19		Slight change .....2
20		Moderate change .....3
21		Marked change .....4
22		Extremely marked change .....5
23		
24	Q279C Mood (overall feeling of well being)	No change .....1
25		Slight change .....2
26		Moderate change .....3
27		Marked change .....4
28		Extremely marked change .....5
29		
30	Q279D Weight	No change .....1
31		Slight change .....2
32		Moderate change .....3
33		Marked change .....4
34		Extremely marked change .....5
35		
36	Q279E Appetite	No change .....1
37		Slight change .....2
38		Moderate change .....3
39		Marked change .....4
40		Extremely marked change .....5
41		
42	Q279F Energy level	No change .....1
43		Slight change .....2
44		Moderate change .....3
45		Marked change .....4
46		Extremely marked change .....5
47		

1 Q280 In the following question, please select all applicable months. This may  
 2 be a single month, a cluster of months, or any other grouping. At what  
 3 time of year do you....?  
 4

5 Q280A Feel best

January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

18  
 19 Q280B Tend to gain most weight

January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

31  
 32 Q280C Socialise most

January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

44  
 45 Q280D Sleep least

January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

57  
 58  
 59 Q280E Eat most

January .....	1
February .....	2
March .....	3



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Q280F Lose most weight

April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10  
November .....11  
December .....12  
No particular months 13

Q280G Socialise least

January .....1  
February .....2  
March .....3  
April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10  
November .....11  
December .....12  
No particular months 13

Q280H Feel worst

January .....1  
February .....2  
March .....3  
April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10  
November .....11  
December .....12  
No particular months 13

Q280I Eat least

January .....1  
February .....2  
March .....3  
April .....4  
May .....5  
June .....6  
July .....7  
August .....8  
September .....9  
October .....10

For peer review only

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Q280J Sleep most

November .....	11
December .....	12
No particular months	13
January .....	1
February .....	2
March .....	3
April .....	4
May .....	5
June .....	6
July .....	7
August .....	8
September .....	9
October .....	10
November .....	11
December .....	12
No particular months .....	13

\*\*\*\*\*

IF ANY CHANGE OF BEHAVIOUR WITH SEASONS  
(ANY OF Q279A TO Q279F > 1) CONTINUE  
ELSE GO TO Q283

\*\*\*\*\*

Q281	If you experience changes with the seasons (in energy, mood, sleep etc), do you feel that they are a problem for you?	No .....	1
		Yes .....	2

\*\*\*\*\*

IF PROBLEM (Q281=2) CONTINUE, ELSE GO TO Q283

\*\*\*\*\*

Q282	Is the problem...?	Mild .....	1
		Moderate .....	2
		Marked .....	3
		Severe .....	4
		Disabling .....	5

1 Q283 Approximately how many hours of each 24-hour day do you sleep during  
 2 each season? (Include naps)  
 3

4 Q283A Winter

- 5 0 .....1
- 6 1 .....2
- 7 2 .....3
- 8 3 .....4
- 9 4 .....5
- 10 5 .....6
- 11 6 .....7
- 12 7 .....8
- 13 8 .....9
- 14 9 .....10
- 15 10 .....11
- 16 11 .....12
- 17 12 .....13
- 18 13 .....14
- 19 14 .....15
- 20 15 .....16
- 21 16 .....17
- 22 17 .....18
- 23 18 .....19
- 24 Over 18 hours .....20

25 Q283B Spring

- 26 0 .....1
- 27 1 .....2
- 28 2 .....3
- 29 3 .....4
- 30 4 .....5
- 31 5 .....6
- 32 6 .....7
- 33 7 .....8
- 34 8 .....9
- 35 9 .....10
- 36 10 .....11
- 37 11 .....12
- 38 12 .....13
- 39 13 .....14
- 40 14 .....15
- 41 15 .....16
- 42 16 .....17
- 43 17 .....18
- 44 18 .....19
- 45 Over 18 hours .....20

46 Q283C Summer

- 47 0 .....1
- 48 1 .....2
- 49 2 .....3
- 50 3 .....4
- 51 4 .....5
- 52 5 .....6
- 53 6 .....7
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For peer review only

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Q283D Autumn

18 .....	19
Over 18 hours .....	20
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18 .....	19
Over 18 hours .....	20

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Q284 Another section finished!

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For peer review only

**Module 7 – General health and lifestyle**

Q285 Which of the following best describes your natural eye colour? Blue .....1  
 Grey .....2  
 Green .....3  
 Hazel .....4  
 Brown .....5

Q286 Which of the following best describes your natural hair colour at age 20? Fair/blonde .....1  
 (If you are not yet 20 years old, what is your natural hair colour now?) Light brown .....2  
 Light red or ginger .....3  
 Dark red or auburn .....4  
 Dark brown .....5  
 Black .....6

Q287 Which of the following best describes your natural hair texture at age 20? Straight .....1  
 (If you are not yet 20 years old, what is your natural hair texture now?) Wavy .....2  
 Curly .....3

Q288 Has your hair started to grey? No .....1  
 Yes .....2

\*\*\*\*\*  
 IF GREYING (Q288=2) CONTINUE  
 ELSE IF MALE (Q4 = 1) GO TO Q291  
 ELSE GO TO Q294  
 \*\*\*\*\*

Q289 At what age did you notice that your hair was starting to go grey? An \_\_\_/\_\_\_ YEARS  
 approximate age is fine.

Q290 What percentage of grey hair do you now have? 0% .....1  
 10% .....2  
 25% .....3  
 50% .....4  
 75% .....5  
 100% .....6  
 Don't know .....7

\*\*\*\*\*  
 IF MALE (Q4 = 1) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*

Q291 Have you experienced any natural hair loss (that is, hair loss not No .....1  
 resulting from illness or medical treatment)? Yes .....2

\*\*\*\*\*  
 IF YES (Q291 = 2) CONTINUE ELSE GO TO Q294  
 \*\*\*\*\*

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Q292 Which diagram below best describes your hair (loss) at the present time?

1 .....1  
2 .....2  
2a .....3  
3 .....4  
3a .....5  
3 Vertex .....6  
4 .....7  
4a .....8  
5 .....9  
5a .....10  
6 .....11  
7 .....12

Q293 At what age did you first start to experience hair loss? An approximate age is fine. \_/\_ YEARS

Q294 Which hand do you usually use to write legibly? Left .....1  
Either .....2  
Right .....3

Q295 How would you describe your skin colour on areas never exposed to the sun, at age 20? (If you are not yet 20 years old, how would you describe your skin colour now on areas never exposed to the sun?) Fair or pale .....1  
Medium .....2  
Olive or dark .....3

\*\*\*\*\*  
IF AGE 30 OR OLDER (Q5 > 29) CONTINUE ELSE GO TO Q298  
\*\*\*\*\*

Q296 Imagine, when you were in your 20s, that you were sitting on the beach in the strong sun for 30 minutes in the middle of the day, without any protection like sunscreen or clothing, for the first time each summer. How much would your skin have burnt? Always burned, never tanned .....1  
Usually burned, sometimes tanned..2  
Sometimes burned, usually tanned..3  
Never burned, always tanned .....4

1  
2  
3 Q297 Imagine, when you were in your 20s, you spent several weeks at the beach in strong sun, without any protection like sunscreen or clothing. Not tan at all .....1  
4 How much would your skin tan? Tan lightly .....2  
5 Tan moderately .....3  
6 Tan deeply .....4

7  
8 \*\*\*\*\*  
9 GO TO Q300  
10 \*\*\*\*\*

11  
12 Q298 Imagine sitting on the beach in the strong sun for 30 minutes in the Always burn, never tan .....1  
13 middle of the day, without any protection like sunscreen or clothing, Usually burn, sometimes tan .....2  
14 for the first time each summer. How much would your skin burn? Sometimes burn, usually tan .....3  
15 Never burn, always tan .....4

16  
17  
18 Q299 Imagine spending several weeks at the beach in strong sun, without any Not tan at all .....1  
19 protection like sunscreen or clothing. How much would your skin tan? Tan lightly .....2  
20 Tan moderately .....3  
21 Tan deeply .....4

22  
23  
24 Q300 During your childhood, how much freckling did you have? None .....1  
25 Light .....2  
26 Moderate .....3  
27 Heavy .....4

28  
29  
30 Q301 Moles are brown or black spots on the skin which usually start in None .....1  
31 childhood. They are usually darker and larger than freckles. How Less than 10 .....2  
32 many moles do you think you have, including any you have had Between 10 and 50 .....3  
33 removed? More than 50 .....4

34  
35  
36 Q302 Many people suffer from acne during their lives. How much acne do None .....1  
37 you have now? Mild .....2  
38 Moderate .....3  
39 Severe .....4

40  
41  
42 Q303 How much acne did you have when you were a teenager? None .....1  
43 Mild .....2  
44 Moderate .....3  
45 Severe .....4

46  
47  
48 Q304 Have you ever suffered from wheezing? (Wheezing is a whistling No .....1  
49 noise coming from your chest, though it can be heard in the mouth.) Yes .....2

50  
51 \*\*\*\*\*  
52 IF YES (Q304 = 2) CONTINUE, ELSE GO TO Q306  
53 \*\*\*\*\*

54  
55  
56 Q305 In the last 12 months, how often have you had an episode of wheezing? Not at all .....1  
57 1 to 4 times .....2  
58 5 to 12 times .....3  
59 More than 12 times .....4





1			
2			
3	Q314	Has a doctor ever diagnosed your parents or siblings as suffering from asthma?	No .....1 Yes .....2
4			
5	<hr/>		
6	Q315	Have you had an allergic reaction to any of the following items?	
7			
8		Q315A Foods	No .....1 Yes .....2 Unsure .....3
9			
10			
11			
12		Q315B Plants (including pollen)	No .....1 Yes .....2 Unsure .....3
13			
14			
15			
16		Q315C Animals (mammals, birds or insects)	No .....1 Yes .....2 Unsure .....3
17			
18			
19			
20		Q315D Dust mites	No .....1 Yes .....2 Unsure .....3
21			
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24		Q315E Mould	No .....1 Yes .....2 Unsure .....3
25			
26			
27			
28		Q315F Latex	No .....1 Yes .....2 Unsure .....3
29			
30			
31			
32		Q315G Medicines	No .....1 Yes .....2 Unsure .....3
33			
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36		Q315H Vaccines	No .....1 Yes .....2 Unsure .....3
37			
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40		Q315I Something else	No .....1 Yes .....2 Unsure .....3
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\*\*\*\*\*  
 FOR EACH ALLERGEN AT Q315 (Q315A TO Q315I = 2), COMPLETE  
 THE RELEVANT SECTION OF Q316  
 ELSE GO TO Q317  
 \*\*\*\*\*

Q316 What type of reaction did you have? (Please select all that apply).

Q316A Foods

Abdominal pain or vomiting .....1  
 Diarrhoea .....2  
 Difficulty swallowing or speaking ..3  
 Drop of blood pressure, or  
 passing out .....4  
 Hives (red, itchy, swollen skin .....5  
 Itching in your mouth .....6  
 Itchy or runny nose .....7  
 Nausea .....8  
 Wheezing or asthma .....9  
 None of the above .....10

Q316B Plants (including pollen)

Abdominal pain or vomiting .....1  
 Diarrhoea .....2  
 Difficulty swallowing or speaking ..3  
 Drop of blood pressure, or  
 passing out .....4  
 Hives (red, itchy, swollen skin .....5  
 Itching in your mouth .....6  
 Itchy or runny nose .....7  
 Nausea .....8  
 Wheezing or asthma .....9  
 None of the above .....10

Q316C Animals (mammals, birds or insects)

Abdominal pain or vomiting .....1  
 Diarrhoea .....2  
 Difficulty swallowing or speaking ..3  
 Drop of blood pressure, or  
 passing out .....4  
 Hives (red, itchy, swollen skin .....5  
 Itching in your mouth .....6  
 Itchy or runny nose .....7  
 Nausea .....8  
 Wheezing or asthma .....9  
 None of the above .....10

Q316D Dust mites

Abdominal pain or vomiting .....1  
 Diarrhoea .....2  
 Difficulty swallowing or speaking ..3  
 Drop of blood pressure, or  
 passing out .....4  
 Hives (red, itchy, swollen skin .....5  
 Itching in your mouth .....6  
 Itchy or runny nose .....7  
 Nausea .....8  
 Wheezing or asthma .....9  
 None of the above .....10

Q316E Mould

Abdominal pain or vomiting .....1  
 Diarrhoea .....2  
 Difficulty swallowing or speaking ..3  
 Drop of blood pressure, or  
 passing out .....4  
 Hives (red, itchy, swollen skin .....5  
 Itching in your mouth .....6

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Q316F Latex

Itchy or runny nose .....7  
Nausea .....8  
Wheezing or asthma .....9  
None of the above .....10

Q316G Medicines

Abdominal pain or vomiting .....1  
Diarrhoea .....2  
Difficulty swallowing or speaking ..3  
Drop of blood pressure, or  
passing out .....4  
Hives (red, itchy, swollen skin .....5  
Itching in your mouth .....6  
Itchy or runny nose .....7  
Nausea .....8  
Wheezing or asthma .....9  
None of the above .....10

Q316H Vaccines

Abdominal pain or vomiting .....1  
Diarrhoea .....2  
Difficulty swallowing or speaking ..3  
Drop of blood pressure, or  
passing out .....4  
Hives (red, itchy, swollen skin .....5  
Itching in your mouth .....6  
Itchy or runny nose .....7  
Nausea .....8  
Wheezing or asthma .....9  
None of the above .....10

Q316I Something else

Abdominal pain or vomiting .....1  
Diarrhoea .....2  
Difficulty swallowing or speaking ..3  
Drop of blood pressure, or  
passing out .....4  
Hives (red, itchy, swollen skin .....5  
Itching in your mouth .....6  
Itchy or runny nose .....7  
Nausea .....8  
Wheezing or asthma .....9  
None of the above .....10

\*\*\*\*\*  
 IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q327  
 \*\*\*\*\*

Q317 Has a doctor ever diagnosed you with any of the following?

Q317A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue) No .....1  
 Yes .....2

Q317B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) No .....1  
 Yes .....2

Q317C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis) No .....1  
 Yes .....2

\*\*\*\*\*  
 FOR EACH CONDITION AT Q317 (Q317A TO Q317C = 2), COMPLETE  
 THE RELEVANT SECTION OF Q318, ELSE GO TO Q320  
 \*\*\*\*\*

Q318 How old were you when this first occurred?

Q318A Fibroids in the uterus (a benign tumour of fibrous and muscular tissue) \_\_\_/\_\_\_ YEARS

Q318B Polycystic ovarian syndrome (a hormonal disorder characterised by ovarian follicles failing to ovulate and remaining as multiple cysts, distending the ovary) \_\_\_/\_\_\_ YEARS

Q318C Endometriosis (the presence of tissue similar to the kind lining the uterus, at other sites in the pelvis) \_\_\_/\_\_\_ YEARS

\*\*\*\*\*  
 IF ENDOMETRIOSIS (Q317C = 2), CONTINUE, ELSE GO TO Q320  
 \*\*\*\*\*

Q319 Has your diagnosis of endometriosis been confirmed by:

Laparoscopy (keyhole surgery) .....1  
 Laparotomy (open surgery) .....2  
 Other surgery .....3  
 Symptoms alone .....4  
 Internal examination .....5

Q320 Have you begun to menstruate (started having your period)?

No .....1  
 Yes .....2

\*\*\*\*\*  
 IF YES (Q320 = 2) CONTINUE, ELSE GO TO Q324  
 \*\*\*\*\*

Q321 How old were you when you had your first menstrual period?

No .....1  
 Yes .....2

\*\*\*\*\*  
 IF Q425 NOT YET PRESENTED CONTINUE, ELSE GO TO Q323  
 \*\*\*\*\*

Q322 Have you reached menopause? No .....1  
 Yes .....2

\*\*\*\*\*  
 IF MENOPAUSE REACHED (Q322 = 2 OR Q425=2) CONTINUE,  
 ELSE GO TO Q324  
 \*\*\*\*\*

Q323 How old were you when your periods stopped? \_\_\_/\_\_\_ YEARS

Q324 Have you had a hysterectomy? No .....1  
 Yes .....2

\*\*\*\*\*  
 IF YES (Q324 = 2) CONTINUE, ELSE GO TO Q326  
 \*\*\*\*\*

Q325 How old were you when you had your hysterectomy? \_\_\_/\_\_\_ YEARS

Q326 Have you ever tried for 12 months or more to conceive without success? No .....1  
 Yes .....2

Q327 Have you ever had any of the following medical conditions? Please select all that apply.

Arthritis .....1  
 Ankylosing spondylitis .....2  
 Back problems .....3  
 Barrett's oesophagus .....4  
 Cancer .....5  
 Chronic fatigue syndrome .....6  
 Chronic lung disease .....7  
 Coeliac disease .....8  
 Crohn's disease .....9  
 Ulcerative colitis .....10  
 Diabetes or high blood sugar .....11  
 Epilepsy or seizure disorder .....12  
 Eye problems .....13  
 Gallstones .....14  
 Graves' disease .....15  
 Hashimoto's disease .....16  
 Heart attack .....17  
 Heart disease .....18  
 High blood pressure .....19  
 HIV infection .....20  
 Kidney disease .....21  
 Lupus (SLE) .....22  
 Lymphoedema .....23  
 Multiple sclerosis .....24  
 Neck problems .....25  
 Osteoporosis .....26  
 Psoriasis .....27  
 Reflux .....28  
 Seasonal allergies .....29  
 Sjögren's syndrome .....30  
 Stroke .....31  
 Tuberculosis .....32  
 Ulcers .....33  
 Any other chronic pain .....34  
 Other .....35

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None of the above .....36

\*\*\*\*\*  
 IF ARTHRITIS, CANCER, CHRONIC LUNG DISEASE,  
 DIABETES OR HIGH BLOOD SUGAR, EYE PROBLEMS OR ULCERS  
 IS SELECTED (Q327 = 1, 5, 7, 11, 13 OR 33) CONTINUE  
 IF ANY OTHER CONDITION SELECTED, GO TO Q329  
 ELSE GO TO Q330  
 \*\*\*\*\*

1 Q328 Please select the specific type of the medical condition(s) you have had.

2

3 Q328\_1A Osteoarthritis [IF ARTHRITIS (Q327 = 1)] Yes .....1

4

5 Q328\_1B Rheumatoid arthritis [IF ARTHRITIS (Q327 = 1)] Yes .....1

6

7 Q328\_1C Juvenile idiopathic arthritis (JIA) [IF ARTHRITIS (Q327 = 1)] Yes .....1

8

9 Q328\_1D Psoriatic arthritis [IF ARTHRITIS (Q327 = 1)] Yes .....1

10

11 Q328\_1E Other arthritis [IF ARTHRITIS (Q327 = 1)] Yes .....1

12

13 Q328\_5A Bladder cancer [IF CANCER (Q327 = 5)] Yes .....1

14

15 Q328\_5B Bowel (colorectal) cancer [IF CANCER (Q327 = 5)] Yes .....1

16

17 Q328\_5C Brain cancer [IF CANCER (Q327 = 5)] Yes .....1

18

19 Q328\_5D Breast cancer [IF CANCER (Q327 = 5)] Yes .....1

20

21 Q328\_5E Cervical cancer [IF CANCER (Q327 = 5) AND

22 FEMALE (Q4 = 2)] Yes .....1

23

24 Q328\_5F Endometrial cancer [IF CANCER (Q327 = 5) AND

25 FEMALE (Q4 = 2)] Yes .....1

26

27 Q328\_5G Kidney cancer [IF CANCER (Q327 = 5)] Yes .....1

28

29 Q328\_5H Leukemia [IF CANCER (Q327 = 5)] Yes .....1

30

31 Q328\_5I Liver cancer [IF CANCER (Q327 = 5)] Yes .....1

32

33 Q328\_5J Lung cancer [IF CANCER (Q327 = 5)] Yes .....1

34

35 Q328\_5K Lymphoma [IF CANCER (Q327 = 5)] Yes .....1

36

37 Q328\_5L Melanoma [IF CANCER (Q327 = 5)] Yes .....1

38

39 Q328\_5M Skin cancer other than melanoma [IF CANCER (Q327 = 5)] Yes .....1

40

41 Q328\_5N Oesophageal cancer [IF CANCER (Q327 = 5)] Yes .....1

42

43 Q328\_5O Ovarian cancer [IF CANCER (Q327 = 5) AND FEMALE

44 (Q4 = 2)] Yes .....1

45

46 Q328\_5P Pancreatic cancer [IF CANCER (Q327 = 5)] Yes .....1

47

48 Q328\_5Q Prostate cancer [IF CANCER (Q327 = 5) AND MALE

49 (Q4 = 1)] Yes .....1

50

51 Q328\_5R Other cancer [IF CANCER (Q327 = 5)] Yes .....1

52

53 Q328\_7A Emphysema [IF CHRONIC LUNG DISEASE (Q327 = 7)] Yes .....1

54

55 Q328\_7B Chronic bronchitis [IF CHRONIC LUNG DISEASE

56 (Q327 = 7)] Yes .....1

57

58 Q328\_7C Other chronic lung disease [IF CHRONIC LUNG DISEASE

59 (Q327 = 7)] Yes .....1

60

Q328\_11A Type 1 diabetes [IF DIABETES / HBS (Q327 = 11)] Yes .....1

1	Q328_11B Type 2 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1
2		
3	Q328_11C Gestational diabetes [IF DIABETES / HBS (Q327 = 11)	
4	AND FEMALE (Q4 = 2)]	Yes .....1
5		
6	Q328_11D Other diabetes or high blood sugar [IF DIABETES / HBS	
7	(Q327 = 11)]	Yes .....1
8		
9	Q328_13A Long-sighted (e.g. glasses for reading) [IF EYE	
10	PROBLEMS (Q327 = 13)]	Yes .....1
11		
12	Q328_13B Short-sighted (e.g. glasses for distance) [IF EYE	
13	PROBLEMS (Q327 = 13)]	Yes .....1
14		
15	Q328_13C Astigmatism [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
16		
17	Q328_13D Cataracts [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
18		
19	Q328_13E Glaucoma [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
20		
21	Q328_13F Macular degeneration [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
22		
23	Q328_13G Pterygium [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
24		
25	Q328_13H Strabismus ("turned" or "lazy" eye) [IF EYE PROBLEMS	
26	(Q327 = 13)]	Yes .....1
27		
28	Q328_13I Other eye problem [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
29		
30	Q328_33A Mouth ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
31		
32	Q328_33B Leg ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
33		
34	Q328_33C Stomach (gastric) ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
35		
36	Q328_33D Duodenal ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
37		
38	Q328_33E Other ulcers [IF ULCERS (Q327 = 33)]	Yes .....1

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\*\*\*\*\*  
 COMPLETE FOR ALL CONDITIONS IDENTIFIED AT Q327 AND Q328  
 \*\*\*\*\*

1		
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3		
4		
5	Q329	How old were you when these medical conditions first began, and when
6		you most recently experienced them? Approximate ages are fine.
7		
8	Q329_1AF	Age osteoarthritis began [IF Q328_1A = 1] _____ YEARS
9		
10	Q329_1AR	Age osteoarthritis most recent [IF Q328_1A = 1] _____ YEARS
11		
12	Q329_1BF	Age rheumatoid arthritis began [IF Q328_1B = 1] _____ YEARS
13		
14	Q329_1BR	Age rheumatoid arthritis most recent [IF Q328_1B = 1] _____ YEARS
15		
16	Q329_1CF	Age juvenile idiopathic arthritis (JIA) began [IF Q328_1C = 1] _____ YEARS
17		
18	Q329_1CR	Age juvenile idiopathic arthritis (JIA) most recent
19		[IF Q328_1C = 1] _____ YEARS
20		
21	Q329_1DF	Age psoriatic arthritis began [IF Q328_1D = 1] _____ YEARS
22		
23	Q329_1DR	Age psoriatic arthritis most recent [IF Q328_1D = 1] _____ YEARS
24		
25	Q329_1EF	Age other arthritis began [IF Q328_1E = 1] _____ YEARS
26		
27	Q329_1ER	Age other arthritis most recent [IF Q328_1E = 1] _____ YEARS
28		
29	Q329_1FF	Age unspecified arthritis began [IF Q327 = 1 AND
30		Q328_1A TO Q328_1E ≠ 1] _____ YEARS
31		
32	Q329_1FR	Age unspecified arthritis most recent [IF Q327 = 1 AND
33		Q328_1A TO Q328_1E ≠ 1] _____ YEARS
34		
35	Q329_2F	Age ankylosing spondylitis began [IF Q327 = 2] _____ YEARS
36		
37	Q329_2R	Age ankylosing spondylitis most recent [IF Q327 = 2] _____ YEARS
38		
39	Q329_3F	Age back problems began [IF Q327 = 3] _____ YEARS
40		
41	Q329_3R	Age back problems most recent [IF Q327 = 3] _____ YEARS
42		
43	Q329_4F	Age Barrett's oesophagus began [IF Q327 = 4] _____ YEARS
44		
45	Q329_4R	Age Barrett's oesophagus most recent [IF Q327 = 4] _____ YEARS
46		
47	Q329_5AF	Age bladder cancer began [IF Q328_5A = 1] _____ YEARS
48		
49	Q329_5AR	Age bladder cancer most recent [IF Q328_5A = 1] _____ YEARS
50		
51	Q329_5BF	Age bowel (colorectal) cancer began [IF Q328_5B = 1] _____ YEARS
52		
53	Q329_5BR	Age bladder cancer most recent [IF Q328_5B = 1] _____ YEARS
54		
55	Q329_5CF	Age brain cancer began [IF Q328_5C = 1] _____ YEARS
56		
57	Q329_5CR	Age brain cancer most recent [IF Q328_5C = 1] _____ YEARS
58		
59	Q329_5DF	Age breast cancer began [IF Q328_5D = 1] _____ YEARS
60		
	Q329_5DR	Age breast cancer most recent [IF Q328_5D = 1] _____ YEARS
	Q329_5EF	Age cervical cancer began [IF Q328_5E = 1] _____ YEARS

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3	Q329_5ER Age cervical cancer most recent [IF Q328_5E = 1]	___/___/___ YEARS
4	Q329_5FF Age endometrial cancer began [IF Q328_5F = 1]	___/___/___ YEARS
5		
6	Q329_5FR Age endometrial cancer most recent [IF Q328_5F = 1]	___/___/___ YEARS
7		
8	Q329_5GF Age kidney cancer began [IF Q328_5G = 1]	___/___/___ YEARS
9		
10	Q329_5GR Age kidney cancer most recent [IF Q328_5G = 1]	___/___/___ YEARS
11		
12	Q329_5HF Age leukemia began [IF Q328_5H = 1]	___/___/___ YEARS
13		
14	Q329_5HR Age leukemia most recent [IF Q328_5H = 1]	___/___/___ YEARS
15		
16	Q329_5IF Age liver cancer began [IF Q328_5I = 1]	___/___/___ YEARS
17		
18	Q329_5IR Age liver cancer most recent [IF Q328_5I = 1]	___/___/___ YEARS
19		
20	Q329_5JF Age lung cancer began [IF Q328_5J = 1]	___/___/___ YEARS
21		
22	Q329_5JR Age lung cancer most recent [IF Q328_5J = 1]	___/___/___ YEARS
23		
24	Q329_5KF Age lymphoma began [IF Q328_5K = 1]	___/___/___ YEARS
25		
26	Q329_5KR Age lymphoma most recent [IF Q328_5K = 1]	___/___/___ YEARS
27		
28	Q329_5LF Age melanoma began [IF Q328_5L = 1]	___/___/___ YEARS
29		
30	Q329_5LR Age melanoma most recent [IF Q328_5L = 1]	___/___/___ YEARS
31		
32	Q329_5MF Age skin cancer other than melanoma began [IF Q328_5M = 1]	___/___/___ YEARS
33		
34	Q329_5MR Age skin cancer other than melanoma most recent [IF Q328_5M = 1]	___/___/___ YEARS
35		
36	Q329_5NF Age oesophageal cancer began [IF Q328_5N = 1]	___/___/___ YEARS
37		
38	Q329_5NR Age oesophageal cancer most recent [IF Q328_5N = 1]	___/___/___ YEARS
39		
40	Q329_5OF Age ovarian cancer began [IF Q328_5O = 1]	___/___/___ YEARS
41		
42	Q329_5OR Age ovarian cancer most recent [IF Q328_5O = 1]	___/___/___ YEARS
43		
44	Q329_5PF Age pancreatic cancer began [IF Q328_5P = 1]	___/___/___ YEARS
45		
46	Q329_5PR Age pancreatic cancer most recent [IF Q328_5P = 1]	___/___/___ YEARS
47		
48	Q329_5QF Age prostate cancer began [IF Q328_5Q = 1]	___/___/___ YEARS
49		
50	Q329_5QR Age prostate cancer most recent [IF Q328_5Q = 1]	___/___/___ YEARS
51		
52	Q329_5RF Age other cancer began [IF Q328_5R = 1]	___/___/___ YEARS
53		
54	Q329_5RR Age other cancer most recent [IF Q328_5R = 1]	___/___/___ YEARS
55		
56	Q329_5SF Age unspecified cancer began [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
57		
58	Q329_5SR Age unspecified cancer most recent [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	___/___/___ YEARS
59		
60	Q329_6F Age chronic fatigue syndrome began [IF Q327 = 6]	___/___/___ YEARS

1		
2		
3	Q329_6R Age chronic fatigue syndrome most recent [IF Q327 = 6]	__/__/__ YEARS
4		
5	Q329_7AF Age emphysema began [IF Q328_7A = 1]	__/__/__ YEARS
6		
7	Q329_7AR Age emphysema most recent [IF Q328_7A = 1]	__/__/__ YEARS
8		
9	Q329_7BF Age chronic bronchitis began [IF Q328_7B = 1]	__/__/__ YEARS
10		
11	Q329_7BR Age chronic bronchitis most recent [IF Q328_7B = 1]	__/__/__ YEARS
12		
13	Q329_7CF Age other chronic lung disease began [IF Q328_7C = 1]	__/__/__ YEARS
14		
15	Q329_7CR Age other chronic lung disease most recent [IF Q328_7C = 1]	__/__/__ YEARS
16		
17	Q329_7DF Age unspecified chronic lung disease began [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
18		
19	Q329_7DR Age unspecified chronic lung disease most recent [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
20		
21	Q329_8F Age coeliac disease began [IF Q327 = 8]	__/__/__ YEARS
22		
23	Q329_8R Age coeliac disease most recent [IF Q327 = 8]	__/__/__ YEARS
24		
25	Q329_9F Age Crohn's disease began [IF Q327 = 9]	__/__/__ YEARS
26		
27	Q329_9R Age Crohn's disease most recent [IF Q327 = 9]	__/__/__ YEARS
28		
29	Q329_10F Age ulcerative colitis began [IF Q327 = 10]	__/__/__ YEARS
30		
31	Q329_10R Age ulcerative colitis most recent [IF Q327 = 10]	__/__/__ YEARS
32		
33	Q329_11AF Age Type 1 diabetes began [IF Q328_11A = 1]	__/__/__ YEARS
34		
35	Q329_11AR Age Type 1 diabetes most recent [IF Q328_11A = 1]	__/__/__ YEARS
36		
37	Q329_11BF Age Type 2 diabetes began [IF Q328_11B = 1]	__/__/__ YEARS
38		
39	Q329_11BR Age Type 2 diabetes most recent [IF Q328_11B = 1]	__/__/__ YEARS
40		
41	Q329_11CF Age gestational diabetes began [IF Q328_11C = 1]	__/__/__ YEARS
42		
43	Q329_11CR Age gestational diabetes most recent [IF Q328_11C = 1]	__/__/__ YEARS
44		
45	Q329_11DF Age other diabetes or high blood sugar began [IF Q328_11D = 1]	__/__/__ YEARS
46		
47	Q329_11DR Age other diabetes or high blood sugar most recent [IF Q328_11D = 1]	__/__/__ YEARS
48		
49	Q329_11EF Age unspecified diabetes or other high blood sugar began [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
50		
51	Q329_11ER Age unspecified diabetes or other high blood sugar most recent [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
52		
53	Q329_12F Age epilepsy or seizure disorder began [IF Q327 = 10]	__/__/__ YEARS
54		
55	Q329_12R Age epilepsy or seizure disorder most recent [IF Q327 = 10]	__/__/__ YEARS
56		
57	Q329_13AF Age long-sighted (e.g. glasses for reading) began [IF Q328_13A = 1]	__/__/__ YEARS
58		
59		
60		

1		
2		
3	Q329_13AR Age long-sighted (e.g. glasses for reading)	
4	most recent [IF Q328_13A = 1]	___/___/___ YEARS
5		
6	Q329_13BF Age short-sighted (e.g. glasses for distance) began	
7	[IF Q328_13B = 1]	___/___/___ YEARS
8		
9	Q329_13BR Age short-sighted (e.g. glasses for distance) most	
10	recent [IF Q328_13B = 1]	___/___/___ YEARS
11		
12	Q329_13CF Age astigmatism began [IF Q328_13C = 1]	___/___/___ YEARS
13		
14	Q329_13CR Age astigmatism most recent [IF Q328_13C = 1]	___/___/___ YEARS
15		
16	Q329_13DF Age cataracts began [IF Q328_13D = 1]	___/___/___ YEARS
17		
18	Q329_13DR Age cataracts most recent [IF Q328_13D = 1]	___/___/___ YEARS
19		
20	Q329_13EF Age glaucoma began [IF Q328_13E = 1]	___/___/___ YEARS
21		
22	Q329_13ER Age glaucoma most recent [IF Q328_13E = 1]	___/___/___ YEARS
23		
24	Q329_13FF Age macular degeneration began [IF Q328_13F = 1]	___/___/___ YEARS
25		
26	Q329_13FR Age macular degeneration most recent [IF Q328_13F = 1]	___/___/___ YEARS
27		
28	Q329_13GF Age pterygium began [IF Q328_13G = 1]	___/___/___ YEARS
29		
30	Q329_13GR Age pterygium most recent [IF Q328_13G = 1]	___/___/___ YEARS
31		
32	Q329_13HF Age strabismus (“turned” or “lazy” eye) began	
33	[IF Q328_13H = 1]	___/___/___ YEARS
34		
35	Q329_13HR Age strabismus (“turned” or “lazy” eye) most recent	
36	[IF Q328_13H = 1]	___/___/___ YEARS
37		
38	Q329_13IF Age other eye problem began [IF Q328_13I = 1]	___/___/___ YEARS
39		
40	Q329_13IR Age other eye problem most recent [IF Q328_13I = 1]	___/___/___ YEARS
41		
42	Q329_13JF Age unspecified eye problem began	
43	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	___/___/___ YEARS
44		
45	Q329_13JR Age unspecified eye problem most recent	
46	[IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	___/___/___ YEARS
47		
48	Q329_14F Age gallstones began [IF Q327 = 14]	___/___/___ YEARS
49		
50	Q329_14R Age gallstones most recent [IF Q327 = 14]	___/___/___ YEARS
51		
52	Q329_15F Age Graves’ disease began [IF Q327 = 15]	___/___/___ YEARS
53		
54	Q329_15R Age Graves’ disease most recent [IF Q327 = 15]	___/___/___ YEARS
55		
56	Q329_16F Age Hashimoto’s disease began [IF Q327 = 16]	___/___/___ YEARS
57		
58	Q329_16R Age Hashimoto’s disease most recent [IF Q327 = 16]	___/___/___ YEARS
59		
60	Q329_17F Age heart attack began [IF Q327 = 17]	___/___/___ YEARS
	Q329_17R Age heart attack most recent [IF Q327 = 17]	___/___/___ YEARS
	Q329_18F Age heart disease began [IF Q327 = 18]	___/___/___ YEARS

1		
2		
3	Q329_18R Age heart disease most recent [IF Q327 = 18]	__/__/__ YEARS
4		
5	Q329_19F Age high blood pressure began [IF Q327 = 19]	__/__/__ YEARS
6		
7	Q329_19R Age high blood pressure most recent [IF Q327 = 19]	__/__/__ YEARS
8		
9	Q329_20F Age HIV infection began [IF Q327 = 20]	__/__/__ YEARS
10		
11	Q329_20R Age HIV infection most recent [IF Q327 = 20]	__/__/__ YEARS
12		
13	Q329_21F Age kidney disease began [IF Q327 = 21]	__/__/__ YEARS
14		
15	Q329_21R Age kidney disease most recent [IF Q327 = 21]	__/__/__ YEARS
16		
17	Q329_22F Age lupus (SLE) began [IF Q327 = 22]	__/__/__ YEARS
18		
19	Q329_22R Age lupus (SLE) most recent [IF Q327 = 22]	__/__/__ YEARS
20		
21	Q329_23F Age lymphoedema began [IF Q327 = 23]	__/__/__ YEARS
22		
23	Q329_23R Age lymphoedema most recent [IF Q327 = 23]	__/__/__ YEARS
24		
25	Q329_24F Age multiple sclerosis began [IF Q327 = 24]	__/__/__ YEARS
26		
27	Q329_24R Age multiple sclerosis most recent [IF Q327 = 24]	__/__/__ YEARS
28		
29	Q329_25F Age neck problems began [IF Q327 = 25]	__/__/__ YEARS
30		
31	Q329_25R Age neck problems most recent [IF Q327 = 25]	__/__/__ YEARS
32		
33	Q329_26F Age osteoporosis began [IF Q327 = 26]	__/__/__ YEARS
34		
35	Q329_26R Age osteoporosis most recent [IF Q327 = 26]	__/__/__ YEARS
36		
37	Q329_27F Age psoriasis began [IF Q327 = 27]	__/__/__ YEARS
38		
39	Q329_27R Age psoriasis most recent [IF Q327 = 27]	__/__/__ YEARS
40		
41	Q329_28F Age reflux began [IF Q327 = 28]	__/__/__ YEARS
42		
43	Q329_28R Age reflux most recent [IF Q327 = 28]	__/__/__ YEARS
44		
45	Q329_29F Age seasonal allergies began [IF Q327 = 29]	__/__/__ YEARS
46		
47	Q329_29R Age seasonal allergies most recent [IF Q327 = 29]	__/__/__ YEARS
48		
49	Q329_30F Age Sjögren's syndrome began [IF Q327 = 30]	__/__/__ YEARS
50		
51	Q329_30R Age Sjögren's syndrome most recent [IF Q327 = 30]	__/__/__ YEARS
52		
53	Q329_31F Age stroke began [IF Q327 = 31]	__/__/__ YEARS
54		
55	Q329_31R Age stroke most recent [IF Q327 = 31]	__/__/__ YEARS
56		
57	Q329_32F Age tuberculosis began [IF Q327 = 32]	__/__/__ YEARS
58		
59	Q329_32R Age tuberculosis most recent [IF Q327 = 32]	__/__/__ YEARS
60		
	Q329_33AF Age mouth ulcers began [IF Q328_33A = 1]	__/__/__ YEARS
	Q329_33AR Age mouth ulcers most recent [IF Q328_33A = 1]	__/__/__ YEARS

1		
2	Q329_33BF Age leg ulcers began [IF Q328_33B = 1]	___/___/___ YEARS
3		
4	Q329_33BR Age leg ulcers most recent [IF Q328_33B = 1]	___/___/___ YEARS
5		
6	Q329_33CF Age stomach (gastric) ulcers began [IF Q328_33C = 1]	___/___/___ YEARS
7		
8	Q329_33CR Age stomach (gastric) ulcers most recent [IF Q328_33C = 1]	___/___/___ YEARS
9		
10	Q329_33DF Age duodenal ulcers began [IF Q328_33D = 1]	___/___/___ YEARS
11		
12	Q329_33DR Age duodenal ulcers most recent [IF Q328_33D = 1]	___/___/___ YEARS
13		
14	Q329_33EF Age other ulcers began [IF Q328_33E = 1]	___/___/___ YEARS
15		
16	Q329_33ER Age other ulcers most recent [IF Q328_33E = 1]	___/___/___ YEARS
17		
18	Q329_33FF Age unspecified ulcers began [IF Q327 = 13 AND Q328_33A TO Q328_33E ≠ 1]	___/___/___ YEARS
19		
20	Q329_33FR Age unspecified eye problem most recent [IF Q327 = 13 AND Q328_33A TO Q328_33F ≠ 1]	___/___/___ YEARS
21		
22		
23	Q329_34F Age any other chronic pain began [IF Q327 = 34]	___/___/___ YEARS
24		
25	Q329_34R Age any other chronic pain most recent [IF Q327 = 34]	___/___/___ YEARS
26		
27	Q329_35F Age other condition began [IF Q327 = 35]	___/___/___ YEARS
28		
29	Q329_35R Age other condition most recent [IF Q327 = 35]	___/___/___ YEARS

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30		
31		
32	Q330	From any experiences in the air, how often would you say you get airsick?
33		Always .....1
34		Frequently .....2
35		Sometimes .....3
36		Rarely .....4
37		Never .....5
38		Never flown .....6

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39		
40	Q331	From any experiences at sea, how often would you say you get seasick?
41		Always .....1
42		Frequently .....2
43		Sometimes .....3
44		Rarely .....4
45		Never .....5
46		Never been on a boat .....6

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47		
48	Q332	From any experiences riding in cars when not driving, how often would you say you get carsick?
49		Always .....1
50		Frequently .....2
51		Sometimes .....3
52		Rarely .....4
53		Never .....5

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54  
55  
56  
57  
58  
59  
60

1 2 3 4 5 6 7 8 9 10 11 12	Q333 We are interested in finding out about any chronic pain you experience in your daily life. On a scale of 0 – 10, what is your pain on average? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.	No pain 0 .....1 1 .....2 2 .....3 3 .....4 4 .....5 5 .....6 6 .....7 7 .....8 8 .....9 9 .....10 Pain as bad as it could be 10 .....11
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IF AT LEAST SOME PAIN ON AVERAGE (Q333 > 0) CONTINUE,  
ELSE GO TO Q339  
\*\*\*\*\*

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13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Q334 How would you rate your pain right now? Please click or tap on the shaded line under your chosen number to register your response, even if the answer is “0”.	No pain 0 .....1 1 .....2 2 .....3 3 .....4 4 .....5 5 .....6 6 .....7 7 .....8 8 .....9 9 .....10 Pain as bad as it could be 10 .....11
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31 32 33 34 35 36 37 38 39	Q335 How long has your <b>main</b> pain been present?	Less than 1 month .....1 Between 1 and 3 months .....2 Between 3 and 6 months .....3 Between 6 and 12 months .....4 Between 1 and 2 years .....5 Between 2 and 5 years .....6 More than 5 years .....7
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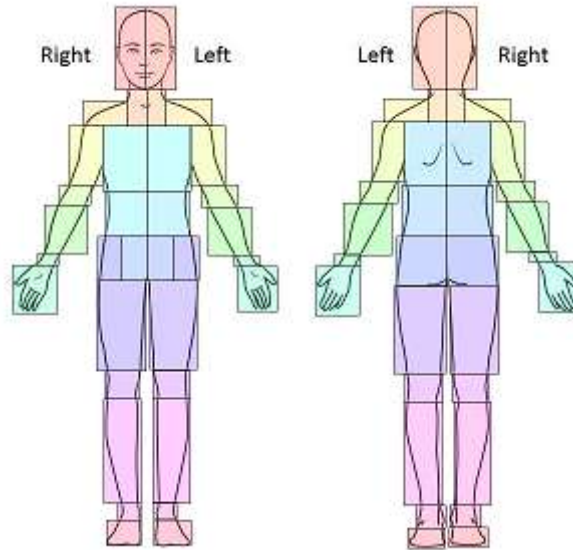
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40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	Q336 Which statement best describes your pain?	Always present (always the same intensity) .....1 Always present (level of pain varies) .....2 Often present (pain-free periods last less than 6 hours) .....3 Occasionally present (pain occurs once to several times per day, lasting up to an hour) .....4 Rarely present (pain occurs every few days or weeks) .....5
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Q337 On the diagram, please click or tap on the area where your main pain occurs.



Q337A_RF Head right front	No .....1
	Yes .....2
Q337A_LF Head left front	No .....1
	Yes .....2
Q337A_LB Head left back	No .....1
	Yes .....2
Q337A_RB Head right back	No .....1
	Yes .....2
Q337B_RF Neck right front	No .....1
	Yes .....2
Q337B_LF Neck left front	No .....1
	Yes .....2
Q337B_LB Neck left back	No .....1
	Yes .....2
Q337B_RB Neck right back	No .....1
	Yes .....2
Q337C_RF Shoulder right front	No .....1
	Yes .....2
Q337C_LF Shoulder left front	No .....1
	Yes .....2
Q337C_LB Shoulder left back	No .....1
	Yes .....2
Q337C_RB Shoulder right back	No .....1
	Yes .....2
Q337D_RF Upper arm right front	No .....1
	Yes .....2
Q337D_LF Upper arm left front	No .....1
	Yes .....2



1			
2	Q337D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q337D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q337E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q337E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q337E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q337E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q337F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q337F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q337F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q337F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q337G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q337G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q337G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q337G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q337H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q337H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q337H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q337H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q337I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q337I_L Chest left	No .....	1
60		Yes .....	2
	Q337J_R Abdomen right	No .....	1
		Yes .....	2

1			
2	Q337J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q337K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q337K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q337L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q337L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q337M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q337M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q337N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q337N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q337O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q337O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q337P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q337P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q337P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q337P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q337Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q337Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q337Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q337Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q337R_RF Lower leg right front	No .....	1
60		Yes .....	2

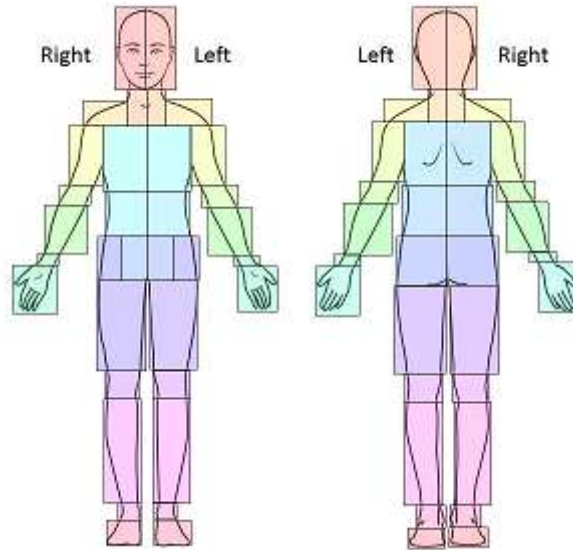
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Q337R_LB Lower leg left back	No .....1
	Yes .....2
Q337R_RB Lower leg right back	No .....1
	Yes .....2
Q337S_RF Ankle right front	No .....1
	Yes .....2
Q337S_LF Ankle left front	No .....1
	Yes .....2
Q337S_LB Ankle left back	No .....1
	Yes .....2
Q337S_RB Ankle right back	No .....1
	Yes .....2
Q337T_RF Foot right front	No .....1
	Yes .....2
Q337T_LF Foot left front	No .....1
	Yes .....2
Q337T_LB Foot left back	No .....1
	Yes .....2
Q337T_RB Foot right back	No .....1
	Yes .....2

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For peer review only

Q338 On the diagram, please click or tap on any other areas where you experience pain.



Q338A_RF Head right front	No .....1
	Yes .....2
Q338A_LF Head left front	No .....1
	Yes .....2
Q338A_LB Head left back	No .....1
	Yes .....2
Q338A_RB Head right back	No .....1
	Yes .....2
Q338B_RF Neck right front	No .....1
	Yes .....2
Q338B_LF Neck left front	No .....1
	Yes .....2
Q338B_LB Neck left back	No .....1
	Yes .....2
Q338B_RB Neck right back	No .....1
	Yes .....2
Q338C_RF Shoulder right front	No .....1
	Yes .....2
Q338C_LF Shoulder left front	No .....1
	Yes .....2
Q338C_LB Shoulder left back	No .....1
	Yes .....2
Q338C_RB Shoulder right back	No .....1
	Yes .....2
Q338D_RF Upper arm right front	No .....1
	Yes .....2
Q338D_LF Upper arm left front	No .....1
	Yes .....2

1			
2	Q338D_LB Upper arm left back	No .....	1
3		Yes .....	2
4			
5	Q338D_RB Upper arm right back	No .....	1
6		Yes .....	2
7			
8	Q338E_RF Elbow right front	No .....	1
9		Yes .....	2
10			
11	Q338E_LF Elbow left front	No .....	1
12		Yes .....	2
13			
14	Q338E_LB Elbow left back	No .....	1
15		Yes .....	2
16			
17	Q338E_RB Elbow right back	No .....	1
18		Yes .....	2
19			
20	Q338F_RF Lower arm right front	No .....	1
21		Yes .....	2
22			
23	Q338F_LF Lower arm left front	No .....	1
24		Yes .....	2
25			
26	Q338F_LB Lower arm left back	No .....	1
27		Yes .....	2
28			
29	Q338F_RB Lower arm right back	No .....	1
30		Yes .....	2
31			
32	Q338G_RF Wrist right front	No .....	1
33		Yes .....	2
34			
35	Q338G_LF Wrist left front	No .....	1
36		Yes .....	2
37			
38	Q338G_LB Wrist left back	No .....	1
39		Yes .....	2
40			
41	Q338G_RB Wrist right back	No .....	1
42		Yes .....	2
43			
44	Q338H_RF Hand right front	No .....	1
45		Yes .....	2
46			
47	Q338H_LF Hand left front	No .....	1
48		Yes .....	2
49			
50	Q338H_LB Hand left back	No .....	1
51		Yes .....	2
52			
53	Q338H_RB Hand right back	No .....	1
54		Yes .....	2
55			
56	Q338I_R Chest right	No .....	1
57		Yes .....	2
58			
59	Q338I_L Chest left	No .....	1
60		Yes .....	2
	Q338J_R Abdomen right	No .....	1
		Yes .....	2

1			
2	Q338J_L Abdomen left	No .....	1
3		Yes .....	2
4			
5	Q338K_L Upper back left	No .....	1
6		Yes .....	2
7			
8	Q338K_R Upper back right	No .....	1
9		Yes .....	2
10			
11	Q338L_L Lower back left	No .....	1
12		Yes .....	2
13			
14	Q338L_R Lower back right	No .....	1
15		Yes .....	2
16			
17	Q338M_R Groin right	No .....	1
18		Yes .....	2
19			
20	Q338M_L Groin left	No .....	1
21		Yes .....	2
22			
23	Q338N_L Bottom left	No .....	1
24		Yes .....	2
25			
26	Q338N_R Bottom right	No .....	1
27		Yes .....	2
28			
29	Q338O_R Hip right	No .....	1
30		Yes .....	2
31			
32	Q338O_L Hip left	No .....	1
33		Yes .....	2
34			
35	Q338P_RF Upper leg right front	No .....	1
36		Yes .....	2
37			
38	Q338P_LF Upper leg left front	No .....	1
39		Yes .....	2
40			
41	Q338P_LB Upper leg left back	No .....	1
42		Yes .....	2
43			
44	Q338P_RB Upper leg right back	No .....	1
45		Yes .....	2
46			
47	Q338Q_RF Knee right front	No .....	1
48		Yes .....	2
49			
50	Q338Q_LF Knee left front	No .....	1
51		Yes .....	2
52			
53	Q338Q_LB Knee left back	No .....	1
54		Yes .....	2
55			
56	Q338Q_RB Knee right back	No .....	1
57		Yes .....	2
58			
59	Q338R_RF Lower leg right front	No .....	1
60		Yes .....	2
	Q338R_LF Lower leg left front	No .....	1
		Yes .....	2

1			
2	Q338R_LB Lower leg left back	No .....	1
3		Yes .....	2
4			
5	Q338R_RB Lower leg right back	No .....	1
6		Yes .....	2
7			
8	Q338S_RF Ankle right front	No .....	1
9		Yes .....	2
10			
11	Q338S_LF Ankle left front	No .....	1
12		Yes .....	2
13			
14	Q338S_LB Ankle left back	No .....	1
15		Yes .....	2
16			
17	Q338S_RB Ankle right back	No .....	1
18		Yes .....	2
19			
20	Q338T_RF Foot right front	No .....	1
21		Yes .....	2
22			
23	Q338T_LF Foot left front	No .....	1
24		Yes .....	2
25			
26	Q338T_LB Foot left back	No .....	1
27		Yes .....	2
28			
29	Q338T_RB Foot right back	No .....	1
30		Yes .....	2

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31	Q339	Have you ever worn prescription glasses or contact lenses?	No .....	1
32			Yes .....	2

\*\*\*\*\*  
 IF EVER USED GLASSES OR CONTACT LENSES (Q339 = 2) CONTINUE  
 ELSE GO TO Q342  
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40	Q340	At what age did you first wear prescription glasses or contact lenses?		___/___ YEARS
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43	Q341	For what purpose did you first wear prescription glasses or contact lenses? (Please select all that apply)	To see clearly at a distance .....	1
44			For reading, computer use,	
45			or other close work .....	2
46			To correct astigmatism (blurred	
47			or distorted vision at all distances) ..	3
48			Other .....	4

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51	Q342	How is your hearing?	Good .....	1
52			Slightly impaired .....	2
53			Very impaired .....	3

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56	Q343	Is it difficult for you to hear when talking with one person in a quiet room?	No, not at all .....	1
57			Sometimes a bit difficult .....	2
58			Yes, very difficult .....	3

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Q344	Is it difficult for you to hear when talking with several people at the same time?	No, not at all .....1 Sometimes a bit difficult .....2 Yes, very difficult .....3
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Q345	Do you have a constant ringing or some other disturbing sound in your ears (tinnitus)?	No .....1 Yes, sometimes, but the sound does not disturb me .....2 All the time, the sound is very disturbing .....3
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Q346 Thank you for answering this section of the questionnaire. It's a big help to our research!

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For peer review only



**Module 9 – Games and gambling**

Q375 We would like to ask you about your experiences with various kinds of gambling. By gambling we mean placing a bet on the outcome of a race or a game of skill or chance, or playing a game, including for charity, in which you might win or lose your money. Do not count any gambling that you may have done for a prize other than money, such as a car raffle.

Q376 Have you ever participated in any of the following activities? Please select all that apply.

- Q376A Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack Yes .....1
- Q376B Bet on horse or greyhound races excluding sweeps Yes .....1
- Q376C Bought instant scratch tickets Yes .....1
- Q376D Played lotto or any other lottery game like Tattslotto, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno Yes .....1
- Q376E Played Keno at a club, hotel or casino Yes .....1
- Q376F Played poker for money against other individuals Yes .....1
- Q376G Played table games at a casino (not including poker), such as Blackjack or Roulette Yes .....1
- Q376H Played casino games on the internet Yes .....1
- Q376I Played bingo at a club or hall (for cash prizes) Yes .....1
- Q376J Bet on a sporting event like football, cricket or tennis Yes .....1
- Q376K Played games like cards or mahjong for money at home or any other place Yes .....1
- Q376L Bet on other games of skill like billiards (pool) Yes .....1
- Q376M Played any other gambling activity excluding raffles or sweeps Yes .....1

\*\*\*\*\*  
 IF EVER PARTICIPATED IN ANY (Q376A TO Q376M = 1)  
 THEN CONTINUE, ELSE GO TO Q404  
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\*\*\*\*\*  
 COMPLETE Q377 FOR EACH SELECTED OPTION AT Q376  
 \*\*\*\*\*

1		
2	Q377	During the last 12 months, on how many days have you participated in
3		the following activities?
4		
5	Q377A	Played electronic gaming machines such as pokies, poker
6		machines, video draw poker, or blackjack
7		Not at all in the last 12 months .....1
8		1 – 10 days .....2
9		11 – 100 days .....3
10		More than 100 days .....4
11		
12	Q377B	Bet on horse or greyhound races excluding sweeps
13		Not at all in the last 12 months .....1
14		1 – 10 days .....2
15		11 – 100 days .....3
16		More than 100 days .....4
17		
18	Q377C	Bought instant scratch tickets
19		Not at all in the last 12 months .....1
20		1 – 10 days .....2
21		11 – 100 days .....3
22		More than 100 days .....4
23		
24	Q377D	Played lotto or any other lottery game like Tattslotto, Powerball,
25		the Pools, \$2 Jackpot lottery, or Tatts Keno
26		Not at all in the last 12 months .....1
27		1 – 10 days .....2
28		11 – 100 days .....3
29		More than 100 days .....4
30		
31	Q377E	Played Keno at a club, hotel or casino
32		Not at all in the last 12 months .....1
33		1 – 10 days .....2
34		11 – 100 days .....3
35		More than 100 days .....4
36		
37	Q377F	Played poker for money against other individuals
38		Not at all in the last 12 months .....1
39		1 – 10 days .....2
40		11 – 100 days .....3
41		More than 100 days .....4
42		
43	Q377G	Played table games at a casino (not including poker), such as
44		Blackjack or Roulette
45		Not at all in the last 12 months .....1
46		1 – 10 days .....2
47		11 – 100 days .....3
48		More than 100 days .....4
49		
50	Q377H	Played casino games on the internet
51		Not at all in the last 12 months .....1
52		1 – 10 days .....2
53		11 – 100 days .....3
54		More than 100 days .....4
55		
56	Q377I	Played bingo at a club or hall (for cash prizes)
57		Not at all in the last 12 months .....1
58		1 – 10 days .....2
59		11 – 100 days .....3
60		More than 100 days .....4
	Q377J	Bet on a sporting event like football, cricket or tennis
		Not at all in the last 12 months .....1
		1 – 10 days .....2
		11 – 100 days .....3
		More than 100 days .....4
	Q377K	Played games like cards or mahjong for money at home or any
		other place
		Not at all in the last 12 months .....1
		1 – 10 days .....2
		11 – 100 days .....3
		More than 100 days .....4
	Q377L	Bet on other games of skill like billiards (pool)
		Not at all in the last 12 months .....1
		1 – 10 days .....2
		11 – 100 days .....3
		More than 100 days .....4

Q377M Played any other gambling activity excluding raffles or sweeps	Not at all in the last 12 months .....	1
	1 – 10 days .....	2
	11 – 100 days .....	3
	More than 100 days .....	4

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\*\*\*\*\*  
 COMPLETE Q378 FOR EACH SELECTED OPTION AT Q376  
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For peer review only

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3	Q378	In your entire life, on how many days have you participated in the
4		following activities?
5		
6	Q378A	Played electronic gaming machines such as pokies, poker
7		machines, video draw poker, or blackjack
8		1 – 10 days .....1
9		11 – 100 days .....2
10		More than 100 days .....3
11	Q378B	Bet on horse or greyhound races excluding sweeps
12		1 – 10 days .....1
13		11 – 100 days .....2
14		More than 100 days .....3
15	Q378C	Bought instant scratch tickets
16		1 – 10 days .....1
17		11 – 100 days .....2
18		More than 100 days .....3
19	Q378D	Played lotto or any other lottery game like Tattslotto, Powerball,
20		the Pools, \$2 Jackpot lottery, or Tatts Keno
21		1 – 10 days .....1
22		11 – 100 days .....2
23		More than 100 days .....3
24	Q378E	Played Keno at a club, hotel or casino
25		1 – 10 days .....1
26		11 – 100 days .....2
27		More than 100 days .....3
28	Q378F	Played poker for money against other individuals
29		1 – 10 days .....1
30		11 – 100 days .....2
31		More than 100 days .....3
32	Q378G	Played table games at a casino (not including poker), such as
33		Blackjack or Roulette
34		1 – 10 days .....1
35		11 – 100 days .....2
36		More than 100 days .....3
37	Q378H	Played casino games on the internet
38		1 – 10 days .....1
39		11 – 100 days .....2
40		More than 100 days .....3
41	Q378I	Played bingo at a club or hall (for cash prizes)
42		1 – 10 days .....1
43		11 – 100 days .....2
44		More than 100 days .....3
45	Q378J	Bet on a sporting event like football, cricket or tennis
46		1 – 10 days .....1
47		11 – 100 days .....2
48		More than 100 days .....3
49	Q378K	Played games like cards or mahjong for money at home or any
50		other place
51		1 – 10 days .....1
52		11 – 100 days .....2
53		More than 100 days .....3
54	Q378L	Bet on other games of skill like billiards (pool)
55		1 – 10 days .....1
56		11 – 100 days .....2
57		More than 100 days .....3
58	Q378M	Played any other gambling activity excluding raffles or sweeps
59		1 – 10 days .....1
60		11 – 100 days .....2
		More than 100 days .....3

\*\*\*\*\*  
 COMPLETE Q379 FOR EACH SELECTED OPTION AT Q376  
 \*\*\*\*\*

- 1  
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3 Q379 How old were you (in years) when you first participated in the  
4 following activities?  
5  
6 Q379A Played electronic gaming machines such as pokies, poker  
7 machines, video draw poker, or blackjack \_\_\_/\_\_\_ YEARS  
8  
9 Q379B Bet on horse or greyhound races excluding sweeps \_\_\_/\_\_\_ YEARS  
10  
11 Q379C Bought instant scratch tickets \_\_\_/\_\_\_ YEARS  
12  
13 Q379D Played lotto or any other lottery game like Tattslotto, Powerball,  
14 the Pools, \$2 Jackpot lottery, or Tatts Keno \_\_\_/\_\_\_ YEARS  
15  
16 Q379E Played Keno at a club, hotel or casino \_\_\_/\_\_\_ YEARS  
17  
18 Q379F Played poker for money against other individuals \_\_\_/\_\_\_ YEARS  
19  
20 Q379G Played table games at a casino (not including poker), such as  
21 Blackjack or Roulette \_\_\_/\_\_\_ YEARS  
22  
23 Q379H Played casino games on the internet \_\_\_/\_\_\_ YEARS  
24  
25 Q379I Played bingo at a club or hall (for cash prizes) \_\_\_/\_\_\_ YEARS  
26  
27 Q379J Bet on a sporting event like football, cricket or tennis \_\_\_/\_\_\_ YEARS  
28  
29 Q379K Played games like cards or mahjong for money at home or any other place \_\_\_/\_\_\_ YEARS  
30  
31 Q379L Bet on other games of skill like billiards (pool) \_\_\_/\_\_\_ YEARS  
32  
33 Q379M Played any other gambling activity excluding raffles or sweeps \_\_\_/\_\_\_ YEARS

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34 Q380 Have you ever gambled at least 10 times in a single year? No .....1  
35 Yes .....2  
36

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37  
38 Q381 Have you ever gambled at least once a week for at least 6 months in No .....1  
39 a row? (This does not have to be in the same gambling activity.) Yes .....2  
40

41 \*\*\*\*\*  
42 IF ANY GAMBLING IN LAST 12 MONTHS  
43 (ANY OF Q377A TO Q377M = 2, 3 OR 4) CONTINUE, ELSE GO TO Q383  
44 \*\*\*\*\*  
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Q382	In terms of your gambling over the last 12 months, which of the following statements is most accurate for you?	I have only gambled online in the last 12 months .....1 I have mostly gambled online, but I have sometimes gambled offline .....2 About half of my gambling has been online and half has been offline .....3 I have mostly gambled offline, but I have sometimes gambled online .....4 I have never gambled on the internet in the last 12 months .....5
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\*\*\*\*\*  
 IF GAMBLED ONLINE IN LAST 12 MONTHS (Q382 = 1 TO 4), CONTINUE  
 ELSE GO TO Q386  
 \*\*\*\*\*

Q383	What year did you first start using the internet for gambling purposes?	Before 1995 .....1 1995 .....2 1996 .....3 1997 .....4 1998 .....5 1999 .....6 2000 .....7 2001 .....8 2002 .....9 2003 .....10 2004 .....11 2005 .....12 2006 .....13 2007 .....14 2008 .....15 2009 .....16 2010 .....17 2011 .....18 2012 .....19 2013 .....20 2014 .....21 2015 .....22 2016 .....23 2017 .....24 2018 .....25 2019 .....26
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Q384 Thinking about the past 12 months, what percentage of the total amount of money you have wagered on all types of gambling has been online?   /  /   PERCENT  
 Enter a number between 1 (for 1 % of the total amount of money) and 100 (for 100 % of the total amount of money). Do not enter decimals.

Q385 Thinking about the past 12 months, what percentage of your total time spent gambling has been online? Enter a number between 1 (for 1 % of the total amount of time) and 100 (for 100 % of the total amount of time). Do not enter decimals.   /  /   PERCENT

\*\*\*\*\*  
 IF EVER GAMBLED AT LEAST 10 TIMES IN A YEAR OR AT LEAST  
 WEEKLY FOR 6 MONTHS (Q380 = 2 OR Q381 = 2), CONTINUE  
 ELSE GO TO Q404  
 \*\*\*\*\*

Q386 These next questions ask you about experiences people sometimes have with gambling.

Q386A Have you ever bet more than you could really afford to lose?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386B Have you ever needed to gamble with larger amounts of money to get the same feeling of excitement?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386C When you gambled, did you ever go back another day to try to win back the money you lost?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386D Have you ever borrowed money or sold anything to get money to gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386E Have you ever felt that you might have a problem with gambling?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386F Has gambling ever caused you any health problems, including stress or anxiety?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386G Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386H Has your gambling caused any financial problems for you or your household?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4
Q386I Have you felt guilty about the way you gamble or what happens when you gamble?	Never .....1 1 - 2 times .....2 3 - 5 times .....3 More than 5 times .....4

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Q387 NOT USED FOR PARTICIPANT INPUT

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\*\*\*\*\*  
 IF GAMBLINGScore IS  $\geq 3$  (SUM OF VALUES FROM Q386 IS  $\geq 12$ ),  
 CONTINUE, ELSE GO TO Q404  
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Q388 Some of these questions may seem similar to ones that have already been asked, but there are some slight differences in the wording that may change the meaning. Because experts don't always agree on the best way to measure gambling experiences, we are trying several different approaches. Your answers will help us to better understand the correct ways to ask such questions. Remember that the following questions are about your entire lifetime, so please indicate if you have ever had any of these experiences.

- 
- Q389 Has there ever been a period lasting two weeks or longer when you ...
- Q389A Spent a lot of time thinking about your gambling experiences? No .....1  
Yes .....2
- Q389B Spent a lot of time planning future gambling ventures or bets, or thinking about ways of getting money with which to gamble? No .....1  
Yes .....2
- Q389C Needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement? No .....1  
Yes .....2

- 
- Q390 Have you ever tried to stop, cut down, or control your gambling? No .....1  
Yes .....2

\*\*\*\*\*  
IF EVER TRIED (Q390 = 2) CONTINUE  
ELSE GO TO Q395  
\*\*\*\*\*

- 
- Q391 How many times have you tried to stop, cut down, or control your gambling?   /  /   TIMES

- 
- Q392 Have you ever tried to stop, cut down, or control your gambling, but were unable to? No .....1  
Yes, once or twice .....2  
Yes, 3 or more times .....3

- 
- Q393 On one or more of the times when you tried to stop, cut down, or control your gambling, were you restless and irritable? No .....1  
Yes .....2
-



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3	Q394	On one or more of the times when you tried to stop, cut down, or control your gambling, did you ever experience any of the following more than usual?	
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5			
6		Q394A Cravings or urges to gamble?	No .....1
7			Yes .....2
8			
9		Q394B Sadness or depressed mood?	No .....1
10			Yes .....2
11			
12		Q394C Anger	No .....1
13			Yes .....2
14			
15		Q394D Difficulty sleeping	No .....1
16			Yes .....2
17			
18		Q394E Difficulty concentrating	No .....1
19			Yes .....2
20			
21	<hr/>		
22	Q395	Have you ever gambled as a way to escape from personal problems?	No .....1
23			Yes .....2
24			
25	<hr/>		
26	Q396	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?	No .....1
27			Yes .....2
28			
29	<hr/>		
30	Q397	Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?	No .....1
31			Yes, once or twice .....2
32			Yes, 3 or more times .....3
33			
34	<hr/>		
35	Q398	Have you ever lied to family members, friends or others about how much you gambled or how much money you lost gambling?	No .....1
36			Yes, once or twice .....2
37			Yes, 3 or more times .....3
38			
39	<hr/>		
40	Q399	Have you ever deliberately written a cheque that bounced, or stolen or taken things that didn't belong to you in order to gamble?	No .....1
41			Yes .....2
42			
43	<hr/>		
44	Q400	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?	No .....1
45			Yes .....2
46			
47	<hr/>		
48	Q401	Has your gambling ever caused you problems in school, or to lose a job, have trouble with your job, or interfered with your career?	No .....1
49			Yes .....2
50			
51	<hr/>		
52	Q402	Have you ever needed to ask family members or anyone else to lend you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?	No .....1
53			Yes .....2
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3	Q403	Please think about the 12-month period in your life when you	
4		experienced the most problems related to gambling. Which	
5		experiences did you have then?	
6			
7	Q403A	Spent a lot of time thinking about gambling experiences	No .....1
8			Yes .....2
9			
10	Q403B	Spent a lot of time planning future gambling or thinking about	No .....1
11		ways of getting money to gamble	Yes .....2
12			
13	Q403C	Needed to gamble with increasing amounts of money to get	No .....1
14		the same feeling of excitement	Yes .....2
15			
16	Q403D	Unable to stop, cut down or control gambling	No .....1
17			Yes .....2
18			
19	Q403E	Restless or irritable when you tried to stop, cut down or	No .....1
20		control gambling	Yes .....2
21			
22	Q403F	Gambled to escape from personal problems	No .....1
23			Yes .....2
24			
25	Q403G	Gambled to relieve feelings of guilt, anxiety, helplessness or	No .....1
26		depression	Yes .....2
27			
28	Q403H	After losing money, you would often return another day to	No .....1
29		get even	Yes .....2
30			
31	Q403I	Lied to family members, friends or others about gambling or	No .....1
32		money lost gambling	Yes .....2
33			
34	Q403J	Wrote a cheque that bounced, or took something that didn't	No .....1
35		belong to you to pay for gambling	Yes .....2
36			
37	Q403K	Gambling caused serious or repeated problems in relationships	No .....1
38		with family or friends	Yes .....2
39			
40	Q403L	Gambling caused problems in school, or work, or loss of a job,	No .....1
41		or interfered with your career	Yes .....2
42			
43	Q403M	Needed family members or anyone else to provide money to	No .....1
44		get out of a desperate situation caused by gambling	Yes .....2

---

Q404 Thanks for taking the time to answer these questions!

---

## Module 10 – Headaches and migraine

Q405 Have you ever had migraine or recurrent attacks of headaches? No .....1  
Yes .....2

\*\*\*\*\*

IF YES (Q405 = 2) CONTINUE

ELSE GO TO Q428

\*\*\*\*\*

Q406 Associated with your headaches, have you ever had recurrent attacks of any of the following?

Q406A Stomach or intestinal pain/dysfunction No .....1  
Yes .....2

Q406B Nausea, vomiting or diarrhoea No .....1  
Yes .....2

Q406C Visual problems such as blurring, showers of light, blind spots, or double vision No .....1  
Yes .....2

Q407 Would you describe the pain associated with your headaches as: Mild .....1  
Moderate .....2  
Severe .....3  
Unbearable .....4

Q408 How much do your headaches impair your daily activities? Would you say... Not at all .....1  
Interfere with work or social life ...2  
Must stay home from work or school .....3  
Must remain in a dark room (i.e. go to bed) .....4

Q409 Would you describe the headache pain you usually experience as:  
Q409A Throbbing, pulsating or pounding - like being stabbed with a sharp knife No .....1  
Yes .....2  
Q409B Pressing - like a weight pushing down on your head No .....1  
Yes .....2  
Q409C Squeezing - like a tight band around your head No .....1  
Yes .....2

Q410 Do the headaches usually occur on one side of the head? No (pain on both sides) .....1  
Left .....2  
Right .....3  
Either (pain is sometimes on the left and other times on the right side) .....4

- 1  
2  
3 Q411 Associated with your headaches, do you experience enhanced  
4 sensitivity to:
- 5 Q411A Light No .....1  
6 Yes .....2  
7
- 8 Q411B Smell - such as perfume, petrol or smoke No .....1  
9 Yes .....2  
10
- 11 Q411C Noise No .....1  
12 Yes .....2  
13
- 
- 14
- 15 Q412 Do these headaches occur in an attack-like manner or are they  
16 continuous? Attack-like .....1  
17 Continuous .....2  
18
- 
- 19 Q413 How old were you the first time you had these headaches (age in years)? \_\_\_/\_\_\_/\_\_\_ YEARS  
20  
21
- 
- 22 Q414 How old were you the last time you had these headaches (age in years)? \_\_\_/\_\_\_/\_\_\_ YEARS  
23  
24
- 
- 25 Q415 How many of these headaches have you had during your lifetime? 1-2 .....1  
26 3-4 .....2  
27 5-10 .....3  
28 11-50 .....4  
29 51-100 .....5  
30 More than 100 .....6  
31
- 
- 32
- 33 Q416 On average, how long does/did a typical untreated or unsuccessfully  
34 treated migraine/headache episode last? Please choose one time frame  
35 only. \_\_\_/\_\_\_ DAYS  
36 \_\_\_/\_\_\_ HOURS  
37 \_\_\_/\_\_\_ MINUTES
- 
- 38 Q417 On average, how often do / did you have these headaches? Every day .....1  
39 5-6 days per week .....2  
40 3-4 days per week .....3  
41 2 days per week .....4  
42 1 day per week .....5  
43 2-3 days per month .....6  
44 1 day per month .....7  
45 3-11 days per year .....8  
46 Less often .....9  
47
- 
- 48
- 49 Q418 Are your headaches aggravated by walking up or down stairs or similar  
50 routine physical activity? No .....1  
51 Yes .....2  
52
- 
- 53 Q419 Associated with your headaches, have you ever had:
- 54 Q419A Difficulties speaking No .....1  
55 Yes .....2  
56
- 57 Q419B One-sided numbness or weakness No .....1  
58 Yes .....2  
59  
60

1  
2  
3 Q420 With your headaches, have you ever had visual disturbances lasting No .....1  
4 several minutes (e.g. deficiency in your visual fields, scintillating zigzag Yes .....2  
5 pattern, sparks or stars in your visual field, blurred or double vision, or  
6 some other visual disturbance)?  
7

8  
9 \*\*\*\*\*  
10 IF FEMALE (Q4 = 2) CONTINUE, ELSE GO TO Q427  
11 \*\*\*\*\*

12 Q421 When you experience your headaches, do they occur between 2 days No .....1  
13 before and 2 days after your period starts? If you no longer menstruate, Yes, I have/had these headaches  
14 please answer according to how your headaches were when you did exclusively around this period of  
15 menstruate. menstruation in at least two out of  
16 three menstrual cycles and at no  
17 other times of the cycle .....2  
18 Yes, I have/had these headaches  
19 around this period of menstruation  
20 in at least two out of three  
21 menstrual cycles and additionally  
22 at other times of the cycle .....3  
23 Yes, I have/had these headaches  
24 around this period of menstruation,  
25 but in less than two out of three  
26 menstrual cycles .....4  
27 Don't know .....5  
28

29 \*\*\*\*\*  
30 IF NO (Q421 = 1) OR EXCLUSIVELY AROUND MENSTRUATION (Q421 = 2),  
31 GO TO Q424  
32 ELSE CONTINUE  
33 \*\*\*\*\*

34  
35 Q422 Approximately what percentage of your headaches occur around \_\_\_/\_\_\_ PERCENT  
36 menstruation? Please click on the shaded line to register your response,  
37 even if the answer is "0".  
38  
39

40 Q423 Do / did your headaches around menstruation differ from your No .....1  
41 headaches at other times? Yes .....2  
42

43  
44 Q424 Do / did you get your headaches with oral contraceptive (Pill) use? No .....1  
45 headaches at other times? Yes .....2  
46 Not applicable - I've never used  
47 oral contraceptives .....3  
48 Don't know .....4  
49

50  
51 \*\*\*\*\*  
52 IF Q322 NOT YET PRESENTED THEN CONTINUE, ELSE GO TO Q426  
53 \*\*\*\*\*  
54

55 Q425 Have you reached menopause? No .....1  
56 Yes .....2  
57

\*\*\*\*\*  
 IF HAS REACHED MENOPAUSE (Q322 = 2 OR Q425 = 2) CONTINUE,  
 ELSE GO TO Q427  
 \*\*\*\*\*

- Q426 After you reached menopause, did the frequency of your headaches ... ?
- Remain constant .....1
  - Increase, but only the headaches occurring around menstruation .....2
  - Increase, both the headaches occurring around menstruation and at other times .....3
  - Decrease, but only the headaches occurring around menstruation .....4
  - Decrease, both the headaches around menstruation and at other times .....5
  - Not applicable - I haven't reached menopause .....6
  - Don't know .....7

- Q427 Which of the following medications have you ever taken for your migraine or headaches? Please select all that apply.
- Sumatriptan (e.g. Imigran, Iptam, Sumatab, Sumagran, Sumatran) ....1
  - Zolmitriptan (e.g. Zomig, Zoltrip) ..2
  - Rizatriptan (e.g. Maxalt) .....3
  - Naratriptan (e.g. Naramig) .....4
  - Eletriptan (e.g. Relpax) .....5
  - Pizotifen (e.g. Sandomigran) .....6
  - Cyproheptadine (e.g. Periactin) ....7
  - Topiramate (e.g. Topamax, Epiramax, Tamate) .....8
  - Botulinum toxin type A (Botox) ...9
  - Other (specify): .....10
- I have never taken medication for migraine or headaches .....11

Q428 Another section of the questionnaire finished - well done!

**Module 11 – Family**

Q429 Is your biological mother still alive? No .....1  
 Yes .....2  
 Don't know .....3

\*\*\*\*\*  
 IF YES (Q429 = 2) CONTINUE  
 IF NO (Q429 = 1) GO TO Q431  
 ELSE GO TO Q434  
 \*\*\*\*\*

---

Q430 How old is your biological mother now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*  
 GO TO Q434  
 \*\*\*\*\*

---

Q431 How old was your biological mother when she died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q432 In what year did she die? \_\_\_/\_\_\_/\_\_\_

---

Q433 What was her cause of death? \_\_\_\_\_

---

Q434 Is your biological father still alive? No .....1  
 Yes .....2  
 Don't know .....3

\*\*\*\*\*  
 IF YES (Q434 = 2) CONTINUE  
 IF NO (Q434 = 1) GO TO Q436  
 ELSE GO TO Q439  
 \*\*\*\*\*

---

Q435 How old is your biological father now? \_\_\_/\_\_\_/\_\_\_ YEARS

\*\*\*\*\*  
 GO TO Q439  
 \*\*\*\*\*

---

Q436 How old was your biological father when he died? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q437 In what year did he die? \_\_\_/\_\_\_/\_\_\_

---

Q438 What was his cause of death? \_\_\_\_\_

---

Q439 Are you a twin (or triplet, etc.) No .....1  
 Yes .....2

Q440 How many brothers do you have? Please include full, half, step and adopted brothers, including any who have died. \_/ \_

\*\*\*\*\*  
IF NONE, GO TO Q442 ELSE CONTINUE  
\*\*\*\*\*

\*\*\*\*\*  
FOR EACH BROTHER (MAXIMUM 8), LOOP THROUGH Q441A TO Q441C  
\*\*\*\*\*

Q441 Please tell us a little bit more about your brother(s)

Q441A Brother's relationship to you Full .....1  
Half .....2  
Step .....3  
Adopted .....4

Q441B Brother's year of birth \_/ \_/ \_

Q441C Brother's age at death (if brother is still alive, leave blank) \_/ \_ YEARS

Q442 How many sisters do you have? Please include full, half, step and adopted sisters, including any who have died. \_/ \_

\*\*\*\*\*  
IF NONE, GO TO Q444, ELSE CONTINUE  
\*\*\*\*\*

\*\*\*\*\*  
FOR EACH SISTER (MAXIMUM 8), LOOP THROUGH Q443A TO Q443C  
\*\*\*\*\*

Q443 Please tell us a little bit more about your sister(s)

Q443A Sister's relationship to you Full .....1  
Half .....2  
Step .....3  
Adopted .....4

Q443B Sister's year of birth \_/ \_/ \_

Q443C Sister's age at death (if sister is still alive, leave blank) \_/ \_ YEARS

Q444 How many children do you have? Please include biological children, stepchildren and adopted children, including any who have died. \_/ \_

\*\*\*\*\*  
IF NONE, GO TO Q446, ELSE CONTINUE  
\*\*\*\*\*



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\*\*\*\*\*  
FOR EACH CHILD (MAXIMUM 10), LOOP THROUGH Q445A TO Q445D  
\*\*\*\*\*

Q445 Please tell us a little bit more about your child/children

Q445A Sex Male 1  
Female 2

Q445B Child's relationship to you Biological child .....1  
Step child .....2  
Adopted child .....3

Q445C Child's year of birth \_/\_/\_/\_

Q445D Child's age at death (if child is still alive, leave blank) \_/\_ YEARS

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Q446 Thank you for completing this section of the questionnaire!

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For peer review only

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For peer review only

**Finalise and submit survey**

Q447 Just a couple of final questions about your experience in completing our online questionnaire.

---

Q448	Did you find the length of the questionnaire ... ?	Too brief .....1
		About right .....2
		Too long .....3

---

Q449	Did you find completing the questionnaire ... ?	Not at all enjoyable .....1
		Moderately enjoyable .....2
		Very enjoyable .....3

---

1  
2  
3 Q450 Is there any other information that you would like to share that relates to \_\_\_\_\_  
4 this study? (Maximum length 500 characters)  
5

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6  
7 Q451 Select "Finalise and submit survey" to indicate that you have completed  
8 the survey. Or, select "Table of Contents" to continue the survey.  
9

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For peer review only