

# **MDD PROJECT**

## **GENETICS OF RISK AND RESPONSE TO TREATMENT OF DEPRESSION**

### **QUESTIONNAIRE STRUCTURE AND SPSS DATAFILE CODING MANUAL**

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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

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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	_____

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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  
\*\*\*\*\*

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

Q10	Have you ever taken any of the following antidepressants (even if it wasn't for depression or anxiety)? Please select all that apply.	
Q10_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	Yes .....1
Q10_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	Yes .....1
Q10_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	Yes .....1
Q10_4	Amitriptyline (e.g. Endep)	Yes .....1
Q10_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	Yes .....1
Q10_6	Desvenlafaxine (e.g. Pristiq, Desfax)	Yes .....1
Q10_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	Yes .....1
Q10_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	Yes .....1
Q10_9	Duloxetine (e.g. Cymbalta, Andeptra, Coperin, Deotine, Depreta, Drulox)	Yes .....1
Q10_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	Yes .....1
Q10_11	A different antidepressant that isn't listed above	Yes .....1
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  
 \*\*\*\*\*

Q11	Have you ever taken any of the following antidepressants (even if it wasn't for depression or anxiety)? Please select all that apply.	
Q11_1	Dothiepin (e.g. Dothep)	Yes .....1
Q11_2	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	Yes .....1
Q11_3	Doxepin (e.g. Sinequan, Deptran)	Yes .....1
Q11_4	Nortriptyline (e.g. Allegron)	Yes .....1
Q11_5	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	Yes .....1
Q11_6	Clomipramine (e.g. Anafranil, Placil)	Yes .....1
Q11_7	Reboxetine (e.g. Edronax)	Yes .....1
Q11_8	Mianserin (e.g. Lumin)	Yes .....1
Q11_9	Imipramine (e.g. Tofranil, Tolerade)	Yes .....1
Q11_10	Tranlycypromine (e.g. Parnate)	Yes .....1
Q11_11	Phenelzine (e.g. Nardil)	Yes .....1
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  
 \*\*\*\*\*

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

\*\*\*\*\*  
 IF TAKING OTHER MEDICATION (Q12 = 2) CONTINUE,  
 ELSE GO TO Q14  
 \*\*\*\*\*

Q13	Have you ever taken any of the following medications while you were also taking antidepressants?	
Q13_1	Largactil, Modecate, Stelazine or Neulactil	Yes .....1
Q13_2	Haloperidol (e.g. Serenace, Haldol decanoate)	Yes .....1
Q13_3	Latuda or Zeldox	Yes .....1
Q13_4	Fluanxol Depot or Clopixol Depot	Yes .....1
Q13_5	Asenapine (e.g. Saphris)	Yes .....1
Q13_6	Olanzapine (e.g. Lanzek, Ozin, Zypine, Zyprexa)	Yes .....1
Q13_7	Quetiapine (e.g. Delucon, Kaptan, Quetia, Quetiaccord, Seronia, Seroquel, Syquet)	Yes .....1
Q13_8	Amisulpride (e.g. Solian, Sulprix)	Yes .....1
Q13_9	Aripiprazole (e.g. Abilify)	Yes .....1
Q13_10	Paliperidone (e.g. Invega)	Yes .....1
Q13_11	Risperidone (e.g. Ozidal, Rispa, Risperdal, Rispericor, Rispernia, Rixadone)	Yes .....1
Q13_12	Lithium carbonate (e.g. Lithicarb, Quilonum)	Yes .....1
Q13_13	Alprazolam (e.g. Alprax, Kalma)	Yes .....1
Q13_14	Diazepam (e.g. Valium, Antenex, Ranzepam, Valpam)	Yes .....1
Q13_15	Oxazepam (e.g. Serepax, Alepam, Murelax)	Yes .....1
Q13_16	Nitrazepam (e.g. Mogadon, Alodorm)	Yes .....1
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  
 \*\*\*\*\*

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



Q15	Why were you prescribed [X FROM Q10]? Please select all that apply.	
Q15_1_x1	Sertraline prescribed for depression	Yes .....1
Q15_2_x1	Sertraline prescribed for bipolar disorder	Yes .....1
Q15_3_x1	Sertraline prescribed for anxiety	Yes .....1
Q15_4_x1	Sertraline prescribed for panic disorder	Yes .....1
Q15_5_x1	Sertraline prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x1	Sertraline prescribed for specific phobia	Yes .....1
Q15_7_x1	Sertraline prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x1	Sertraline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x1	Sertraline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x1	Sertraline prescribed for chronic pain	Yes .....1
Q15_11_x1	Sertraline prescribed for quitting smoking	Yes .....1
Q15_12_x1	Sertraline prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x1	Sertraline prescribed for restless legs syndrome	Yes .....1
Q15_14_x1	Sertraline prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x1	Sertraline prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x1	Sertraline prescribed for other reason	Yes .....1
Q15_16_TEXT_x1	Other reason Sertraline was prescribed	_____
Q15_17_x1	Participant unsure why Sertraline was prescribed	Yes .....1
Q15_1_x2	Escitalopram prescribed for depression	Yes .....1
Q15_2_x2	Escitalopram prescribed for bipolar disorder	Yes .....1
Q15_3_x2	Escitalopram prescribed for anxiety	Yes .....1
Q15_4_x2	Escitalopram prescribed for panic disorder	Yes .....1
Q15_5_x2	Escitalopram prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x2	Escitalopram prescribed for specific phobia	Yes .....1
Q15_7_x2	Escitalopram prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x2	Escitalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x2	Escitalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x2	Escitalopram prescribed for chronic pain	Yes .....1
Q15_11_x2	Escitalopram prescribed for quitting smoking	Yes .....1
Q15_12_x2	Escitalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x2	Escitalopram prescribed for restless legs syndrome	Yes .....1
Q15_14_x2	Escitalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x2	Escitalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x2	Escitalopram prescribed for other reason	Yes .....1
Q15_16_TEXT_x2	Other reason Escitalopram was prescribed	_____
Q15_17_x2	Participant unsure why Escitalopram was prescribed	Yes .....1
Q15_1_x3	Venlafaxine prescribed for depression	Yes .....1
Q15_2_x3	Venlafaxine prescribed for bipolar disorder	Yes .....1
Q15_3_x3	Venlafaxine prescribed for anxiety	Yes .....1
Q15_4_x3	Venlafaxine prescribed for panic disorder	Yes .....1
Q15_5_x3	Venlafaxine prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x3	Venlafaxine prescribed for specific phobia	Yes .....1
Q15_7_x3	Venlafaxine prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x3	Venlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x3	Venlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
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

Q15_14_x3	Venlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....	1
Q15_15_x3	Venlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....	1
Q15_16_x3	Venlafaxine prescribed for other reason	Yes .....	1
Q15_16_TEXT_x3	Other reason Venlafaxine was prescribed	_____	
Q15_17_x3	Participant unsure why Venlafaxine was prescribed	Yes .....	1
Q15_1_x4	Amitriptyline prescribed for depression	Yes .....	1
Q15_2_x4	Amitriptyline prescribed for bipolar disorder	Yes .....	1
Q15_3_x4	Amitriptyline prescribed for anxiety	Yes .....	1
Q15_4_x4	Amitriptyline prescribed for panic disorder	Yes .....	1
Q15_5_x4	Amitriptyline prescribed for obsessive compulsive disorder	Yes .....	1
Q15_6_x4	Amitriptyline prescribed for specific phobia	Yes .....	1
Q15_7_x4	Amitriptyline prescribed for posttraumatic stress disorder	Yes .....	1
Q15_8_x4	Amitriptyline prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....	1
Q15_9_x4	Amitriptyline prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....	1
Q15_10_x4	Amitriptyline prescribed for chronic pain	Yes .....	1
Q15_11_x4	Amitriptyline prescribed for quitting smoking	Yes .....	1
Q15_12_x4	Amitriptyline prescribed for sleep problems (e.g. insomnia)	Yes .....	1
Q15_13_x4	Amitriptyline prescribed for restless legs syndrome	Yes .....	1
Q15_14_x4	Amitriptyline prescribed for premature ejaculation (MEN ONLY)	Yes .....	1
Q15_15_x4	Amitriptyline prescribed for attention-deficit/hyperactivity disorder	Yes .....	1
Q15_16_x4	Amitriptyline prescribed for other reason	Yes .....	1
Q15_16_TEXT_x4	Other reason Amitriptyline was prescribed	_____	
Q15_17_x4	Participant unsure why Amitriptyline was prescribed	Yes .....	1
Q15_1_x5	Mirtazapine prescribed for depression	Yes .....	1
Q15_2_x5	Mirtazapine prescribed for bipolar disorder	Yes .....	1
Q15_3_x5	Mirtazapine prescribed for anxiety	Yes .....	1
Q15_4_x5	Mirtazapine prescribed for panic disorder	Yes .....	1
Q15_5_x5	Mirtazapine prescribed for obsessive compulsive disorder	Yes .....	1
Q15_6_x5	Mirtazapine prescribed for specific phobia	Yes .....	1
Q15_7_x5	Mirtazapine prescribed for posttraumatic stress disorder	Yes .....	1
Q15_8_x5	Mirtazapine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....	1
Q15_9_x5	Mirtazapine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....	1
Q15_10_x5	Mirtazapine prescribed for chronic pain	Yes .....	1
Q15_11_x5	Mirtazapine prescribed for quitting smoking	Yes .....	1
Q15_12_x5	Mirtazapine prescribed for sleep problems (e.g. insomnia)	Yes .....	1
Q15_13_x5	Mirtazapine prescribed for restless legs syndrome	Yes .....	1
Q15_14_x5	Mirtazapine prescribed for premature ejaculation (MEN ONLY)	Yes .....	1
Q15_15_x5	Mirtazapine prescribed for attention-deficit/hyperactivity disorder	Yes .....	1
Q15_16_x5	Mirtazapine prescribed for other reason	Yes .....	1
Q15_16_TEXT_x5	Other reason Mirtazapine was prescribed	_____	
Q15_17_x5	Participant unsure why Mirtazapine was prescribed	Yes .....	1
Q15_1_x6	Desvenlafaxine prescribed for depression	Yes .....	1
Q15_2_x6	Desvenlafaxine prescribed for bipolar disorder	Yes .....	1
Q15_3_x6	Desvenlafaxine prescribed for anxiety	Yes .....	1
Q15_4_x6	Desvenlafaxine prescribed for panic disorder	Yes .....	1
Q15_5_x6	Desvenlafaxine prescribed for obsessive compulsive disorder	Yes .....	1
Q15_6_x6	Desvenlafaxine prescribed for specific phobia	Yes .....	1
Q15_7_x6	Desvenlafaxine prescribed for posttraumatic stress disorder	Yes .....	1
Q15_8_x6	Desvenlafaxine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....	1

Q15_9_x6	Desvenlafaxine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x6	Desvenlafaxine prescribed for chronic pain	Yes .....1
Q15_11_x6	Desvenlafaxine prescribed for quitting smoking	Yes .....1
Q15_12_x6	Desvenlafaxine prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x6	Desvenlafaxine prescribed for restless legs syndrome	Yes .....1
Q15_14_x6	Desvenlafaxine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x6	Desvenlafaxine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x6	Desvenlafaxine prescribed for other reason	Yes .....1
Q15_16_TEXT_x6	Other reason Desvenlafaxine was prescribed	.....1
Q15_17_x6	Participant unsure why Desvenlafaxine was prescribed	Yes .....1
Q15_1_x7	Citalopram prescribed for depression	Yes .....1
Q15_2_x7	Citalopram prescribed for bipolar disorder	Yes .....1
Q15_3_x7	Citalopram prescribed for anxiety	Yes .....1
Q15_4_x7	Citalopram prescribed for panic disorder	Yes .....1
Q15_5_x7	Citalopram prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x7	Citalopram prescribed for specific phobia	Yes .....1
Q15_7_x7	Citalopram prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x7	Citalopram prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x7	Citalopram prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x7	Citalopram prescribed for chronic pain	Yes .....1
Q15_11_x7	Citalopram prescribed for quitting smoking	Yes .....1
Q15_12_x7	Citalopram prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x7	Citalopram prescribed for restless legs syndrome	Yes .....1
Q15_14_x7	Citalopram prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x7	Citalopram prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x7	Citalopram prescribed for other reason	Yes .....1
Q15_16_TEXT_x7	Other reason Citalopram was prescribed	.....1
Q15_17_x7	Participant unsure why Citalopram was prescribed	Yes .....1
Q15_1_x8	Fluoxetine prescribed for depression	Yes .....1
Q15_2_x8	Fluoxetine prescribed for bipolar disorder	Yes .....1
Q15_3_x8	Fluoxetine prescribed for anxiety	Yes .....1
Q15_4_x8	Fluoxetine prescribed for panic disorder	Yes .....1
Q15_5_x8	Fluoxetine prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x8	Fluoxetine prescribed for specific phobia	Yes .....1
Q15_7_x8	Fluoxetine prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x8	Fluoxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x8	Fluoxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x8	Fluoxetine prescribed for chronic pain	Yes .....1
Q15_11_x8	Fluoxetine prescribed for quitting smoking	Yes .....1
Q15_12_x8	Fluoxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x8	Fluoxetine prescribed for restless legs syndrome	Yes .....1
Q15_14_x8	Fluoxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x8	Fluoxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x8	Fluoxetine prescribed for other reason	Yes .....1
Q15_16_TEXT_x8	Other reason Fluoxetine was prescribed	.....1
Q15_17_x8	Participant unsure why Fluoxetine was prescribed	Yes .....1
Q15_1_x9	Duloxetine prescribed for depression	Yes .....1
Q15_2_x9	Duloxetine prescribed for bipolar disorder	Yes .....1
Q15_3_x9	Duloxetine prescribed for anxiety	Yes .....1

Q15_4_x9	Duloxetine prescribed for panic disorder	Yes .....1
Q15_5_x9	Duloxetine prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x9	Duloxetine prescribed for specific phobia	Yes .....1
Q15_7_x9	Duloxetine prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x9	Duloxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x9	Duloxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x9	Duloxetine prescribed for chronic pain	Yes .....1
Q15_11_x9	Duloxetine prescribed for quitting smoking	Yes .....1
Q15_12_x9	Duloxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x9	Duloxetine prescribed for restless legs syndrome	Yes .....1
Q15_14_x9	Duloxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x9	Duloxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x9	Duloxetine prescribed for other reason	Yes .....1
Q15_16_TEXT_x9	Other reason Duloxetine was prescribed	_____
Q15_17_x9	Participant unsure why Duloxetine was prescribed	Yes .....1
Q15_1_x10	Paroxetine prescribed for depression	Yes .....1
Q15_2_x10	Paroxetine prescribed for bipolar disorder	Yes .....1
Q15_3_x10	Paroxetine prescribed for anxiety	Yes .....1
Q15_4_x10	Paroxetine prescribed for panic disorder	Yes .....1
Q15_5_x10	Paroxetine prescribed for obsessive compulsive disorder	Yes .....1
Q15_6_x10	Paroxetine prescribed for specific phobia	Yes .....1
Q15_7_x10	Paroxetine prescribed for posttraumatic stress disorder	Yes .....1
Q15_8_x10	Paroxetine prescribed for premenstrual dysphoric mood disorder (WOMEN ONLY)	Yes .....1
Q15_9_x10	Paroxetine prescribed for menopausal symptoms (WOMEN ONLY)	Yes .....1
Q15_10_x10	Paroxetine prescribed for chronic pain	Yes .....1
Q15_11_x10	Paroxetine prescribed for quitting smoking	Yes .....1
Q15_12_x10	Paroxetine prescribed for sleep problems (e.g. insomnia)	Yes .....1
Q15_13_x10	Paroxetine prescribed for restless legs syndrome	Yes .....1
Q15_14_x10	Paroxetine prescribed for premature ejaculation (MEN ONLY)	Yes .....1
Q15_15_x10	Paroxetine prescribed for attention-deficit/hyperactivity disorder	Yes .....1
Q15_16_x10	Paroxetine prescribed for other reason	Yes .....1
Q15_16_TEXT_x10	Other reason Paroxetine was prescribed	_____
Q15_17_x10	Participant unsure why Paroxetine was prescribed	Yes .....1
<hr/>		
Q16	How old were you when you started taking [X FROM Q10]?	
Q16_x1n	Age started taking Sertraline	___/___/___ YEARS
Q16_x2n	Age started taking Escitalopram	___/___/___ YEARS
Q16_x3n	Age started taking Venlafaxine	___/___/___ YEARS
Q16_x4n	Age started taking Amitriptyline	___/___/___ YEARS
Q16_x5n	Age started taking Mirtazapine	___/___/___ YEARS
Q16_x6n	Age started taking Desvenlafaxine	___/___/___ YEARS
Q16_x7n	Age started taking Citalopram	___/___/___ YEARS
Q16_x8n	Age started taking Fluoxetine	___/___/___ YEARS
Q16_x9n	Age started taking Duloxetine	___/___/___ YEARS
Q16_x10n	Age started taking Paroxetine	___/___/___ YEARS

Q17	For how long did you take / have you been taking [X FROM Q10]?	
Q17_x1	Time taking Sertraline	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_x2	Time taking Escitalopram	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_x3	Time taking Venlafaxine	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_x4	Time taking Amitriptyline	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_x5	Time taking Mirtazapine	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_x6	Time taking Desvenlafaxine	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_x7	Time taking Citalopram	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_x8	Time taking Fluoxetine	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_x9	Time taking Duloxetine	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

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Q18	How well does / did each antidepressant [X FROM Q10] work for you?	
Q18_xx1	How well Sertraline works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx2	How well Escitalopram works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx3	How well Venlafaxine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx4	How well Amitriptyline works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_x5	How well Mirtazapine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx6	How well Desvenlafaxine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx7	How well Citalopram works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx8	How well Fluoxetine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx9	How well Duloxetine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4
Q18_xx10	How well Paroxetine works	Not at all well .....1 Moderately well .....2 Very well .....3 Don't know .....4

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Q19 NOT USED FOR PARTICIPANT INPUT

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Q20	After taking [X FROM Q10] for a period of time, did you ever experience any further symptoms associated with the condition for which you were prescribed antidepressants?	
Q20_1	Further symptoms after taking Sertraline	No .....1 Yes .....2
Q20_2	Further symptoms after taking Escitalopram	No .....1 Yes .....2
Q20_3	Further symptoms after taking Venlafaxine	No .....1 Yes .....2
Q20_4	Further symptoms after taking Amitriptyline	No .....1 Yes .....2
Q20_5	Further symptoms after taking Mirtazapine	No .....1 Yes .....2
Q20_6	Further symptoms after taking Desvenlafaxine	No .....1 Yes .....2
Q20_7	Further symptoms after taking Citalopram	No .....1 Yes .....2
Q20_8	Further symptoms after taking Fluoxetine	No .....1 Yes .....2
Q20_9	Further symptoms after taking Duloxetine	No .....1 Yes .....2
Q20_10	Further symptoms after taking Paroxetine	No .....1 Yes .....2

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Q21	How long did the improvement in symptoms you experienced after taking [X FROM Q10] last for?	
Q21_1	Duration of improvement from Sertraline	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_2	Duration of improvement from Escitalopram	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_3	Duration of improvement from Venlafaxine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_4	Duration of improvement from Amitriptyline	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_5	Duration of improvement from Mirtazapine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_6	Duration of improvement from Desvenlafaxine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_7	Duration of improvement from Citalopram	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6

		I didn't have any improvement in symptoms .....7
Q21_8	Duration of improvement from Fluoxetine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_9	Duration of improvement from Duloxetine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7
Q21_10	Duration of improvement from Paroxetine	Less than a month ..... 1 to 2 months .....2 3 to 6 months .....3 7 to 12 months .....4 More than 12 months .....5 Not sure .....6 I didn't have any improvement in symptoms .....7

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

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Q23 What were the best aspects of taking the antidepressant(s)? *Include any antidepressant you have taken* .  
Please select all that apply.

Q23_1	Relief of depressive symptoms (low mood, sadness, loss of pleasure in life)	Yes .....1
Q23_2	Relief of other key symptoms (e.g. sleep disturbance, anxiety, loss of sex drive)	Yes .....1
Q23_3	Reduction in suicidal thinking or actions	Yes .....1
Q23_4	Return of normal emotions	Yes .....1
Q23_5	Improved relationships with those I am close to	Yes .....1
Q23_6	Getting back to normal daily activities	Yes .....1
Q23_7	Restored control over my mood and actions	Yes .....1
Q23_8	Other benefit	Yes .....1

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

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

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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  
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Q25	Which side effects did you experience from the following antidepressant(s)? Please select all that apply.	
Q25_1_1	Dry mouth from Sertraline	Yes .....1
Q25_1_2	Dry mouth from Escitalopram	Yes .....1
Q25_1_3	Dry mouth from Venlafaxine	Yes .....1
Q25_1_4	Dry mouth from Amitriptyline	Yes .....1
Q25_1_5	Dry mouth from Mirtazapine	Yes .....1
Q25_1_6	Dry mouth from Desvenlafaxine	Yes .....1
Q25_1_7	Dry mouth from Citalopram	Yes .....1
Q25_1_8	Dry mouth from Fluoxetine	Yes .....1
Q25_1_9	Dry mouth from Duloxetine	Yes .....1
Q25_1_10	Dry mouth from Paroxetine	Yes .....1
Q25_2_1	Sweating from Sertraline	Yes .....1
Q25_2_2	Sweating from Escitalopram	Yes .....1
Q25_2_3	Sweating from Venlafaxine	Yes .....1
Q25_2_4	Sweating from Amitriptyline	Yes .....1
Q25_2_5	Sweating from Mirtazapine	Yes .....1
Q25_2_6	Sweating from Desvenlafaxine	Yes .....1
Q25_2_7	Sweating from Citalopram	Yes .....1
Q25_2_8	Sweating from Fluoxetine	Yes .....1
Q25_2_9	Sweating from Duloxetine	Yes .....1
Q25_2_10	Sweating from Paroxetine	Yes .....1
Q25_3_1	Nausea from Sertraline	Yes .....1
Q25_3_2	Nausea from Escitalopram	Yes .....1
Q25_3_3	Nausea from Venlafaxine	Yes .....1
Q25_3_4	Nausea from Amitriptyline	Yes .....1
Q25_3_5	Nausea from Mirtazapine	Yes .....1
Q25_3_6	Nausea from Desvenlafaxine	Yes .....1
Q25_3_7	Nausea from Citalopram	Yes .....1
Q25_3_8	Nausea from Fluoxetine	Yes .....1
Q25_3_9	Nausea from Duloxetine	Yes .....1
Q25_3_10	Nausea from Paroxetine	Yes .....1
Q25_4_1	Vomiting from Sertraline	Yes .....1
Q25_4_2	Vomiting from Escitalopram	Yes .....1
Q25_4_3	Vomiting from Venlafaxine	Yes .....1
Q25_4_4	Vomiting from Amitriptyline	Yes .....1
Q25_4_5	Vomiting from Mirtazapine	Yes .....1
Q25_4_6	Vomiting from Desvenlafaxine	Yes .....1
Q25_4_7	Vomiting from Citalopram	Yes .....1
Q25_4_8	Vomiting from Fluoxetine	Yes .....1
Q25_4_9	Vomiting from Duloxetine	Yes .....1
Q25_4_10	Vomiting from Paroxetine	Yes .....1
Q25_5_1	Diarrhoea from Sertraline	Yes .....1
Q25_5_2	Diarrhoea from Escitalopram	Yes .....1
Q25_5_3	Diarrhoea from Venlafaxine	Yes .....1
Q25_5_4	Diarrhoea from Amitriptyline	Yes .....1
Q25_5_5	Diarrhoea from Mirtazapine	Yes .....1
Q25_5_6	Diarrhoea from Desvenlafaxine	Yes .....1
Q25_5_7	Diarrhoea from Citalopram	Yes .....1
Q25_5_8	Diarrhoea from Fluoxetine	Yes .....1
Q25_5_9	Diarrhoea from Duloxetine	Yes .....1
Q25_5_10	Diarrhoea from Paroxetine	Yes .....1
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

Q25_6_6	Constipation from Desvenlafaxine	Yes .....1
Q25_6_7	Constipation from Citalopram	Yes .....1
Q25_6_8	Constipation from Fluoxetine	Yes .....1
Q25_6_9	Constipation from Duloxetine	Yes .....1
Q25_6_10	Constipation from Paroxetine	Yes .....1
Q25_7_1	Headache from Sertraline	Yes .....1
Q25_7_2	Headache from Escitalopram	Yes .....1
Q25_7_3	Headache from Venlafaxine	Yes .....1
Q25_7_4	Headache from Amitriptyline	Yes .....1
Q25_7_5	Headache from Mirtazapine	Yes .....1
Q25_7_6	Headache from Desvenlafaxine	Yes .....1
Q25_7_7	Headache from Citalopram	Yes .....1
Q25_7_8	Headache from Fluoxetine	Yes .....1
Q25_7_9	Headache from Duloxetine	Yes .....1
Q25_7_10	Headache from Paroxetine	Yes .....1
Q25_8_1	Dizziness from Sertraline	Yes .....1
Q25_8_2	Dizziness from Escitalopram	Yes .....1
Q25_8_3	Dizziness from Venlafaxine	Yes .....1
Q25_8_4	Dizziness from Amitriptyline	Yes .....1
Q25_8_5	Dizziness from Mirtazapine	Yes .....1
Q25_8_6	Dizziness from Desvenlafaxine	Yes .....1
Q25_8_7	Dizziness from Citalopram	Yes .....1
Q25_8_8	Dizziness from Fluoxetine	Yes .....1
Q25_8_9	Dizziness from Duloxetine	Yes .....1
Q25_8_10	Dizziness from Paroxetine	Yes .....1
Q25_9_1	Shaking from Sertraline	Yes .....1
Q25_9_2	Shaking from Escitalopram	Yes .....1
Q25_9_3	Shaking from Venlafaxine	Yes .....1
Q25_9_4	Shaking from Amitriptyline	Yes .....1
Q25_9_5	Shaking from Mirtazapine	Yes .....1
Q25_9_6	Shaking from Desvenlafaxine	Yes .....1
Q25_9_7	Shaking from Citalopram	Yes .....1
Q25_9_8	Shaking from Fluoxetine	Yes .....1
Q25_9_9	Shaking from Duloxetine	Yes .....1
Q25_9_10	Shaking from Paroxetine	Yes .....1
Q25_10_1	Muscle pain from Sertraline	Yes .....1
Q25_10_2	Muscle pain from Escitalopram	Yes .....1
Q25_10_3	Muscle pain from Venlafaxine	Yes .....1
Q25_10_4	Muscle pain from Amitriptyline	Yes .....1
Q25_10_5	Muscle pain from Mirtazapine	Yes .....1
Q25_10_6	Muscle pain from Desvenlafaxine	Yes .....1
Q25_10_7	Muscle pain from Citalopram	Yes .....1
Q25_10_8	Muscle pain from Fluoxetine	Yes .....1
Q25_10_9	Muscle pain from Duloxetine	Yes .....1
Q25_10_10	Muscle pain from Paroxetine	Yes .....1
Q25_11_1	Drowsiness from Sertraline	Yes .....1
Q25_11_2	Drowsiness from Escitalopram	Yes .....1
Q25_11_3	Drowsiness from Venlafaxine	Yes .....1
Q25_11_4	Drowsiness from Amitriptyline	Yes .....1
Q25_11_5	Drowsiness from Mirtazapine	Yes .....1
Q25_11_6	Drowsiness from Desvenlafaxine	Yes .....1
Q25_11_7	Drowsiness from Citalopram	Yes .....1
Q25_11_8	Drowsiness from Fluoxetine	Yes .....1
Q25_11_9	Drowsiness from Duloxetine	Yes .....1
Q25_11_10	Drowsiness from Paroxetine	Yes .....1
Q25_12_1	Difficulty getting to sleep from Sertraline	Yes .....1
Q25_12_2	Difficulty getting to sleep from Escitalopram	Yes .....1

Q25_12_3	Difficulty getting to sleep from Venlafaxine	Yes .....1
Q25_12_4	Difficulty getting to sleep from Amitriptyline	Yes .....1
Q25_12_5	Difficulty getting to sleep from Mirtazapine	Yes .....1
Q25_12_6	Difficulty getting to sleep from Desvenlafaxine	Yes .....1
Q25_12_7	Difficulty getting to sleep from Citalopram	Yes .....1
Q25_12_8	Difficulty getting to sleep from Fluoxetine	Yes .....1
Q25_12_9	Difficulty getting to sleep from Duloxetine	Yes .....1
Q25_12_10	Difficulty getting to sleep from Paroxetine	Yes .....1
Q25_13_1	Increased anxiety from Sertraline	Yes .....1
Q25_13_2	Increased anxiety from Escitalopram	Yes .....1
Q25_13_3	Increased anxiety from Venlafaxine	Yes .....1
Q25_13_4	Increased anxiety from Amitriptyline	Yes .....1
Q25_13_5	Increased anxiety from Mirtazapine	Yes .....1
Q25_13_6	Increased anxiety from Desvenlafaxine	Yes .....1
Q25_13_7	Increased anxiety from Citalopram	Yes .....1
Q25_13_8	Increased anxiety from Fluoxetine	Yes .....1
Q25_13_9	Increased anxiety from Duloxetine	Yes .....1
Q25_13_10	Increased anxiety from Paroxetine	Yes .....1
Q25_14_1	Agitation from Sertraline	Yes .....1
Q25_14_2	Agitation from Escitalopram	Yes .....1
Q25_14_3	Agitation from Venlafaxine	Yes .....1
Q25_14_4	Agitation from Amitriptyline	Yes .....1
Q25_14_5	Agitation from Mirtazapine	Yes .....1
Q25_14_6	Agitation from Desvenlafaxine	Yes .....1
Q25_14_7	Agitation from Citalopram	Yes .....1
Q25_14_8	Agitation from Fluoxetine	Yes .....1
Q25_14_9	Agitation from Duloxetine	Yes .....1
Q25_14_10	Agitation from Paroxetine	Yes .....1
Q25_15_1	Fatigue or weakness from Sertraline	Yes .....1
Q25_15_2	Fatigue or weakness from Escitalopram	Yes .....1
Q25_15_3	Fatigue or weakness from Venlafaxine	Yes .....1
Q25_15_4	Fatigue or weakness from Amitriptyline	Yes .....1
Q25_15_5	Fatigue or weakness from Mirtazapine	Yes .....1
Q25_15_6	Fatigue or weakness from Desvenlafaxine	Yes .....1
Q25_15_7	Fatigue or weakness from Citalopram	Yes .....1
Q25_15_8	Fatigue or weakness from Fluoxetine	Yes .....1
Q25_15_9	Fatigue or weakness from Duloxetine	Yes .....1
Q25_15_10	Fatigue or weakness from Paroxetine	Yes .....1
Q25_16_1	Weight gain from Sertraline	Yes .....1
Q25_16_2	Weight gain from Escitalopram	Yes .....1
Q25_16_3	Weight gain from Venlafaxine	Yes .....1
Q25_16_4	Weight gain from Amitriptyline	Yes .....1
Q25_16_5	Weight gain from Mirtazapine	Yes .....1
Q25_16_6	Weight gain from Desvenlafaxine	Yes .....1
Q25_16_7	Weight gain from Citalopram	Yes .....1
Q25_16_8	Weight gain from Fluoxetine	Yes .....1
Q25_16_9	Weight gain from Duloxetine	Yes .....1
Q25_16_10	Weight gain from Paroxetine	Yes .....1
Q25_17_1	Weight loss from Sertraline	Yes .....1
Q25_17_2	Weight loss from Escitalopram	Yes .....1
Q25_17_3	Weight loss from Venlafaxine	Yes .....1
Q25_17_4	Weight loss from Amitriptyline	Yes .....1
Q25_17_5	Weight loss from Mirtazapine	Yes .....1
Q25_17_6	Weight loss from Desvenlafaxine	Yes .....1
Q25_17_7	Weight loss from Citalopram	Yes .....1
Q25_17_8	Weight loss from Fluoxetine	Yes .....1
Q25_17_9	Weight loss from Duloxetine	Yes .....1
Q25_17_10	Weight loss from Paroxetine	Yes .....1

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

Q25_23_8	Attempted suicide from Fluoxetine	Yes .....	1
Q25_23_9	Attempted suicide from Duloxetine	Yes .....	1
Q25_23_10	Attempted suicide from Paroxetine	Yes .....	1
Q25_24_1	Other side effect from Sertraline	Yes .....	1
Q25_24_2	Other side effect from Escitalopram	Yes .....	1
Q25_24_3	Other side effect from Venlafaxine	Yes .....	1
Q25_24_4	Other side effect from Amitriptyline	Yes .....	1
Q25_24_5	Other side effect from Mirtazapine	Yes .....	1
Q25_24_6	Other side effect from Desvenlafaxine	Yes .....	1
Q25_24_7	Other side effect from Citalopram	Yes .....	1
Q25_24_8	Other side effect from Fluoxetine	Yes .....	1
Q25_24_9	Other side effect from Duloxetine	Yes .....	1
Q25_24_10	Other side effect from Paroxetine	Yes .....	1
Q25_25_1	No side effects from Sertraline	Yes .....	1
Q25_25_2	No side effects from Escitalopram	Yes .....	1
Q25_25_3	No side effects from Venlafaxine	Yes .....	1
Q25_25_4	No side effects from Amitriptyline	Yes .....	1
Q25_25_5	No side effects from Mirtazapine	Yes .....	1
Q25_25_6	No side effects from Desvenlafaxine	Yes .....	1
Q25_25_7	No side effects from Citalopram	Yes .....	1
Q25_25_8	No side effects from Fluoxetine	Yes .....	1
Q25_25_9	No side effects from Duloxetine	Yes .....	1
Q25_25_10	No side effects from Paroxetine	Yes .....	1

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



Q26	Did you have to stop taking any antidepressant because of side effects?	
Q26_1	Stopped taking Sertraline because of side effects	No .....1 Yes .....2
Q26_2	Stopped taking Escitalopram because of side effects	No .....1 Yes .....2
Q26_3	Stopped taking Venlafaxine because of side effects	No .....1 Yes .....2
Q26_4	Stopped taking Amitriptyline because of side effects	No .....1 Yes .....2
Q26_5	Stopped taking Mirtazapine because of side effects	No .....1 Yes .....2
Q26_6	Stopped taking Desvenlafaxine because of side effects	No .....1 Yes .....2
Q26_7	Stopped taking Citalopram because of side effects	No .....1 Yes .....2
Q26_8	Stopped taking Fluoxetine because of side effects	No .....1 Yes .....2
Q26_9	Stopped taking Duloxetine because of side effects	No .....1 Yes .....2
Q26_10	Stopped taking Paroxetine because of side effects	No .....1 Yes .....2
<hr/>		
Q27_1	Overall, how would you rate the side-effects of taking antidepressants? Lowest / worst rating (for example, very bad side effects) = 1 star, highest / best rating (for example, no side effects or only very mild side effects) = 5 stars	__ STARS
<hr/>		
Q28	What were the worst aspects of taking the antidepressant(s)? <i>Include any antidepressant you have taken.</i> Please select all that apply.	
Q28_1	New side-effects like nausea, headache, drowsiness, fatigue, sexual dysfunction	Yes .....1
Q28_2	Increased depressive symptoms like anxiety, agitation, sleep disturbance	Yes .....1
Q28_3	Knowing that I needed to take medications to get well	Yes .....1
Q28_4	Telling others that I needed to take medications	Yes .....1
Q28_5	Increased suicidal thoughts or actions	Yes .....1
Q28_6	Interfered with my capacity to do normal daily activities	Yes .....1
Q28_7	Increased direct costs (e.g seeing doctors, buying medications)	Yes .....1
Q28_8	Other	Yes .....1
Q28_8_TEXT	Other worst aspect	_____
<hr/>		

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  
Yes .....2

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  
Yes .....2

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

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  
Most of the day .....2  
About half of the day .....3  
Less than half of the day .....4

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

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

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

Q47 Did you gain or lose weight without trying, or did you stay about the same? Gained .....1  
Lost .....2  
Both gained and lost weight .....3  
Stayed about the same .....4  
Was on a diet at the time .....5

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

Q48 About how much did your weight change? Please enter your response in kilograms. \_\_\_/\_\_\_/\_\_\_ KILOGRAMS

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

Q61 About how old were you when you experienced this worst period? \_\_\_/\_\_\_ YEARS

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  
Yes .....2

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

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

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

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

\*\*\*\*\*  
IF FEMALE (Q4 = 2) AND HAS EVER BEEN PREGNANT (Q7 = 2) THEN CONTINUE  
ELSE GO TO Q70  
\*\*\*\*\*

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.)

Q67\_1 No depression during or shortly after pregnancy .....1  
Q67\_2 Depression during pregnancy .....1  
Q67\_3 Depression within 4 weeks of delivery .....1  
Q67\_4 Depression between 4 and 6 weeks after delivery .....1  
Q67\_5 Depression between 6 weeks and 3 months after delivery .....1  
Q67\_6 Depression between 3 and 6 months after delivery .....1

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

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

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  
Yes .....2

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  
 \*\*\*\*\*

Q471 How many times have you been pregnant? If you're unsure, please provide your best estimate.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13+

Q348 How many of these pregnancies resulted in live births (including caesarean section)? [NUMBER MUST BE LESS THAN OR EQUAL TO RESPONSE TO Q471]

0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13+

Q349 Have you ever been pregnant with twins (or triplets, etc.)?

No .....1  
Yes, twins .....2  
Yes, triplets (or more than triplets).....3  
Don't know.....4

\*\*\*\*\*

IF TWINS (Q349 = 2) THEN CONTINUE  
ELSE IF TRIPLETS OR MORE (Q349 = 3) THEN GO TO Q351  
ELSE GO TO Q364

\*\*\*\*\*

Q350 Are your twins? Identical (frequently mistaken by people who know them)? .....1  
Non-identical (no more alike than normal brothers or sisters)?.....2  
Unsure .....3

\*\*\*\*\*

GO TO Q352

\*\*\*\*\*

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

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

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+

\*\*\*\*\*  
 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+

\*\*\*\*\*  
 IF EVER DEPRESSED DURING OR SOON AFTER PREGNANCY  
 (Q364 > 0 OR Q365 > 0) THEN CONTINUE  
 ELSE GO TO Q353  
 \*\*\*\*\*

Q366	Please think about the worst episode during pregnancy or after delivery. During the worst episode of feeling sad, miserable, or very anxious during pregnancy or following delivery, how often:	
Q366A	Did you feel able to laugh or see the funny side of things?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366B	Were you able to look forward to things with excitement?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366C	Did you blame yourself unnecessarily when things went wrong?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366D	Were you anxious or worried for no good reason?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366E	Did you feel scared or panicky for no good reason?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366F	Did you feel overwhelmed?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366G	Were you so unhappy that you had difficulty sleeping?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366H	Did you feel sad or miserable?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366I	Were you so unhappy that you cried?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4
Q366J	Did the thought of harming yourself occur to you?	Never .....1 Rarely .....2 Sometimes .....3 Often .....4

---



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

Q367A Were the symptoms so severe that you sought professional help?	No	.....1
	Yes	.....2
Q367B Did the symptoms cause you problems or interfere with your day-to-day life?	No	.....1
	Yes	.....2
Q367C Did you require psychiatric hospitalisation because of these symptoms?	No	.....1
	Yes	.....2

Q368 Did you receive any form of treatment such as counselling or medication because of depression during pregnancy or following delivery?

No treatment	.....1
Counselling	.....2
Medication	.....3
Counselling and medication	.....4

Q369 During the worst episode - when did these symptoms begin?

During pregnancy	.....1
After delivery	.....2

\*\*\*\*\*  
 IF DURING PREGNANCY (Q369 = 1) THEN CONTINUE  
 IF AFTER DELIVERY (Q369 = 2) THEN GO TO Q371  
 \*\*\*\*\*

Q370 At approximately what stage of pregnancy did the symptoms begin?

1st trimester	.....1
2nd trimester	.....2
3rd trimester	.....3

\*\*\*\*\*  
 GO TO Q372  
 \*\*\*\*\*

Q371 Approximately how long after delivery did the symptoms begin?

0 - 4 weeks	.....1
1 - 3 months	.....2
More than 3 months after deliver...	.....3

Q372 During the worst episode, how long did these symptoms last?

Up to 2 weeks	.....1
2 - 4 weeks	.....2
1 - 3 months	.....3
3 - 6 months	.....4
More than 6 months	.....5

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

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
Yes	.....2

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

\*\*\*\*\*  
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+

---

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

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

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

- 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

- 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

- 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

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

- 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

\*\*\*\*\*  
GO TO Q361  
\*\*\*\*\*

Q360 Were you pregnant with ...

Q360A 1st pregnancy

\_\_ BOYS  
\_\_ GIRLS  
\_\_ UNKNOWN SEX

Q360B The pregnancy with the worst morning sickness [IF Q354 > 1]

\_\_ BOYS  
\_\_ GIRLS  
\_\_ UNKNOWN SEX

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

Q361 Did you breastfeed any of your children? Please include any breastfeeding even if you were also bottle-feeding.

None of my children were  
breastfed .....1  
Only some of my children were  
breastfed .....2  
All of my children were breastfed ..3

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

Q362 Did you breastfeed your first child? Please include any breastfeeding even if you were also bottle-feeding.

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

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

Q363 How long (in months) did you breastfeed your first child for? Please include any breastfeeding even if you were also bottle-feeding.

\_\_/\_ MONTHS

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

Q71 Have you ever injured yourself on purpose?

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

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

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  
 \*\*\*\*\*

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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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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

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

Q78	Have you ever seriously thought about killing yourself?	No	.....1
		Yes	.....2

Q79	Have you ever made a plan about how you would kill yourself?	No	.....1
		Yes	.....2

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  
 \*\*\*\*\*

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

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

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

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

Q84 Which mental health disorders has/have your first degree relative(s) been diagnosed with? (Please select all that apply, including if multiple family members have had different diagnoses.)

Q84\_1 Depression Yes .....1  
 Q84\_2 Bipolar disorder Yes .....1  
 Q84\_3 Schizophrenia Yes .....1  
 Q84\_4 Anorexia nervosa Yes .....1  
 Q84\_5 Bulimia Yes .....1  
 Q84\_6 Anxiety (Generalised anxiety disorder) Yes .....1  
 Q84\_7 Panic disorder Yes .....1  
 Q84\_8 Obsessive compulsive disorder Yes .....1  
 Q84\_9 Posttraumatic stress disorder Yes .....1  
 Q84\_10 Specific phobia Yes .....1  
 Q84\_11 Seasonal affective disorder Yes .....1  
 Q84\_12 Social phobia (also known as Social anxiety disorder) Yes .....1  
 Q84\_13 Attention-deficit/hyperactivity disorder (ADD/ADHD) Yes .....1  
 Q84\_14 Autism spectrum disorder (Autism, Asperger's disorder) Yes .....1  
 Q84\_15 Tourette's disorder Yes .....1  
 Q84\_16 Personality disorder Yes .....1  
 Q84\_17 Substance use disorder Yes .....1  
 Q84\_18 Other (please specify) Yes .....1  
 Q84\_18\_TEXT Specified other mental health disorder \_\_\_\_\_



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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Q90	Did you ever experience this problem while you were taking the following antidepressant(s)?	
Q90_1	Sertraline (e.g. Zoloft, Eleva, Sertra, Sertracor, Setrona, Xydep)	No .....1 Yes .....2 Don't know .....3
Q90_2	Escitalopram (e.g. Lexapro, Cilopam, Escicor, Esipram, Esitalo, Lexam, LoxaLate)	No .....1 Yes .....2 Don't know .....3
Q90_3	Venlafaxine (e.g. Efexor, Altven, Elaxine, Enlafax, Venla, Venlexor)	No .....1 Yes .....2 Don't know .....3
Q90_4	Amitriptyline (e.g. Endep)	No .....1 Yes .....2 Don't know .....3
Q90_5	Mirtazapine (e.g. Avanza, Remeron, Milivin, Axit, Aurozapine, Mirtazon)	No .....1 Yes .....2 Don't know .....3
Q90_6	Desvenlafaxine (e.g. Pristiq, Desfax)	No .....1 Yes .....2 Don't know .....3
Q90_7	Citalopram (e.g. Cipramil, Celapram, Celica, Ciazil, Citalo, Talam)	No .....1 Yes .....2 Don't know .....3
Q90_8	Fluoxetine (e.g. Prozac, Auscap, Lovan, Zactin)	No .....1 Yes .....2 Don't know .....3
Q90_9	Duloxetine (e.g. Cymbalta, Andepra, Coperin, Deotine, Depreta, Drulox)	No .....1 Yes .....2 Don't know .....3
Q90_10	Paroxetine (e.g. Aropax, Paxtine, Extine, Roxet)	No .....1 Yes .....2 Don't know .....3
Q90_11	Dothiepin (e.g. Dothep)	No .....1 Yes .....2 Don't know .....3
Q90_12	Fluvoxamine (e.g. Luvox, Faverin, Movox, Voxam)	No .....1 Yes .....2 Don't know .....3
Q90_13	Doxepin (e.g. Sinequan, Deptran)	No .....1 Yes .....2 Don't know .....3
Q90_14	Nortriptyline (e.g. Allegron)	No .....1 Yes .....2 Don't know .....3
Q90_15	Moclobemide (e.g. Amina, Clobemix, Mohexal, Aurorix)	No .....1 Yes .....2 Don't know .....3

Q90_16	Clomipramine (e.g. Anafranil, Placil)	No .....1 Yes .....2 Don't know .....3
Q90_17	Reboxetine (e.g. Edronax)	No .....1 Yes .....2 Don't know .....3
Q90_18	Mianserin (e.g. Lumin)	No .....1 Yes .....2 Don't know .....3
Q90_19	Imipramine (e.g. Tofranil, Tolerade)	No .....1 Yes .....2 Don't know .....3
Q90_20	Tranlycypromine (e.g. Parnate)	No .....1 Yes .....2 Don't know .....3
Q90_21	Phenelzine (e.g. Nardil)	No .....1 Yes .....2 Don't know .....3

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Q91	Did you ever experience this problem while not taking antidepressants?	No .....1 Yes .....2
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Q92	Have you ever.....	
Q92_1	Felt as if the thoughts in your head were not your own?	No .....1 Yes .....2
Q92_2	Heard voices talking to each other when you were alone?	No .....1 Yes .....2
Q92_3	Heard voices when you were alone?	No .....1 Yes .....2
Q92_4	Felt that many people around you might hurt or harm you in some way?	No .....1 Yes .....2
Q92_5	Felt as if many people around you are plotting against you?	No .....1 Yes .....2
Q92_6	Felt as if the thoughts in your head are being taken away from you?	No .....1 Yes .....2

\*\*\*\*\*  
 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  
 \*\*\*\*\*

- 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 |
| • not dreaming   | Don't know ..... | 3 |
| • 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 |
| • not dreaming   | Don't know ..... | 3 |
| • 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 |
| • not dreaming   | Don't know ..... | 3 |
| • 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 |
| • not dreaming  | Don't know ..... | 3 |
| • 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 |
| • not dreaming   | Don't know ..... | 3 |
| • 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  
 \*\*\*\*\*

Q98	When you have felt as if the thoughts in your head are being taken away from you - did this ever happen when you were: <ul style="list-style-type: none"> <li>• not dreaming</li> <li>• not half-asleep and</li> <li>• not under the influence of alcohol or drugs?</li> </ul>	No .....1 Yes .....2 Don't know .....3
<hr/>		
Q99	Did any of these experiences occur in the last 12 months?	No .....1 Yes .....2 Don't know .....3
<hr/>		
Q100_n	How old were you when you first had any of these experiences? Please put your age in years. An approximate age is fine.	_/_ YEA RS
<hr/>		
Q101_n	How old were you when you most recently had any of these experiences? Please put your age in years. An approximate age is fine.	_/_ YEA RS
<hr/>		
Q102_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'.	_/_/_ TI MES
<hr/>		
Q103	Have you ever had a period lasting one month or longer when most of the time you felt worried, tense or anxious?	No .....1 Yes .....2
*****		
IF EVER ONE MONTH OR LONGER (Q103 = 2) THEN GO TO Q107 ELSE CONTINUE		
*****		
<hr/>		
Q104	People differ a lot in how much they worry about things. Did you ever have a time when you worried a lot more than most people would in your situation?	No .....1 Yes .....2
*****		
IF EVER SUCH A TIME (Q104 = 2) THEN CONTINUE ELSE GO TO Q119		
*****		
<hr/>		
Q107	How long was the longest time that this kind of worrying 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
<hr/>		

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:	
Q119_1	Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake?)	No .....1 Yes .....2
Q119_2	Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)?	No .....1 Yes .....2
Q119_3	Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)?	No .....1 Yes .....2
Q119_4	Blood, injections or injury (e.g. blood, needles, medical procedures?)	No .....1 Yes .....2

\*\*\*\*\*  
 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):

---

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
------	---	---

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

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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?

Q127_1	Being in social situations (e.g. talking with and meeting unfamiliar people)	No .....1 Yes .....2
Q127_2	Being observed (e.g. eating or drinking while others are watching, talking in front of others)	No .....1 Yes .....2

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

---

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
------	---	---

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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?	
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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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)	
Q147_1	Your heart was pounding or racing	Yes .....1
Q147_2	You were sweating	Yes .....1
Q147_3	You were trembling or shaking	Yes .....1
Q147_4	You felt short of breath, or like you were being smothered	Yes .....1
Q147_5	You felt like you were choking	Yes .....1
Q147_6	You had pain or discomfort in your chest	Yes .....1
Q147_7	You were nauseous or felt sick in the stomach	Yes .....1
Q147_8	You felt dizzy, unsteady, light-headed or faint	Yes .....1
Q147_9	You felt hot or cold	Yes .....1
Q147_10	You felt numbness or tingling sensations	Yes .....1
Q147_11	It felt like things weren't real, or you felt detached from yourself	Yes .....1
Q147_12	You were afraid you were going to lose control or "go crazy"	Yes .....1
Q147_13	You were afraid you were going to die	Yes .....1
Q147_14	No, I have never had this happen to me	Yes .....1

Q156	How tall are you? (Please enter centimetres or feet and inches, not both)	
Q156_1_n	Height (feet component)	__ FEET
Q156_2_n	Height (inches component)	__/_ INCHES
Q156_3_n	Height (centimetres)	__/_/_ CENTIMETRES

Q157	How much do you weigh now (in kilograms)? If you are pregnant, what did you weigh before you were pregnant?	__/_/_ KILOGRAMS
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Q160	What is your highest level of education?	No formal education .....1 Completed or partially completed primary school (years 1-7) .....2 Completed or partially completed junior secondary school (years 8-10) .....3 Completed or partially completed senior secondary school (years 11-12) .....4 Completed or partially completed certificate or diploma .....5 Completed or partially completed a degree .....6 Completed or partially completed a Post Graduate Diploma, Masters degree, Doctorate or PhD .....7 Don't know .....8
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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.	
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Q460_1	England, Ireland, Scotland or Wales	Yes.....1
Q460_2	Australia - not of Aboriginal or Torres Strait Islander descent	Yes.....1
Q460_3	Australia - of Aboriginal or Torres Strait Islander descent	Yes.....1
Q460_4	New Zealand - not of Maori descent	Yes.....1
Q460_5	New Zealand - of Maori descent	Yes.....1
Q460_5	Northern Europe including Sweden, Norway, Finland and surrounding countries	Yes.....1
Q460_7	Western Europe including France, Germany, the Netherlands and surrounding countries	Yes.....1
Q460_8	Southern Europe including Italy, Greece, Spain, Portugal and surrounding countries	Yes.....1
Q460_9	Eastern Europe including Russia, Poland, Hungary and surrounding countries	Yes.....1
Q460_10	Middle East including Lebanon, Turkey and surrounding countries	Yes.....1
Q460_11	Eastern Asia including China, Japn, South Korea, North Korea, Taiwan and Hong Kong	Yes.....1
Q460_12	South-East Asia including Thailand, Malaysia, Indonesia, Singapore and surrounding countries	Yes.....1
Q460_13	South Asia including India, Pakistan, Sri Lanka and surrounding countries	Yes.....1
Q460_14	Polynesia, Micronesia or Melanesia including Tonga, Fiji, Papua New Guinea and surrounding countries	Yes.....1
Q460_15	Africa	Yes.....1
Q460_16	North America - not of First Nations, Native American, Inuit or Métis descent	Yes.....1
Q460_17	North America - of First Nations, Native American, Inuit or Métis descent	Yes.....1
Q460_18	Caribbean, Central or South America	Yes.....1
Q460_19	Don't know	Yes.....1
Q460_20	Other	Yes.....1
Q460_20_TEXT	Specify	.....1

## Module 1b – Anxiety Disorders

\*\*\*\*\*

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

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
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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
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Q116_2	Keyed up or on edge?	No .....1 Yes .....2
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Q116_3	Easily tired?	No .....1 Yes .....2
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Q116_4	Having difficulty keeping your mind on what you were doing?	No .....1 Yes .....2
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Q116_5	More irritable than usual?	No .....1 Yes .....2
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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

Q131	Is (or was) your fear or anxiety in social situations out of proportion to the actual threat posed by the situations?	No .....1 Yes .....2
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
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
Q134	How long was the longest time these fears or anxieties about social situations 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
Q135	How much does (or did) your fear, anxiety or avoidance of social situations upset or bother you?	A lot .....1 Some .....2 A little .....3 Not at all .....4
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 Some .....2 A little .....3 Not at all .....4

\*\*\*\*\*

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

\*\*\*\*\*

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

Q465 Earlier in the questionnaire, you mentioned that you have (or have previously had) a strong fear of the following:

Using public transportation (e.g. cars, buses, trains, ships, planes)  
Being in open spaces (e.g. parking lots, marketplaces, bridges)  
Being in enclosed spaces (e.g. shops, theatres, cinemas)  
Standing in line or being in a crowd  
Being outside of the home alone

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 Yes .....2
------	---	-------------------------

\*\*\*\*\*

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
------	---

Q148 How many such attacks of fear or panic would you say that you have had over the course of your lifetime?   /  /   ATTACKS

---

Q149 After any of your attacks of fear or panic, did you ever ...

Q149\_1 ... feel anxious, worried or nervous about having more panic attacks? No .....1  
Yes .....2

Q149\_2 ... feel worried about losing control, having a heart attack, going crazy, or other bad things happening because of panic attacks? No .....1  
Yes .....2

Q149\_3 ... avoid situations in which panic attacks might occur? No .....1  
Yes .....2

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

---

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

---

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

---

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

---

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

---

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

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

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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



Q32	In the past four weeks, about how often did you feel...	
Q32_1	Tired out for no good reason?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_2	Nervous?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_3	So nervous that nothing could calm you down?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_4	Hopeless?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_5	Restless or fidgety?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_6	So restless you could not sit still?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_7	Depressed?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_8	That everything was an effort?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_9	So sad that nothing could cheer you up?	None of the time .....1 A little of the time .....2 Some of the time .....3 Most of the time .....4 All of the time .....5
Q32_10	Worthless?	None of the time .....1 A little of the time .....2 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 \_\_\_\_\_ /\_\_ DAYS  
unable to carry out your usual daily activities fully? Don't know .....99

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

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

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**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  
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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
<hr/>		
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.	
Q172_1	Cocaine	No .....1 Yes .....2
Q172_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q172_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q172_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q172_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q172_6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q172_7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q172_8	Ketamine (Special K)	No .....1 Yes .....2
Q172_9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q172_10	Other party drugs	No .....1 Yes .....2
Q172_11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q172_12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q172_13	Other (specify):	No .....1 Yes .....2
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  
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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.	
Q173_1	Cocaine	No .....1 Yes .....2
Q173_2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q173_3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q173_4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q173_5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q173_6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q173_7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q173_8	Ketamine (Special K)	No .....1 Yes .....2
Q173_9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q173_10	Other party drugs	No .....1 Yes .....2
Q173_11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q173_12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
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  
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Q174	In your life, which of the following substances have you ever used while drinking alcohol?	
Q174_x1	Cocaine	No .....1 Yes .....2
Q174_x2	Amphetamine type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q174_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q174_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q174_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q174_x6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q174_x7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q174_x8	Ketamine (Special K)	No .....1 Yes .....2
Q174_x9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q174_x10	Other party drugs	No .....1 Yes .....2
Q174_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q174_x12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q174_x13	Other	No .....1 Yes .....2

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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  
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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.	
Q175_1	Alcohol (beer, wine, spirits)	___/___ YEARS
Q175_2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	___/___ YEARS
Q175_3	E-cigarettes	___/___ YEARS
Q175_4	Cannabis (marijuana)	___/___ YEARS
Q175_x1	Cocaine	___/___ YEARS
Q175_x2	Amphetamine-type stimulants (e.g. ice, speed)	___/___ YEARS
Q175_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	___/___ YEARS
Q175_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	___/___ YEARS
Q175_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	___/___ YEARS
Q175_x6	Opioids (e.g. heroin, morphine, methadone)	___/___ YEARS
Q175_x7	Ecstasy (E, MDMA)	___/___ YEARS
Q175_x8	Ketamine (Special K)	___/___ YEARS
Q175_x9	GHB (liquid e, Fantasy)	___/___ YEARS
Q175_x10	Other party drugs	___/___ YEARS
Q175_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	___/___ YEARS
Q175_x12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	___/___ YEARS
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



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  
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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.	
Q182_1	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_2	E-cigarettes	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_3	Cannabis (marijuana)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x1	Cocaine	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x2	Amphetamine-type stimulants (e.g. ice, speed)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x6	Opioids (e.g. heroin, morphine, methadone)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x7	Ecstasy (E, MDMA)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4

		Daily or almost daily .....5
Q182_x8	Ketamine (Special K)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x9	GHB (liquid e, Fantasy)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x10	Other party drugs	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x12	Over-the-counter or prescription stimulants (e.g. No-do, do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 Daily or almost daily .....5
Q182_x13	Other	Never .....1 Once or twice .....2 Monthly .....3 Weekly .....4 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  
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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.	
Q183_x1	Alcohol (beer, wine, spirits)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_x3	E-cigarettes	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_x4	Cannabis (marijuana)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx1	Cocaine	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx2	Amphetamine-type stimulants (e.g. ice, speed)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx6	Opioids (e.g. heroin, morphine, methadone)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx7	Ecstasy (E, MDMA)	Once or twice .....1 Monthly .....2 Weekly .....3 Daily or almost daily .....4
Q183_xx8	Ketamine (Special K)	Once or twice .....1 Monthly .....2 Weekly .....3

		Daily or almost daily .....	4
Q183_xx9	GHB (liquid e, Fantasy)	Once or twice .....	1
		Monthly .....	2
		Weekly .....	3
		Daily or almost daily .....	4
Q183_xx10	Other party drugs	Once or twice .....	1
		Monthly .....	2
		Weekly .....	3
		Daily or almost daily .....	4
Q183_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Once or twice .....	1
		Monthly .....	2
		Weekly .....	3
		Daily or almost daily .....	4
Q183_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	Once or twice .....	1
		Monthly .....	2
		Weekly .....	3
		Daily or almost daily .....	4
Q183_xx13	Other	Once or twice .....	1
		Monthly .....	2
		Weekly .....	3
		Daily or almost daily .....	4

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Q184	The following questions will ask you about experiences you may have had while using alcohol, tobacco or other substances for non-medical purposes. For each of the following questions, think about the 12-month period in your life when you used each substance the most. This may have been at different times for different substances.	
	Did you often use a lot more of any of these substances than you intended to?	
Q184_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q184_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q184_x3	E-cigarettes	No .....1 Yes .....2
Q184_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q184_xx1	Cocaine	No .....1 Yes .....2
Q184_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q184_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q184_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q184_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q184_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q184_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q184_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q184_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q184_xx10	Other party drugs	No .....1 Yes .....2
Q184_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q184_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q184_xx13	Other	No .....1 Yes .....2

Q185	Did you often use any of these substances over a longer period of time than you intended to?	
Q185_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q185_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q185_x3	E-cigarettes	No .....1 Yes .....2
Q185_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q185_xx1	Cocaine	No .....1 Yes .....2
Q185_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q185_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q185_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q185_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q185_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q185_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q185_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q185_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q185_xx10	Other party drugs	No .....1 Yes .....2
Q185_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q185_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q185_xx13	Other	No .....1 Yes .....2

Q186	Did you keep wanting to cut down or control your use of any of these substances?	
Q186_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q186_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q186_x3	E-cigarettes	No .....1 Yes .....2
Q186_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q186_xx1	Cocaine	No .....1 Yes .....2
Q186_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q186_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q186_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q186_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q186_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q186_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q186_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q186_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q186_xx10	Other party drugs	No .....1 Yes .....2
Q186_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q186_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q186_xx13	Other	No .....1 Yes .....2

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Q187	Did you try to cut down or control your use of any of these substances and find that you couldn't?		
Q187_x1	Alcohol (beer, wine, spirits)	No .....	1
		Yes .....	2
Q187_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....	1
		Yes .....	2
Q187_x3	E-cigarettes	No .....	1
		Yes .....	2
Q187_x4	Cannabis (marijuana)	No .....	1
		Yes .....	2
Q187_xx1	Cocaine	No .....	1
		Yes .....	2
Q187_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....	1
		Yes .....	2
Q187_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....	1
		Yes .....	2
Q187_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....	1
		Yes .....	2
Q187_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....	1
		Yes .....	2
Q187_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....	1
		Yes .....	2
Q187_xx7	Ecstasy (E, MDMA)	No .....	1
		Yes .....	2
Q187_xx8	Ketamine (Special K)	No .....	1
		Yes .....	2
Q187_xx9	GHB (liquid e, Fantasy)	No .....	1
		Yes .....	2
Q187_xx10	Other party drugs	No .....	1
		Yes .....	2
Q187_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....	1
		Yes .....	2
Q187_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....	1
		Yes .....	2
Q187_xx13	Other	No .....	1
		Yes .....	2



Q188	Did you spend a lot of time obtaining or using any of these substances, or recovering from their effects?	
Q188_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q188_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q188_x3	E-cigarettes	No .....1 Yes .....2
Q188_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q188_xx1	Cocaine	No .....1 Yes .....2
Q188_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q188_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q188_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q188_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q188_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q188_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q188_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q188_xx9	Q188M GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q188_xx10	Q188N Other party drugs	No .....1 Yes .....2
Q188_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q188_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q188_xx13	Other	No .....1 Yes .....2

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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?	
Q189_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q189_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q189_x3	E-cigarettes	No .....1 Yes .....2
Q189_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q189_xx1	Cocaine	No .....1 Yes .....2
Q189_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q189_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q189_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q189_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q189_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q189_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q189_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q189_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q189_xx10	Other party drugs	No .....1 Yes .....2
Q189_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q189_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q189_xx13	Other	No .....1 Yes .....2

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?	
Q190_x1	Alcohol (beer, wine, spirits)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_x3	E-cigarettes	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_x4	Cannabis (marijuana)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx1	Cocaine	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx7	Ecstasy (E, MDMA)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx8	Ketamine (Special K)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx9	GHB (liquid e, Fantasy)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q190_xx10	Other party drugs	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
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

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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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?	
Q191_x1	Alcohol (beer, wine, spirits)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_x3	E-cigarettes	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_x4	Cannabis (marijuana)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx1	Cocaine	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_x3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx7	Ecstasy (E, MDMA)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx8	Ketamine (Special K)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx9	GHB (liquid e, Fantasy)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q191_xx10	Other party drugs	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
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

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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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?	
Q192_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q192_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q192_x3	E-cigarettes	No .....1 Yes .....2
Q192_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q192_xx1	Cocaine	No .....1 Yes .....2
Q192_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q192_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q192_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q192_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q192_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q192_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q192_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q192_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q192_xx10	Other party drugs	No .....1 Yes .....2
Q192_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q192_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q192_xx13	Other	No .....1 Yes .....2

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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)?	
Q193_x1	Alcohol (beer, wine, spirits)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_x3	E-cigarettes	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_x4	Cannabis (marijuana)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx1	Cocaine	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx7	Ecstasy (E, MDMA)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx8	Ketamine (Special K)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx9	GHB (liquid e, Fantasy)	No .....1 Yes, once or twice .....2 Yes, 3 times or more .....3
Q193_xx10	Other party drugs	No .....1 Yes, once or twice .....2 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



	hydrocodone)	Yes, 3 times or more .....	3
<a href="#">Q193_xx12</a>	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
<a href="#">Q193_xx13</a>	Other	No .....	1
		Yes, once or twice .....	2
		Yes, 3 times or more .....	3

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Q194	Did using any of these substances ever cause you physical health problems, or make an existing physical health problem worse?	
Q194_x1	Alcohol (beer, wine, spirits)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_x3	E-cigarettes	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_x4	Cannabis (marijuana)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx1	Cocaine	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx7	Ecstasy (E, MDMA)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx8	Ketamine (Special K)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx9	GHB (liquid e, Fantasy)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q194_xx10	Other party drugs	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
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

<a href="#">Q194_xx12</a>	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
<a href="#">Q194_xx13</a>	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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Q195	Did using any of these substances ever cause you psychological problems (like making you depressed or anxious, making it hard to sleep, making it hard to remember things clearly) or cause existing problems like these to get worse?	
Q195_x1	Alcohol (beer, wine, spirits)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_x3	E-cigarettes	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_x4	Cannabis (marijuana)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx1	Cocaine	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx7	Ecstasy (E, MDMA)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx8	Ketamine (Special K)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx9	GHB (liquid e, Fantasy)	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3
Q195_xx10	Other party drugs	No .....1 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

	(e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	Yes, and I quit using .....2 Yes, and I kept using .....3
<a href="#">Q195_xx12</a>	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
<a href="#">Q195_xx13</a>	Other	No .....1 Yes, and I quit using .....2 Yes, and I kept using .....3

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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?	
Q196_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q196_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q196_x3	E-cigarettes	No .....1 Yes .....2
Q196_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q196_xx1	Cocaine	No .....1 Yes .....2
Q196_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q196_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q196_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q196_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q196_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q196_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q196_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q196_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q196_xx10	Other party drugs	No .....1 Yes .....2
Q196_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q196_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q196_xx13	Other	No .....1 Yes .....2

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?	
Q197_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q197_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q197_x3	E-cigarettes	No .....1 Yes .....2
Q197_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q197_xx1	Cocaine	No .....1 Yes .....2
Q197_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q197_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q197_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q197_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q197_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q197_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q197_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q197_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q197_xx10	Other party drugs	No .....1 Yes .....2
Q197_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q197_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q197_xx13	Q197Q Other	No .....1 Yes .....2

Q198	<p>People who cut down or stop using a substance after using it steadily for some time may not feel well. These feelings are more intense than the usual after-effects. These problems may include: trembling hands, being unable to sleep, feeling anxious, irritable or depressed, feeling restless, sweating, heart beating fast, fever or chills, nausea or vomiting, weight loss or decreased appetite, feeling physically weak, having headaches or difficulty concentrating, seizures, hearing / seeing things that aren't there.</p> <p>Still thinking about the 12-month period in your life when you used each of these substances the most: When you stopped, cut down or went without any of these substances, did you experience any problems like these?</p>	
Q198_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_x3	E-cigarettes	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_x4	Cannabis (marijuana)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx1	Cocaine	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2 I did not cut down or stop in that



		12 months .....3
Q198_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx8	Ketamine (Special K)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx10	Other party drugs	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx12	Over-the-counter or prescription stimulants (e.g. No-do, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3
Q198_xx13	Other	No .....1 Yes .....2 I did not cut down or stop in that 12 months .....3

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Q199	Did you ever drink alcohol, take medication or drugs to keep from having these problems or to make them go away?	
Q199_x1	Alcohol (beer, wine, spirits)	No .....1 Yes .....2
Q199_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No .....1 Yes .....2
Q199_x3	E-cigarettes	No .....1 Yes .....2
Q199_x4	Cannabis (marijuana)	No .....1 Yes .....2
Q199_xx1	Cocaine	No .....1 Yes .....2
Q199_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No .....1 Yes .....2
Q199_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No .....1 Yes .....2
Q199_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No .....1 Yes .....2
Q199_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No .....1 Yes .....2
Q199_xx6	Opioids (e.g. heroin, morphine, methadone)	No .....1 Yes .....2
Q199_xx7	Ecstasy (E, MDMA)	No .....1 Yes .....2
Q199_xx8	Ketamine (Special K)	No .....1 Yes .....2
Q199_xx9	GHB (liquid e, Fantasy)	No .....1 Yes .....2
Q199_xx10	Other party drugs	No .....1 Yes .....2
Q199_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No .....1 Yes .....2
Q199_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No .....1 Yes .....2
Q199_xx13	Other	No .....1 Yes .....2

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

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?	
Q200_x1	Alcohol (beer, wine, spirits)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_x2	Tobacco products (e.g cigarettes, chewing tobacco, cigars)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_x3	E-cigarettes	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_x4	Cannabis (marijuana)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx1	Cocaine	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx2	Amphetamine-type stimulants (e.g. ice, speed)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx3	Inhalants (e.g. glue, petrol, paint thinner, nitrous oxide)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx4	Sedatives or sleeping pills (e.g. Valium, Serepax, Rohypnol)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx5	Hallucinogens (e.g. LSD, acid, mushrooms, PCP)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx6	Opioids (e.g. heroin, morphine, methadone)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3

Q200_xx7	Ecstasy (E, MDMA)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx8	Ketamine (Special K)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx9	GHB (liquid e, Fantasy)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx10	Other party drugs	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx11	Over-the-counter or prescription pain killers and analgesics (e.g. cough medicine, Mersyndol, Panadeine, codeine, hydrocodone)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx12	Over-the-counter or prescription stimulants (e.g. No-doz, pseudoephedrine, dexamphetamine, Ritalin, diet pills)	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3
Q200_xx13	Other	No change .....1 Use increased while taking antidepressants .....2 Use decreased or stopped while taking antidepressants .....3

---

Q201 You have reached the end of this section of the questionnaire. Thanks for  
answering our questions!

---

### 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  
\*\*\*\*\*

Q209	How long have you recognised that you have had this mental health or behavioural problem?	
	If 3 months or less, please record your answer in the Days field. If more than 3 months but no more than 2 years, please record your answer in the Months field. If longer than 2 years, please record your answer in the Years field.	
Q209	Recognition of problem time units	Days .....1 Months .....2 Years .....3
Q209_n	Number of recognition of problem time units	___/___

---

Q210	Thinking about your mental health or behavioural problem ...	
Q210_1	Have you discussed this problem with any close friends?	No .....1 Yes .....2 Don't know .....3
Q210_2	Have you sought any information for this problem?	No .....1 Yes .....2 Don't know .....3
Q210_3	Have you discussed your problem with family?	No .....1 Yes .....2 Don't know .....3
Q210_4	Have you used or do you use any self-help strategies to help you deal with this problem?	No .....1 Yes .....2 Don't know .....3
Q210_5	Have you used alcohol or other substances to deal with this problem?	No .....1 Yes .....2 Don't know .....3
Q210_6	Have you seen a health professional, such as a general practitioner, about this problem?	No .....1 Yes .....2 Don't know .....3
Q210_7	Have you seen or do you see a specialist, such as a psychiatrist, about this problem?	No .....1 Yes .....2 Don't know .....3
Q210_8	Have you done or did you do anything else to deal with this problem?	No .....1 Yes .....2 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  
 \*\*\*\*\*

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
<hr/>		
Q217	Another section of the questionnaire completed. Well done!	
<hr/>		



## 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

---

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

---

Q220	The following items refer to experiences that many people have in their everyday lives. Choose the answer that best describes how much that experience has <b>distressed or bothered</b> you during the past month.	
Q220A	I have saved up so many things that they get in the way	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220B	I check things more often than necessary	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220C	I get upset if objects are not arranged properly	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220D	I feel compelled to count while I am doing things	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220E	I find it difficult to touch an object when I know it has been touched by strangers or certain people	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220F	I find it difficult to control my own thoughts	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220G	I collect things I don't need	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220H	I repeatedly check doors, windows, drawers etc.	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q220I	I get upset if others change the way I have arranged things	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5

Q221 The following items refer to experiences that many people have in their everyday lives. Choose the answer that best describes how much that experience has <b>distressed or bothered</b> you during the past month.	
Q221A I feel I have to repeat certain numbers	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221B I sometimes have to wash or clean myself simply because I feel contaminated	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221C I am upset by unpleasant thoughts that come into my mind against my will	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221D I avoid throwing things away because I am afraid I might need them later	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221E I repeatedly check gas and water taps and light switches after turning them off	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221F I need things to be arranged in a particular order	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221G I feel that there are good and bad numbers	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221H I wash my hands more often and longer than necessary	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5
Q221I I frequently get nasty thoughts and have difficulty getting rid of them	Not at all .....1 A little .....2 Moderately .....3 A lot .....4 Extremely .....5

Q222	Read each statement and decide if it is an accurate statement about you. Mark your answer next to each statement. Give your own opinion of yourself. Be sure to answer every statement.	
Q222A	My mood can shift quite suddenly	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222B	I avoid eye contact with other people	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222C	My attitude about myself changes a lot	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222D	I have difficulty making friends, even when trying my best	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222E	My relationships have been stormy	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222F	I am sometimes regarded by other people as odd or weird	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222G	My moods get quite intense	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222H	I have trouble keeping up with the flow of a normal conversation	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222I	Sometimes I feel terribly empty inside	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222J	I have difficulty relating to peers	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q222K	I want to let certain people know how much they've hurt me	False, not at all true .....1 Slightly true .....2 Mainly true .....3 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



Q223	Read each statement and decide if it is an accurate statement about you. Mark your answer next to each statement. Give your own opinion of yourself. Be sure to answer every statement.	
Q223A	My mood is very steady	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223B	I have trouble understanding the meaning of other people's tone of voice and facial expressions	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223C	I worry a lot about other people leaving me	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223D	I have trouble concentrating too much on parts of things rather than seeing the whole picture	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223E	People once close to me have let me down	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223F	I would rather be alone than with others	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223G	I have little control over my anger	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223H	I have more difficulty than others do with changes in routine	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223I	I often wonder what I should do with my life	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223J	I am (or used to be) overly sensitive to sounds, textures or smells	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q223K	I rarely feel very lonely	False, not at all true .....1 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

---

Q224	Read each statement and decide if it is an accurate statement about you. Mark your answer next to each statement. Give your own opinion of yourself. Be sure to answer every statement.	
Q224A	I sometimes do things so impulsively that I get into trouble	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224B	I have difficulty keeping my attention on tasks that don't interest me	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224C	I've always been a pretty happy person	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224D	People tell me that I don't listen when others are talking	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224E	I can't handle separation from those close to me very well	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224F	I have difficulty finishing projects or assignments (hobbies or work)	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224G	I've made some real mistakes in the people I've picked as friends	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224H	I have difficulty staying organised at work or home	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224I	When I'm upset, I typically do something to hurt myself	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224J	I have difficulty with projects that require sustained mental effort	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4
Q224K	I've had times when I was so mad I couldn't do enough to express my anger	False, not at all true ..... 1 Slightly true ..... 2 Mainly true ..... 3 Very true ..... 4

---



Q225	Read each statement and decide if it is an accurate statement about you. Mark your answer next to each statement. Give your own opinion of yourself. Be sure to answer every statement.	
Q225A	I frequently lose things (like pencils or my car keys)	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225B	I don't get bored very easily	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225C	I am easily distracted	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225D	Once someone is my friend, we stay friends	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225E	Compared to others I am forgetful	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225F	I'm too impulsive for my own good	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225G	I tend to blurt out answers or comments	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225H	I spend money too easily	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225I	I have difficulty waiting my turn	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225J	I'm a reckless person	False, not at all true .....1 Slightly true .....2 Mainly true .....3 Very true .....4
Q225K	People tell me that I frequently interrupt	False, not at all true .....1 Slightly true .....2 Mainly true .....3 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

---

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

---

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

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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](http://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

---

Q232	If you have a partner, please judge your partner's attitudes and behaviour towards you in recent times.	
Q232A	Is very loving to me	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232B	Is a good companion	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232C	Is affectionate to me	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232D	Is very considerate of me	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232E	Is fun to be with	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232F	Shows his/her appreciation of me	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232G	Understands my problems and worries	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232H	Confides closely in me	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232I	Makes me feel needed	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4
Q232J	Is physically gentle and considerate	Very true .....1 Moderately true .....2 Somewhat true .....3 Not at all true .....4

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Q233	And, some questions about your relationships with people close to you and your social networks	
	Q233A If you get angry or upset do you have people you can tell just how you feel?	No .....1 Yes, with one or two people .....2 Yes, with more than two people .....3
	Q233B Recently have you had any fights or arguments with people close to you?	No .....1 Yes, with one or two people .....2 Yes, with more than two people .....3
<hr/>		
Q234		
	Q234A Are you a member of any social club or sporting group?	No .....1 Yes .....2 Yes, sort of .....3
	Q234B Are you currently in a relationship?	No .....1 Yes .....2 Yes, sort of .....3
	Q234C Do you have someone you can trust with your private thoughts and feelings?	No .....1 Yes .....2 Yes, sort of .....3
	Q234D If you're having a tough time, do you have someone you can really depend on?	No .....1 Yes .....2 Yes, sort of .....3
	Q234E Is there anyone who really knows you very well (e.g. understands how you think and feel)?	No .....1 Yes .....2 Yes, sort of .....3
	Q234F Is there anyone you feel close to that understands your concerns / difficulties?	No .....1 Yes .....2 Yes, sort of .....3
	Q234G Is there anyone you feel you can turn to, if in trouble or a crisis?	No .....1 Yes .....2 Yes, sort of .....3
	Q234H When you feel happy do you have someone you can share this with?	No .....1 Yes .....2 Yes, sort of .....3
<hr/>		

## 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
--	--

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

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Q239	During the past 12 months have you had any of these events occur?	
	Q239A Divorce	No .....1 Yes .....2
	Q239B Marital separation	No .....1 Yes .....2
	Q239C Broken engagement or steady relationship	No .....1 Yes .....2
	Q239D Separation from other loved one or close friend	No .....1 Yes .....2
	Q239E Serious illness or injury	No .....1 Yes .....2
	Q239F Serious accident (not involving personal injury)	No .....1 Yes .....2
	Q239G Burgled or robbed	No .....1 Yes .....2
	Q239H Laid off or sacked from job	No .....1 Yes .....2
	Q239I Other serious difficulties at work	No .....1 Yes .....2
	Q239J Major financial problems	No .....1 Yes .....2
	Q239K Legal troubles or involvement with police	No .....1 Yes .....2
	Q239L Living in unpleasant surroundings	No .....1 Yes .....2

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- Q472 The next series of questions will ask you 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](http://www.lifeline.org.au)

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

Q240A Natural disaster (e.g. flood, cyclone, tornado, earthquake)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240B Fire or explosion	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240C Transportation accident (e.g. car accident, boat accident, train wreck, plane crash)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240D Serious accident at work, home or during recreational activity	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240E Exposure to toxic substances (e.g. dangerous chemicals, radiation)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5

	Doesn't apply .....6
Q240F Physical assault (e.g. being attacked, hit, slapped, kicked, beaten up)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240G Assault with a weapon (e.g. being shot, stabbed, threatened with a knife, gun, bomb)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240H Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240I Other unwanted or uncomfortable sexual experience	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240J Combat or exposure to a war-zone (in the military or as a civilian)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240K Captivity (e.g. being kidnapped, abducted, held hostage, prisoner of war)	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240L Life-threatening illness or injury	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
Q240M Severe human suffering	Happened to me .....1 Witnessed it .....2 Learned about it .....3 Part of my job .....4 Not sure .....5 Doesn't apply .....6
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

	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
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
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

		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
<hr/>			
Q246	How old were you when you first had sexual intercourse with your consent?		__/__ AGE IN YEARS
<hr/>			
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
<hr/>			
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.		
<hr/>			

## 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.

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

Q253A On work days

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

Q253B On free days (e.g. weekend)

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

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

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

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

---



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

Q255A On work days

Before 4:30 am	1
4:30 am	2
5:00 am	3
5:30 am	4
6:00 am	5
6:30 am	6
7:00 am	7
7:30 am	8
8:00 am	9
8:30 am	10
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

Q255B On free days (e.g. weekend)

Before 4:30 am	1
4:30 am	2
5:00 am	3
5:30 am	4
6:00 am	5
6:30 am	6
7:00 am	7
7:30 am	8
8:00 am	9
8:30 am	10
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

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

Before 4:30 am	1
4:30 am	2
5:00 am	3
5:30 am	4
6:00 am	5
6:30 am	6
7:00 am	7
7:30 am	8
8:00 am	9
8:30 am	10
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

---

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

---

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

---

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

---

- Q259 If you usually have to get up at a specific time in the morning, how much do you depend on an alarm clock? Not at all .....1  
Slightly .....2  
Somewhat .....3  
Very much .....4
- 
- Q260 During the first half hour after you wake up in the morning, how do you feel? Very tired .....1  
Fairly tired .....2  
Fairly refreshed .....3  
Very refreshed .....4
- 
- Q261 If you had no commitments the next day, what time would you go to bed compared to your usual bedtime? Seldom or never later .....1  
Less than 1 hour later .....2  
1-2 hours later .....3  
More than 2 hours later .....4
- 
- Q262 At approximately what time in the evening do you feel tired, and, as a result, in need of sleep? 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
- 
- Q263 At approximately what time of day do you usually feel your best? 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
- 
- Q264 One hears about “morning types” and “evening types.” Which one of these types do you consider yourself to be? 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
- 
- Q265 Over the last 2 weeks, have you had problems with falling asleep, staying asleep or waking up too early? No .....1  
Yes .....2

\*\*\*\*\*

IF PROBLEMS WITH SLEEP (Q265 = 2) CONTINUE, ELSE GO TO Q267

\*\*\*\*\*

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
<hr/>		
Q267	How satisfied/dissatisfied are you with your current sleep pattern?	Very dissatisfied .....1 Dissatisfied .....2 Moderately satisfied .....3 Satisfied .....4 Very satisfied .....5
<p>*****</p> <p>IF ANY CURRENT INSOMNIA SYMPTOM (Q266A, Q266B OR Q266C &gt; 1) OR LESS THAN SATISFIED WITH CURRENT SLEEP (Q267 &lt;4) CONTINUE ELSE GO TO Q271</p> <p>*****</p>		
<hr/>		
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
<hr/>		
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
<hr/>		
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
<hr/>		
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
<hr/>		

- Q272 During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? 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
- 
- Q273 If you were to drink coffee in the evening, would it stop you from getting to sleep? No .....1  
Yes .....2
- 
- Q274 How many cups/cans/bottles of the following caffeinated beverages do you drink per day? Note: decaffeinated coffee or caffeine-free cola do not count towards this total. Please click or tap on the shaded line under your chosen number to register your response, even if the answer is "0".
- Q274A Coffee ..... CUPS
- Q274B Tea ..... CUPS
- Q274C Soft drinks (e.g. Coca-Cola, Pepsi, Mountain Dew etc) ..... CANS OR BOTTLES
- Q274D Energy drinks (e.g. Red Bull, Mother, Rockstar) ..... CANS OR BOTTLES
- 
- Q275 On average, how much time do you spend outdoors in natural light per day?
- Q275A On work days ..... HOURS  
..... MINUTES
- Q275B On free days (e.g. weekend) ..... HOURS  
..... MINUTES
- 
- Q276 During the last month, on how many nights or days per week have you had or been told you had the following:
- Q276A Loud snoring Never .....1  
Rarely, less than once a week .....2  
1-2 times per week .....3  
3-4 times per week .....4  
5-7 times per week .....5  
Don't know .....6
- Q276B Snorting or gasping Never .....1  
Rarely, less than once a week .....2  
1-2 times per week .....3  
3-4 times per week .....4  
5-7 times per week .....5  
Don't know .....6
- Q276C Your breathing stops or you choke or struggle for breath Never .....1  
Rarely, less than once a week .....2  
1-2 times per week .....3  
3-4 times per week .....4  
5-7 times per week .....5  
Don't know .....6
-

Q277 The purpose of the following questions is to find out how your mood and behaviour change over time. Note: We are interested in your experience, not others you may have observed.

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Q278 For how long have you lived in your current town or in the surrounding area? \_/\_ YEARS  
\_/\_ MONTHS

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Q279 To what degree do the following change with the seasons?

Q279A Sleep length	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5
Q279B Social activity	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5
Q279C Mood (overall feeling of well being)	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5
Q279D Weight	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5
Q279E Appetite	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5
Q279F Energy level	No change .....1 Slight change .....2 Moderate change .....3 Marked change .....4 Extremely marked change .....5

---

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

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
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
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
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
Q280E Eat 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
Q280F Lose 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
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



	November .....	11
	December .....	12
	No particular months .....	13
Q280J Sleep 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

\*\*\*\*\*

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

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

	18 .....	19
	Over 18 hours .....	20
Q283D Autumn	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

---

Q284 Another section finished!

---

## 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. \_/\_/ YEA

---

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

---

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?	Not tan at all .....1 Tan lightly .....2 Tan moderately .....3 Tan deeply .....4
------	--	---

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

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?	Always burn, never tan .....1 Usually burn, sometimes tan .....2 Sometimes burn, usually tan .....3 Never burn, always tan .....4
------	---	--

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

Q300	During your childhood, how much freckling did you have?	None .....1 Light .....2 Moderate .....3 Heavy .....4
------	---	--

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?	None .....1 Less than 10 .....2 Between 10 and 50 .....3 More than 50 .....4
------	--	---

Q302	Many people suffer from acne during their lives. How much acne do you have now?	None .....1 Mild .....2 Moderate .....3 Severe .....4
------	---	--

Q303	How much acne did you have when you were a teenager?	None .....1 Mild .....2 Moderate .....3 Severe .....4
------	--	--

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

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

Q305	In the last 12 months, how often have you had an episode of wheezing?	Not at all .....1 1 to 4 times .....2 5 to 12 times .....3 More than 12 times .....4
------	---	---

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

---

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

---

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

---

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

---

Q310 Has a doctor ever diagnosed you as suffering from any of the following?

Q310A Pneumonia	No ..... 1
	Yes ..... 2
Q310B Asthma	No ..... 1
	Yes ..... 2
Q310C Hayfever	No ..... 1
	Yes ..... 2
Q310D Eczema	No ..... 1
	Yes ..... 2

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

---

Q311 At what age were you first diagnosed as suffering from the following: Please enter age values in years (and months, if known). An approximate age is fine.

Q311A Pneumonia	___/___ YEARS ___/___ MONTHS
Q311B Asthma	___/___ YEARS ___/___ MONTHS
Q311C Hayfever	___/___ YEARS ___/___ MONTHS
Q311D Eczema	___/___ YEARS ___/___ MONTHS

---

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

---

Q313 Are you currently taking asthma medication? No ..... 1  
 Yes ..... 2

---

Q314	Has a doctor ever diagnosed your parents or siblings as suffering from asthma?	No .....1 Yes .....2
<hr/>		
Q315	Have you had an allergic reaction to any of the following items?	
Q315A	Foods	No .....1 Yes .....2 Unsure .....3
Q315B	Plants (including pollen)	No .....1 Yes .....2 Unsure .....3
Q315C	Animals (mammals, birds or insects)	No .....1 Yes .....2 Unsure .....3
Q315D	Dust mites	No .....1 Yes .....2 Unsure .....3
Q315E	Mould	No .....1 Yes .....2 Unsure .....3
Q315F	Latex	No .....1 Yes .....2 Unsure .....3
Q315G	Medicines	No .....1 Yes .....2 Unsure .....3
Q315H	Vaccines	No .....1 Yes .....2 Unsure .....3
Q315I	Something else	No .....1 Yes .....2 Unsure .....3
<hr/>		



\*\*\*\*\*  
 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

	Itchy or runny nose .....7
	Nausea .....8
	Wheezing or asthma .....9
	None of the above .....10
Q316F Latex	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
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
		Celiac 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
		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  
 \*\*\*\*\*

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

Q328_11B Type 2 diabetes [IF DIABETES / HBS (Q327 = 11)]	Yes .....1
Q328_11C Gestational diabetes [IF DIABETES / HBS (Q327 = 11) AND FEMALE (Q4 = 2)]	Yes .....1
Q328_11D Other diabetes or high blood sugar [IF DIABETES / HBS (Q327 = 11)]	Yes .....1
Q328_13A Long-sighted (e.g. glasses for reading) [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13B Short-sighted (e.g. glasses for distance) [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13C Astigmatism [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13D Cataracts [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13E Glaucoma [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13F Macular degeneration [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13G Pterygium [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13H Strabismus ("turned" or "lazy" eye) [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_13I Other eye problem [IF EYE PROBLEMS (Q327 = 13)]	Yes .....1
Q328_33A Mouth ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
Q328_33B Leg ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
Q328_33C Stomach (gastric) ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
Q328_33D Duodenal ulcers [IF ULCERS (Q327 = 33)]	Yes .....1
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



Q329_5ER Age cervical cancer most recent [IF Q328_5E = 1]	_/_/_/ YEAARS
Q329_5FF Age endometrial cancer began [IF Q328_5F = 1]	_/_/_/ YEAARS
Q329_5FR Age endometrial cancer most recent [IF Q328_5F = 1]	_/_/_/ YEAARS
Q329_5GF Age kidney cancer began [IF Q328_5G = 1]	_/_/_/ YEAARS
Q329_5GR Age kidney cancer most recent [IF Q328_5G = 1]	_/_/_/ YEAARS
Q329_5HF Age leukemia began [IF Q328_5H = 1]	_/_/_/ YEAARS
Q329_5HR Age leukemia most recent [IF Q328_5H = 1]	_/_/_/ YEAARS
Q329_5IF Age liver cancer began [IF Q328_5I = 1]	_/_/_/ YEAARS
Q329_5IR Age liver cancer most recent [IF Q328_5I = 1]	_/_/_/ YEAARS
Q329_5JF Age lung cancer began [IF Q328_5J = 1]	_/_/_/ YEAARS
Q329_5JR Age lung cancer most recent [IF Q328_5J = 1]	_/_/_/ YEAARS
Q329_5KF Age lymphoma began [IF Q328_5K = 1]	_/_/_/ YEAARS
Q329_5KR Age lymphoma most recent [IF Q328_5K = 1]	_/_/_/ YEAARS
Q329_5LF Age melanoma began [IF Q328_5L = 1]	_/_/_/ YEAARS
Q329_5LR Age melanoma most recent [IF Q328_5L = 1]	_/_/_/ YEAARS
Q329_5MF Age skin cancer other than melanoma began [IF Q328_5M = 1]	_/_/_/ YEAARS
Q329_5MR Age skin cancer other than melanoma most recent [IF Q328_5M = 1]	_/_/_/ YEAARS
Q329_5NF Age oesophageal cancer began [IF Q328_5N = 1]	_/_/_/ YEAARS
Q329_5NR Age oesophageal cancer most recent [IF Q328_5N = 1]	_/_/_/ YEAARS
Q329_5OF Age ovarian cancer began [IF Q328_5O = 1]	_/_/_/ YEAARS
Q329_5OR Age ovarian cancer most recent [IF Q328_5O = 1]	_/_/_/ YEAARS
Q329_5PF Age pancreatic cancer began [IF Q328_5P = 1]	_/_/_/ YEAARS
Q329_5PR Age pancreatic cancer most recent [IF Q328_5P = 1]	_/_/_/ YEAARS
Q329_5QF Age prostate cancer began [IF Q328_5Q = 1]	_/_/_/ YEAARS
Q329_5QR Age prostate cancer most recent [IF Q328_5Q = 1]	_/_/_/ YEAARS
Q329_5RF Age other cancer began [IF Q328_5R = 1]	_/_/_/ YEAARS
Q329_5RR Age other cancer most recent [IF Q328_5R = 1]	_/_/_/ YEAARS
Q329_5SF Age unspecified cancer began [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	_/_/_/ YEAARS
Q329_5SR Age unspecified cancer most recent [IF Q327 = 5 AND Q328_5A TO Q328_5R ≠ 1]	_/_/_/ YEAARS
Q329_6F Age chronic fatigue syndrome began [IF Q327 = 6]	_/_/_/ YEAARS

Q329_6R Age chronic fatigue syndrome most recent [IF Q327 = 6]	__/__/__ YEARS
Q329_7AF Age emphysema began [IF Q328_7A = 1]	__/__/__ YEARS
Q329_7AR Age emphysema most recent [IF Q328_7A = 1]	__/__/__ YEARS
Q329_7BF Age chronic bronchitis began [IF Q328_7B = 1]	__/__/__ YEARS
Q329_7BR Age chronic bronchitis most recent [IF Q328_7B = 1]	__/__/__ YEARS
Q329_7CF Age other chronic lung disease began [IF Q328_7C = 1]	__/__/__ YEARS
Q329_7CR Age other chronic lung disease most recent [IF Q328_7C = 1]	__/__/__ YEARS
Q329_7DF Age unspecified chronic lung disease began [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
Q329_7DR Age unspecified chronic lung disease most recent [IF Q327 = 7 AND Q328_7A TO Q328_7C ≠ 1]	__/__/__ YEARS
Q329_8F Age coeliac disease began [IF Q327 = 8]	__/__/__ YEARS
Q329_8R Age coeliac disease most recent [IF Q327 = 8]	__/__/__ YEARS
Q329_9F Age Crohn's disease began [IF Q327 = 9]	__/__/__ YEARS
Q329_9R Age Crohn's disease most recent [IF Q327 = 9]	__/__/__ YEARS
Q329_10F Age ulcerative colitis began [IF Q327 = 10]	__/__/__ YEARS
Q329_10R Age ulcerative colitis most recent [IF Q327 = 10]	__/__/__ YEARS
Q329_11AF Age Type 1 diabetes began [IF Q328_11A = 1]	__/__/__ YEARS
Q329_11AR Age Type 1 diabetes most recent [IF Q328_11A = 1]	__/__/__ YEARS
Q329_11BF Age Type 2 diabetes began [IF Q328_11B = 1]	__/__/__ YEARS
Q329_11BR Age Type 2 diabetes most recent [IF Q328_11B = 1]	__/__/__ YEARS
Q329_11CF Age gestational diabetes began [IF Q328_11C = 1]	__/__/__ YEARS
Q329_11CR Age gestational diabetes most recent [IF Q328_11C = 1]	__/__/__ YEARS
Q329_11DF Age other diabetes or high blood sugar began [IF Q328_11D = 1]	__/__/__ YEARS
Q329_11DR Age other diabetes or high blood sugar most recent [IF Q328_11D = 1]	__/__/__ YEARS
Q329_11EF Age unspecified diabetes or other high blood sugar began [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
Q329_11ER Age unspecified diabetes or other high blood sugar most recent [IF Q327 = 11 AND Q328_11A TO Q328_11D ≠ 1]	__/__/__ YEARS
Q329_12F Age epilepsy or seizure disorder began [IF Q327 = 10]	__/__/__ YEARS
Q329_12R Age epilepsy or seizure disorder most recent [IF Q327 = 10]	__/__/__ YEARS
Q329_13AF Age long-sighted (e.g. glasses for reading) began [IF Q328_13A = 1]	__/__/__ YEARS

Q329_13AR Age long-sighted (e.g. glasses for reading) most recent [IF Q328_13A = 1]	__/__/__ YEARS
Q329_13BF Age short-sighted (e.g. glasses for distance) began [IF Q328_13B = 1]	__/__/__ YEARS
Q329_13BR Age short-sighted (e.g. glasses for distance) most recent [IF Q328_13B = 1]	__/__/__ YEARS
Q329_13CF Age astigmatism began [IF Q328_13C = 1]	__/__/__ YEARS
Q329_13CR Age astigmatism most recent [IF Q328_13C = 1]	__/__/__ YEARS
Q329_13DF Age cataracts began [IF Q328_13D = 1]	__/__/__ YEARS
Q329_13DR Age cataracts most recent [IF Q328_13D = 1]	__/__/__ YEARS
Q329_13EF Age glaucoma began [IF Q328_13E = 1]	__/__/__ YEARS
Q329_13ER Age glaucoma most recent [IF Q328_13E = 1]	__/__/__ YEARS
Q329_13FF Age macular degeneration began [IF Q328_13F = 1]	__/__/__ YEARS
Q329_13FR Age macular degeneration most recent [IF Q328_13F = 1]	__/__/__ YEARS
Q329_13GF Age pterygium began [IF Q328_13G = 1]	__/__/__ YEARS
Q329_13GR Age pterygium most recent [IF Q328_13G = 1]	__/__/__ YEARS
Q329_13HF Age strabismus (“turned” or “lazy” eye) began [IF Q328_13H = 1]	__/__/__ YEARS
Q329_13HR Age strabismus (“turned” or “lazy” eye) most recent [IF Q328_13H = 1]	__/__/__ YEARS
Q329_13IF Age other eye problem began [IF Q328_13I = 1]	__/__/__ YEARS
Q329_13IR Age other eye problem most recent [IF Q328_13I = 1]	__/__/__ YEARS
Q329_13JF Age unspecified eye problem began [IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
Q329_13JR Age unspecified eye problem most recent [IF Q327 = 13 AND Q328_13A TO Q328_13I ≠ 1]	__/__/__ YEARS
Q329_14F Age gallstones began [IF Q327 = 14]	__/__/__ YEARS
Q329_14R Age gallstones most recent [IF Q327 = 14]	__/__/__ YEARS
Q329_15F Age Graves’ disease began [IF Q327 = 15]	__/__/__ YEARS
Q329_15R Age Graves’ disease most recent [IF Q327 = 15]	__/__/__ YEARS
Q329_16F Age Hashimoto’s disease began [IF Q327 = 16]	__/__/__ YEARS
Q329_16R Age Hashimoto’s disease most recent [IF Q327 = 16]	__/__/__ YEARS
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

Q329_18R Age heart disease most recent [IF Q327 = 18]	_/_/_/ YEARS
Q329_19F Age high blood pressure began [IF Q327 = 19]	_/_/_/ YEARS
Q329_19R Age high blood pressure most recent [IF Q327 = 19]	_/_/_/ YEARS
Q329_20F Age HIV infection began [IF Q327 = 20]	_/_/_/ YEARS
Q329_20R Age HIV infection most recent [IF Q327 = 20]	_/_/_/ YEARS
Q329_21F Age kidney disease began [IF Q327 = 21]	_/_/_/ YEARS
Q329_21R Age kidney disease most recent [IF Q327 = 21]	_/_/_/ YEARS
Q329_22F Age lupus (SLE) began [IF Q327 = 22]	_/_/_/ YEARS
Q329_22R Age lupus (SLE) most recent [IF Q327 = 22]	_/_/_/ YEARS
Q329_23F Age lymphoedema began [IF Q327 = 23]	_/_/_/ YEARS
Q329_23R Age lymphoedema most recent [IF Q327 = 23]	_/_/_/ YEARS
Q329_24F Age multiple sclerosis began [IF Q327 = 24]	_/_/_/ YEARS
Q329_24R Age multiple sclerosis most recent [IF Q327 = 24]	_/_/_/ YEARS
Q329_25F Age neck problems began [IF Q327 = 25]	_/_/_/ YEARS
Q329_25R Age neck problems most recent [IF Q327 = 25]	_/_/_/ YEARS
Q329_26F Age osteoporosis began [IF Q327 = 26]	_/_/_/ YEARS
Q329_26R Age osteoporosis most recent [IF Q327 = 26]	_/_/_/ YEARS
Q329_27F Age psoriasis began [IF Q327 = 27]	_/_/_/ YEARS
Q329_27R Age psoriasis most recent [IF Q327 = 27]	_/_/_/ YEARS
Q329_28F Age reflux began [IF Q327 = 28]	_/_/_/ YEARS
Q329_28R Age reflux most recent [IF Q327 = 28]	_/_/_/ YEARS
Q329_29F Age seasonal allergies began [IF Q327 = 29]	_/_/_/ YEARS
Q329_29R Age seasonal allergies most recent [IF Q327 = 29]	_/_/_/ YEARS
Q329_30F Age Sjögren's syndrome began [IF Q327 = 30]	_/_/_/ YEARS
Q329_30R Age Sjögren's syndrome most recent [IF Q327 = 30]	_/_/_/ YEARS
Q329_31F Age stroke began [IF Q327 = 31]	_/_/_/ YEARS
Q329_31R Age stroke most recent [IF Q327 = 31]	_/_/_/ YEARS
Q329_32F Age tuberculosis began [IF Q327 = 32]	_/_/_/ YEARS
Q329_32R Age tuberculosis most recent [IF Q327 = 32]	_/_/_/ YEARS
Q329_33AF Age mouth ulcers began [IF Q328_33A = 1]	_/_/_/ YEARS
Q329_33AR Age mouth ulcers most recent [IF Q328_33A = 1]	_/_/_/ YEARS

Q329_33BF	Age leg ulcers began [IF Q328_33B = 1]	___/___/___ YEARS
Q329_33BR	Age leg ulcers most recent [IF Q328_33B = 1]	___/___/___ YEARS
Q329_33CF	Age stomach (gastric) ulcers began [IF Q328_33C = 1]	___/___/___ YEARS
Q329_33CR	Age stomach (gastric) ulcers most recent [IF Q328_33C = 1]	___/___/___ YEARS
Q329_33DF	Age duodenal ulcers began [IF Q328_33D = 1]	___/___/___ YEARS
Q329_33DR	Age duodenal ulcers most recent [IF Q328_33D = 1]	___/___/___ YEARS
Q329_33EF	Age other ulcers began [IF Q328_33E = 1]	___/___/___ YEARS
Q329_33ER	Age other ulcers most recent [IF Q328_33E = 1]	___/___/___ YEARS
Q329_33FF	Age unspecified ulcers began [IF Q327 = 13 AND Q328_33A TO Q328_33E ≠ 1]	___/___/___ YEARS
Q329_33FR	Age unspecified eye problem most recent [IF Q327 = 13 AND Q328_33A TO Q328_33F ≠ 1]	___/___/___ YEARS
Q329_34F	Age any other chronic pain began [IF Q327 = 34]	___/___/___ YEARS
Q329_34R	Age any other chronic pain most recent [IF Q327 = 34]	___/___/___ YEARS
Q329_35F	Age other condition began [IF Q327 = 35]	___/___/___ YEARS
Q329_35R	Age other condition most recent [IF Q327 = 35]	___/___/___ YEARS
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Q330	From any experiences in the air, how often would you say you get airsick?	Always .....1 Frequently .....2 Sometimes .....3 Rarely .....4 Never .....5 Never flown .....6
<hr/>		
Q331	From any experiences at sea, how often would you say you get seasick?	Always .....1 Frequently .....2 Sometimes .....3 Rarely .....4 Never .....5 Never been on a boat .....6
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Q332	From any experiences riding in cars when not driving, how often would you say you get carsick?	Always .....1 Frequently .....2 Sometimes .....3 Rarely .....4 Never .....5
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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
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\*\*\*\*\*  
 IF AT LEAST SOME PAIN ON AVERAGE (Q333 > 0) CONTINUE,  
 ELSE GO TO Q339  
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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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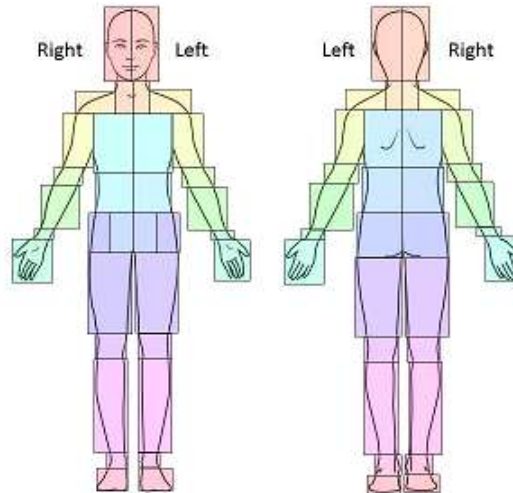
Q335	How long has your <b>main</b> pain been present?	Less than 1 month .....1 Between 1 and 3 months .....2 Between 3 and 6 months .....3 Between 6 and 12 months .....4 Between 1 and 2 years .....5 Between 2 and 5 years .....6 More than 5 years .....7
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Q336	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

Q337D_LB Upper arm left back	No .....1 Yes .....2
Q337D_RB Upper arm right back	No .....1 Yes .....2
Q337E_RF Elbow right front	No .....1 Yes .....2
Q337E_LF Elbow left front	No .....1 Yes .....2
Q337E_LB Elbow left back	No .....1 Yes .....2
Q337E_RB Elbow right back	No .....1 Yes .....2
Q337F_RF Lower arm right front	No .....1 Yes .....2
Q337F_LF Lower arm left front	No .....1 Yes .....2
Q337F_LB Lower arm left back	No .....1 Yes .....2
Q337F_RB Lower arm right back	No .....1 Yes .....2
Q337G_RF Wrist right front	No .....1 Yes .....2
Q337G_LF Wrist left front	No .....1 Yes .....2
Q337G_LB Wrist left back	No .....1 Yes .....2
Q337G_RB Wrist right back	No .....1 Yes .....2
Q337H_RF Hand right front	No .....1 Yes .....2
Q337H_LF Hand left front	No .....1 Yes .....2
Q337H_LB Hand left back	No .....1 Yes .....2
Q337H_RB Hand right back	No .....1 Yes .....2
Q337I_R Chest right	No .....1 Yes .....2
Q337I_L Chest left	No .....1 Yes .....2
Q337J_R Abdomen right	No .....1 Yes .....2

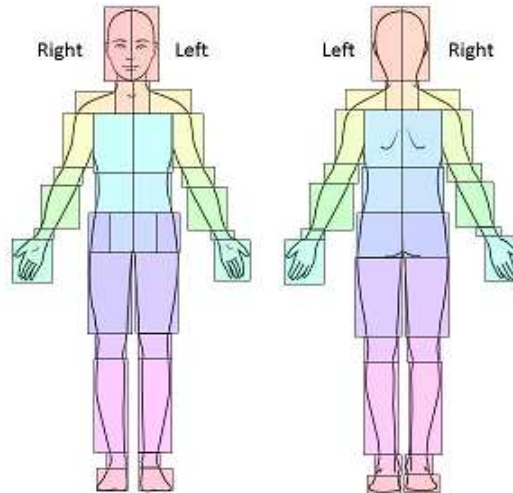


Q337J_L Abdomen left	No .....	1
	Yes .....	2
Q337K_L Upper back left	No .....	1
	Yes .....	2
Q337K_R Upper back right	No .....	1
	Yes .....	2
Q337L_L Lower back left	No .....	1
	Yes .....	2
Q337L_R Lower back right	No .....	1
	Yes .....	2
Q337M_R Groin right	No .....	1
	Yes .....	2
Q337M_L Groin left	No .....	1
	Yes .....	2
Q337N_L Bottom left	No .....	1
	Yes .....	2
Q337N_R Bottom right	No .....	1
	Yes .....	2
Q337O_R Hip right	No .....	1
	Yes .....	2
Q337O_L Hip left	No .....	1
	Yes .....	2
Q337P_RF Upper leg right front	No .....	1
	Yes .....	2
Q337P_LF Upper leg left front	No .....	1
	Yes .....	2
Q337P_LB Upper leg left back	No .....	1
	Yes .....	2
Q337P_RB Upper leg right back	No .....	1
	Yes .....	2
Q337Q_RF Knee right front	No .....	1
	Yes .....	2
Q337Q_LF Knee left front	No .....	1
	Yes .....	2
Q337Q_LB Knee left back	No .....	1
	Yes .....	2
Q337Q_RB Knee right back	No .....	1
	Yes .....	2
Q337R_RF Lower leg right front	No .....	1
	Yes .....	2
Q337R_LF Lower leg left front	No .....	1
	Yes .....	2

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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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

Q338D_LB Upper arm left back	No .....1
	Yes .....2
Q338D_RB Upper arm right back	No .....1
	Yes .....2
Q338E_RF Elbow right front	No .....1
	Yes .....2
Q338E_LF Elbow left front	No .....1
	Yes .....2
Q338E_LB Elbow left back	No .....1
	Yes .....2
Q338E_RB Elbow right back	No .....1
	Yes .....2
Q338F_RF Lower arm right front	No .....1
	Yes .....2
Q338F_LF Lower arm left front	No .....1
	Yes .....2
Q338F_LB Lower arm left back	No .....1
	Yes .....2
Q338F_RB Lower arm right back	No .....1
	Yes .....2
Q338G_RF Wrist right front	No .....1
	Yes .....2
Q338G_LF Wrist left front	No .....1
	Yes .....2
Q338G_LB Wrist left back	No .....1
	Yes .....2
Q338G_RB Wrist right back	No .....1
	Yes .....2
Q338H_RF Hand right front	No .....1
	Yes .....2
Q338H_LF Hand left front	No .....1
	Yes .....2
Q338H_LB Hand left back	No .....1
	Yes .....2
Q338H_RB Hand right back	No .....1
	Yes .....2
Q338I_R Chest right	No .....1
	Yes .....2
Q338I_L Chest left	No .....1
	Yes .....2
Q338J_R Abdomen right	No .....1
	Yes .....2

Q338J_L Abdomen left	No .....	1
	Yes .....	2
Q338K_L Upper back left	No .....	1
	Yes .....	2
Q338K_R Upper back right	No .....	1
	Yes .....	2
Q338L_L Lower back left	No .....	1
	Yes .....	2
Q338L_R Lower back right	No .....	1
	Yes .....	2
Q338M_R Groin right	No .....	1
	Yes .....	2
Q338M_L Groin left	No .....	1
	Yes .....	2
Q338N_L Bottom left	No .....	1
	Yes .....	2
Q338N_R Bottom right	No .....	1
	Yes .....	2
Q338O_R Hip right	No .....	1
	Yes .....	2
Q338O_L Hip left	No .....	1
	Yes .....	2
Q338P_RF Upper leg right front	No .....	1
	Yes .....	2
Q338P_LF Upper leg left front	No .....	1
	Yes .....	2
Q338P_LB Upper leg left back	No .....	1
	Yes .....	2
Q338P_RB Upper leg right back	No .....	1
	Yes .....	2
Q338Q_RF Knee right front	No .....	1
	Yes .....	2
Q338Q_LF Knee left front	No .....	1
	Yes .....	2
Q338Q_LB Knee left back	No .....	1
	Yes .....	2
Q338Q_RB Knee right back	No .....	1
	Yes .....	2
Q338R_RF Lower leg right front	No .....	1
	Yes .....	2
Q338R_LF Lower leg left front	No .....	1
	Yes .....	2

Q338R_LB Lower leg left back	No .....1 Yes .....2
Q338R_RB Lower leg right back	No .....1 Yes .....2
Q338S_RF Ankle right front	No .....1 Yes .....2
Q338S_LF Ankle left front	No .....1 Yes .....2
Q338S_LB Ankle left back	No .....1 Yes .....2
Q338S_RB Ankle right back	No .....1 Yes .....2
Q338T_RF Foot right front	No .....1 Yes .....2
Q338T_LF Foot left front	No .....1 Yes .....2
Q338T_LB Foot left back	No .....1 Yes .....2
Q338T_RB Foot right back	No .....1 Yes .....2
<hr/>	
Q339 Have you ever worn prescription glasses or contact lenses?	No .....1 Yes .....2
***** IF EVER USED GLASSES OR CONTACT LENSES (Q339 = 2) CONTINUE ELSE GO TO Q342 *****	
<hr/>	
Q340 At what age did you first wear prescription glasses or contact lenses?	___/___ YEARS
<hr/>	
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 For reading, computer use, or other close work .....2 To correct astigmatism (blurred or distorted vision at all distances) ..3 Other .....4
<hr/>	
Q342 How is your hearing?	Good .....1 Slightly impaired .....2 Very impaired .....3
<hr/>	
Q343 Is it difficult for you to hear when talking with one person in a quiet room?	No, not at all .....1 Sometimes a bit difficult .....2 Yes, very difficult .....3
<hr/>	

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

---

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

---

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

---

## 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 Tattsлото, 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  
 \*\*\*\*\*



Q377	During the last 12 months, on how many days have you participated in the following activities?	
Q377A	Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377B	Bet on horse or greyhound races excluding sweeps	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377C	Bought instant scratch tickets	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377D	Played lotto or any other lottery game like Tattslotto, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377E	Played Keno at a club, hotel or casino	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377F	Played poker for money against other individuals	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377G	Played table games at a casino (not including poker), such as Blackjack or Roulette	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377H	Played casino games on the internet	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 More than 100 days .....4
Q377I	Played bingo at a club or hall (for cash prizes)	Not at all in the last 12 months .....1 1 – 10 days .....2 11 – 100 days .....3 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

---

\*\*\*\*\*  
COMPLETE Q378 FOR EACH SELECTED OPTION AT Q376  
\*\*\*\*\*

Q378	In your entire life, on how many days have you participated in the following activities?	
Q378A	Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378B	Bet on horse or greyhound races excluding sweeps	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378C	Bought instant scratch tickets	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378D	Played lotto or any other lottery game like Tattslotto, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378E	Played Keno at a club, hotel or casino	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378F	Played poker for money against other individuals	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378G	Played table games at a casino (not including poker), such as Blackjack or Roulette	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378H	Played casino games on the internet	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378I	Played bingo at a club or hall (for cash prizes)	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378J	Bet on a sporting event like football, cricket or tennis	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378K	Played games like cards or mahjong for money at home or any other place	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378L	Bet on other games of skill like billiards (pool)	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3
Q378M	Played any other gambling activity excluding raffles or sweeps	1 – 10 days .....1 11 – 100 days .....2 More than 100 days .....3

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\*\*\*\*\*  
 COMPLETE Q379 FOR EACH SELECTED OPTION AT Q376  
 \*\*\*\*\*

- Q379 How old were you (in years) when you first participated in the following activities?
- Q379A Played electronic gaming machines such as pokies, poker machines, video draw poker, or blackjack \_/\_/\_\_ YEARS
- Q379B Bet on horse or greyhound races excluding sweeps \_/\_/\_\_ YEARS
- Q379C Bought instant scratch tickets \_/\_/\_\_ YEARS
- Q379D Played lotto or any other lottery game like Tattsлото, Powerball, the Pools, \$2 Jackpot lottery, or Tatts Keno \_/\_/\_\_ YEARS
- Q379E Played Keno at a club, hotel or casino \_/\_/\_\_ YEARS
- Q379F Played poker for money against other individuals \_/\_/\_\_ YEARS
- Q379G Played table games at a casino (not including poker), such as Blackjack or Roulette \_/\_/\_\_ YEARS
- Q379H Played casino games on the internet \_/\_/\_\_ YEARS
- Q379I Played bingo at a club or hall (for cash prizes) \_/\_/\_\_ YEARS
- Q379J Bet on a sporting event like football, cricket or tennis \_/\_/\_\_ YEARS
- Q379K Played games like cards or mahjong for money at home or any other place \_/\_/\_\_ YEARS
- Q379L Bet on other games of skill like billiards (pool) \_/\_/\_\_ YEARS
- Q379M Played any other gambling activity excluding raffles or sweeps \_/\_/\_\_ YEARS

- 
- Q380 Have you ever gambled at least 10 times in a single year? No .....1  
Yes .....2

- 
- Q381 Have you ever gambled at least once a week for at least 6 months in a row? (This does not have to be in the same gambling activity.) No .....1  
Yes .....2

\*\*\*\*\*  
 IF ANY GAMBLING IN LAST 12 MONTHS  
 (ANY OF Q377A TO Q377M = 2, 3 OR 4) CONTINUE, ELSE GO TO Q383  
 \*\*\*\*\*

- 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  
 \*\*\*\*\*

- 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? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ PERCENT  
 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.

\*\*\*\*\*

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 GAMBLINGSORE IS  $\geq 3$  (SUM OF VALUES FROM Q386 IS  $\geq 12$ ),  
CONTINUE, ELSE GO TO Q404

\*\*\*\*\*

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

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?	
	Q394A Cravings or urges to gamble?	No .....1 Yes .....2
	Q394B Sadness or depressed mood?	No .....1 Yes .....2
	Q394C Anger	No .....1 Yes .....2
	Q394D Difficulty sleeping	No .....1 Yes .....2
	Q394E Difficulty concentrating	No .....1 Yes .....2
<hr/>		
Q395	Have you ever gambled as a way to escape from personal problems?	No .....1 Yes .....2
<hr/>		
Q396	Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?	No .....1 Yes .....2
<hr/>		
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 Yes, once or twice .....2 Yes, 3 or more times .....3
<hr/>		
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 Yes, once or twice .....2 Yes, 3 or more times .....3
<hr/>		
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 Yes .....2
<hr/>		
Q400	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?	No .....1 Yes .....2
<hr/>		
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 Yes .....2
<hr/>		
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 Yes .....2
<hr/>		



Q403	Please think about the 12-month period in your life when you experienced the most problems related to gambling. Which experiences did you have then?	
Q403A	Spent a lot of time thinking about gambling experiences	No .....1 Yes .....2
Q403B	Spent a lot of time planning future gambling or thinking about ways of getting money to gamble	No .....1 Yes .....2
Q403C	Needed to gamble with increasing amounts of money to get the same feeling of excitement	No .....1 Yes .....2
Q403D	Unable to stop, cut down or control gambling	No .....1 Yes .....2
Q403E	Restless or irritable when you tried to stop, cut down or control gambling	No .....1 Yes .....2
Q403F	Gambling to escape from personal problems	No .....1 Yes .....2
Q403G	Gambling to relieve feelings of guilt, anxiety, helplessness or depression	No .....1 Yes .....2
Q403H	After losing money, you would often return another day to get even	No .....1 Yes .....2
Q403I	Lied to family members, friends or others about gambling or money lost gambling	No .....1 Yes .....2
Q403J	Wrote a cheque that bounced, or took something that didn't belong to you to pay for gambling	No .....1 Yes .....2
Q403K	Gambling caused serious or repeated problems in relationships with family or friends	No .....1 Yes .....2
Q403L	Gambling caused problems in school, or work, or loss of a job, or interfered with your career	No .....1 Yes .....2
Q403M	Needed family members or anyone else to provide money to get out of a desperate situation caused by gambling	No .....1 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

---

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

---

Q412 Do these headaches occur in an attack-like manner or are they continuous? Attack-like .....1  
Continuous .....2

---

Q413 How old were you the first time you had these headaches (age in years)? \_\_\_/\_\_\_/\_\_\_ YEARS

---

Q414 How old were you the last time you had these headaches (age in years)? \_\_\_/\_\_\_/\_\_\_ YEARS

---

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

---

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

---

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

---

Q418 Are your headaches aggravated by walking up or down stairs or similar routine physical activity? No .....1  
Yes .....2

---

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

---

- 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

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

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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  
 \*\*\*\*\*

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\*\*\*\*\*  
 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

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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  
 \*\*\*\*\*

\*\*\*\*\*  
 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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## Finalise and submit survey

Q447 Just a couple of final questions about your experience in completing our online questionnaire.

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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) \_\_\_\_\_

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Q451 Select "Finalise and submit survey" to indicate that you have completed the survey. Or, select "Table of Contents" to continue the survey.

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