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THE RAINE STUDY

Not for completion

Teenager Questionnaire

16 year Follow-up





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Not for completion



Teenager Questionnaire

The purpose of this teenager questionnaire is to obtain information about a range of topics including your household and neighbourhood, your study, job seeking and work experiences, and your health and wellbeing.

Terms of Reference

For the purpose of this questionnaire the following terms apply:

Last Raine Study Followup	At 13/14 years of age
Your mother/female carer	Your biological mother or female carer
Your father/male carer	Your biological father or male carer
School	Secondary School/High School or secondary level schooling

**Please take your time
You may complete the questionnaire over 1-2 days if necessary**

If you are uncomfortable about a question or unsure of an answer, please leave it blank and discuss it with one of the Raine Study staff when you come in or phone us on 9489 7937 or 9489 7796.

**Please complete this questionnaire independently
(without discussing it with anyone)**

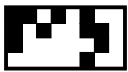
Remember ALL answers are confidential

If you are coming in for an appointment, please bring your completed questionnaire with you on the day.

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire to us.

If possible, could you please return your completed questionnaire to us by:

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Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



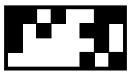
Please **do not** use crosses



Please **do not** use ticks



Not for completion



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Section 1

Here are some questions for you that are similar to ones we have asked in previous years. We are keen to know if any of these things have changed since you were last asked.

HOUSEHOLD - HOUSING - NEIGHBOURHOOD

Q1. How many adults and children live in your home? *(Please include yourself. Children less than one year of age : Age (years) = 0. If there are more than 10 people living in your home please write their information on the very last page of this questionnaire)*

First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Karyn	16	F	ME
Cameron	18	M	STEP BROTHER
Diane	45	F	MOTHER
Brian	47	M	STEP FATHER
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	
	<input type="text"/> <input type="text"/>	O M O F	

Q2. What type of dwelling do you live in?
(Please mark only one response)

- Separate house
- Semi-detached house / row or terrace house / townhouse etc
- Flat / unit / apartment
- Boarding school
- Boarding house, hostel
- Caravan / tent / cabin / houseboat
- Other private dwelling - please specify _____

Office use only

	1	5	10
Q1	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Q3. How old (in years) is your home (approximately) ?

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Q4. How many bedrooms are there?

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Q5. How many bathrooms are there?

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Q6. Have **you** moved house/flat since the last Raine Study followup? (*ie in the last three years*)?

No

Yes If yes, how many times?

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Q7. If you live in Australia, what is your current residential postcode?

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Q8. If you live overseas, in which country do you live? _____

Q9. Do you think **you** will move house/flat in the next three years?

No

Yes

Maybe

Don't know

The next two questions are about the neighbourhood in which you live.

Q10. To what extent do **you** agree or disagree with these statements about your neighbourhood
(Please mark only **one** response for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Rural Area
This is a safe neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a clean neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good parks, playgrounds and play spaces in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is good lighting in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The state of the footpaths and roads is good in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q11. Over the last two years, have any of the following been a problem in your neighbourhood?
(Please mark only **one** response for each item)

	Yes	No	Don't Know
Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2

STUDY - WORK - JOB SEEKING - INCOME

Q12. Have you ever repeated a grade/year at school? (If you repeated a preprimary year please print 95 in the boxes provided)

No

Yes

If yes, which grade/year?

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Q13. When you leave school/now that you have left school - what do you intend to do?
(Please mark only **one** response-the main one unless two or more responses apply equally)

Study at TAFE

Study at University (Uni)

Other study - please specify _____

Work

Take time off - travel etc

Care for own child(ren) or other family member

Other - please specify _____

Office use only

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Q15

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Q14. Are you currently enrolled as a student at a secondary school or in a secondary school level program of study?

No **Go to Q25**

Yes



Q15. What is the name and suburb of the school are you attending?

Q16. Which year are you in at secondary school now?

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Q17. Which of these categories best describes the school you currently attend?

- Government school
- Catholic non-government school
- Other non-government school
- Don't know
- Other, not included above - please specify _____

Q18. In general, how do you feel about school?

- | | | | | |
|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|
| Very Satisfied | Quite Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q19. To what extent do you like the following aspects of school?
(Please mark **one** response for each item)

	Really Like	Like	Neither Like nor Dislike	Dislike	Really Dislike
The subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free time activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After school programs (if available)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q20. Generally speaking, how would you describe your teachers?
(Please mark **one** response for each item)

	All my Teachers	Most of my Teachers	Some of my Teachers	None of my Teachers
They take a personal interest in us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are fair and just	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are too impersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They give us strong encouragement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are well qualified and competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They insist too much on rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They give interesting and helpful classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their classes are often boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21. How would you describe your academic performance in school during the past six months?

Poor	Below average	Average	Very good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22. How much do these things go on among people from your school, during or outside of school hours? (Please mark **one** response for each item)

	Not at all	Little	Some	Quite a bit	Very much
Students using drugs before and after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students destroying things (vandalism)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students drinking beer/wine/spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students getting into fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students stealing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students threatening or bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q23. How well are these goals being met in your life? *(Please mark one response for each goal)*
For each goal please select the number between 1 and 7 that indicates how well these goals are being met for you. The better a goal is met the higher the number you should select. The less a goal is met the lower the number.

	Very poorly		Average			Very well	
	1	2	3	4	5	6	7
Having a high grade average	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending classes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing well even in hard subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having others think of you as a good student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deciding on a future career/education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24. For each of these statements, which is most true for you?

	Strongly Disagree	Disagree	Agree	Strongly Agree
I enjoy the work I do at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of friends at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am motivated to want to learn at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school I learn things that will be useful when I leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning is fun at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at my school think a lot of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am keen to do well at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at school will help me get a job when I leave school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get excited about the work I do at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get on well with others at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is worth trying hard at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at school is useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am popular with others at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to get good results at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at school will be useful to me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to Q32



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Q25. In which month **and** year did you leave school?

Month **and** Year (4-digit year)

Q26. What was the highest year of school you completed?

- Year 12 (or equivalent)
- Year 11 (or equivalent)
- Year 10 (or equivalent)
- Other - please specify _____

Q27. Which of these categories best describes the school you attended in your last year?

- Government school
- Catholic non-government school
- Other non-government school
- Don't know
- Other, not included above - please specify _____

Q28. Since the last Raine Study follow-up at age 13/14yrs, have you spent any time enrolled in any other course of study for a trade certificate, diploma, degree or any other educational qualification?

- No **Go to Q32**
- Yes



Q29. What did you study / What are you studying?

(Please mark all applicable responses)

- | | |
|--|---|
| <input type="radio"/> Certificate level 1 | <input type="radio"/> Bachelor Degree but not honours |
| <input type="radio"/> Certificate level 2 | <input type="radio"/> Honours Bachelor Degree |
| <input type="radio"/> Certificate level 3 | <input type="radio"/> Graduate Certificate |
| <input type="radio"/> Certificate level 4 | <input type="radio"/> Graduate Diploma |
| <input type="radio"/> Certificate level 5 | <input type="radio"/> Masters Degree |
| <input type="radio"/> Diploma (2 years full-time or equivalent) | <input type="radio"/> Doctorate |
| <input type="radio"/> Associate Degree | <input type="radio"/> Other - please specify _____ |
| <input type="radio"/> Advanced Diploma (3 years full-time or equivalent) | _____ |

If you have been enrolled in any other educational qualification (not listed above), please complete the details below:

Title of course _____

Description _____

Length of course (full-time) _____

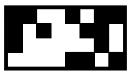


Q30a. Are you still studying? No **Go to Q32**
 Yes

Q30b. Are you studying this full-time or part-time?
 Full-time student
 Part-time student

Q31. For each of these statements, which is most true for you?

	Strongly Disagree	Disagree	Agree	Strongly Agree
I enjoy the work I do at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of friends at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am motivated to want to learn at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At TAFE / Uni I learn things that will be useful when I finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning is fun at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at my TAFE / Uni think a lot of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am keen to do well at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at TAFE / Uni will help me get a job when I finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get excited about the work I do at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get on well with others at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is worth trying hard at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at TAFE / Uni is useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am popular with others at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to get good results at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn at TAFE / Uni will be useful to me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q32. Do you currently have a full-time or a part-time job of any kind? (excluding home duties)
 (Please mark only **one** response - the main job)

No, do not have a job - not seeking work **Go to Q43**

No, do not have a job - actively seeking work **Go to Q38**

Yes, do work for payment or profit

Yes, do unpaid work in a family business

Yes, do other unpaid work



Q33. In your main job (if you have more than one job, then 'main job' refers to the job in which you usually work the most hours) are you...
 (Please mark only **one** response)

A salary or wage earner?

A helper not receiving wages?

Conducting your own business - with employees?

Conducting your own business - without employees?

Q34. Describe your current main job.
 (Please give details of job and description of work in detail)

Job:

Description:

Q35. How many hours do you usually work in all jobs?

None or less than one hour

One or more hours per week. Please specify hours ...

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Q36. What is the total amount of your usual pay after tax (how much money do you take home)?

Amount (whole \$) _____

Nil

Don't know

Q37. What period does this cover?

Week

Fortnight

Month

Year

Go to Q42

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YJ

YM

YWPY

Q34

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Q36

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Q38. When did you begin looking for work?

Day and Month and Year (4-digit year)

Q39. Approximately how many hours have you spent in job search activities in the last week?

hours

Q40. Will you be starting work in the next 4 weeks?

No

Yes

Q41. Could you start work in the next 4 weeks if work was available?

No

Yes

Q42. Since you began looking for work, have you had trouble getting a job for any of the following reasons? (Please mark **all** applicable responses)

Own ill health or disability

Employers thought you were too young or too old

Hours were too unsuitable

Transport problems or it was too far to travel

Did not have the required education, training or skills

Did not have enough work experience

Language difficulties

No jobs in your line of work

Too many applicants for the available jobs

Difficulties in finding child care

Discrimination against your migrant/ethnic group

Other family responsibilities

Other difficulties - please specify _____

No



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Q43. Are **you** receiving any government benefit, pension or allowance?

No **Go to Q45**

Yes



Q44. Which benefit(s) are you receiving?
(Please mark **all** applicable responses)

Austudy/Abstudy

Sickness benefit

Carer payment - caring for child/relative

Tax Benefit Part A

Disability support pension - self

Tax Benefit Part B

Parenting payment

Workers compensation

Remote area allowance

Youth allowance

Rent assistance

Other - please specify _____

Q45. Which words best describe your money situation?
(Please mark **only one** response)

I spend more money than I get

I have just enough money to get me through to the next pay day

There's some money left over each week, but I just spend it

I can save a bit every now and again

I can save a lot

Section 3

YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about your health and wellbeing. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer a question please give the best answer you can.

Q46. In general, how would you describe your health?
(Please mark **only one** response)

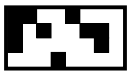
Excellent

Very good

Good

Fair

Poor



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Q47. Compared to one year ago, how would you rate your health in general now?
(Please mark only **one** response)

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same now as one year ago
- Somewhat worse now than one year ago
- Much worse now than one year ago

The following questions are about activities you might do during a typical day.

Q48. Does your health now limit you in these activities? (Please mark **one** response for each item)

	Yes Limited a lot	Yes Limited a little	No Not limited at all
Vigorous activities such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than one kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q49. During the past 4 weeks, have you had any problems with your physical health?

No **Go to Q51**

Yes



Q50a. Have you had any of the following problems with your work, school work, or regular daily activities, as a result of these physical health problems?
(Please mark **one** response for each item)

	Yes	No
Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
Had difficulty performing the work or other activities (ie it took extra effort)	<input type="radio"/>	<input type="radio"/>

Q50b. During the past 4 weeks, **to what extent** have these physical health problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all **Go to Q51**

Slightly

Moderately

Quite a bit

Extremely

Go to Q50c

Q50c. During the past 4 weeks, **how much of the time** have these physical health problems interfered with your normal social activities (like visiting friends, relatives etc)?

All of the time

Most of the time

Some of the time

A little of the time



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Q51. During the past 4 weeks, have you had any problems with your emotional health?

No **Go to Q53**

Yes



Q52a. Have you had any of the following problems with your work, school work, or regular daily activities, as a result of these emotional problems?
(Please mark **one** response for each item)

	Yes	No
Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

Q52b. During the past 4 weeks, **to what extent** have these emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all **Go to Q53**

Slightly

Moderately

Quite a bit

Extremely

Go to Q52c

Q52c. During the past 4 weeks, **how much of the time** have these emotional problems interfered with your normal social activities (like visiting friends, relatives etc)?

All of the time

Most of the time

Some of the time

A little of the time



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Q53. These questions are about how you feel and how things have been for you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item. (Please mark **one** response for each item)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54. During the past 4 weeks, have you had any physical pain?

No **Go to Q56**

Yes

Q55a. During the past 4 weeks, how bad/severe was that physical pain?

- Very mild
- Mild
- Moderate
- Severe
- Very severe

Q55b. During the past 4 weeks, how much did this physical pain interfere with your normal work (including both work outside the home, schoolwork and housework)?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely



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Q56. How TRUE or FALSE are each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

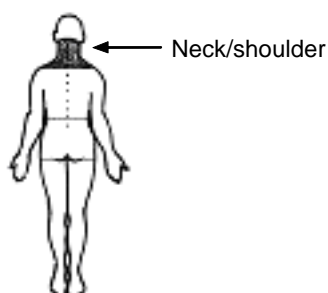
Q57. Have you ever had **neck/shoulder** pain (*anywhere in the shaded area in the picture below*)?

No **Go to Q71**

Yes



	Yes	No
Q58. Is your neck/shoulder painful today?	<input type="radio"/>	<input type="radio"/>
Q59. Has your neck/shoulder been painful at any time in the last month?	<input type="radio"/>	<input type="radio"/>
Q60. Has your neck/shoulder pain ever lasted for more than 3 months continuously (it hurt more or less every day)?	<input type="radio"/>	<input type="radio"/>
Q61. Has your neck/shoulder pain ever lasted for more than 3 months off and on (it hurt at least once a week but not every day)?	<input type="radio"/>	<input type="radio"/>
Q62. Has sitting ever made your neck/shoulder pain worse?	<input type="radio"/>	<input type="radio"/>
Q63. Has playing sport ever made your neck/shoulder pain worse?	<input type="radio"/>	<input type="radio"/>
Q64. Was your neck/shoulder pain initially caused by a specific injury or incident?	<input type="radio"/>	<input type="radio"/>
Q65. Have you ever sought health professional advice or treatment for your neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
Q66. Have you ever taken medication to relieve the neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
Q67. Have you ever missed school or work due to the neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
Q68. Has the neck/shoulder pain ever interfered with your normal activities?	<input type="radio"/>	<input type="radio"/>
Q69. Has the neck/shoulder pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?	<input type="radio"/>	<input type="radio"/>
Q70. At what age did you first get neck/shoulder pain?	<input type="text"/>	<input type="text"/> years of age





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Q71. Have you **ever** had back pain?

No

Yes

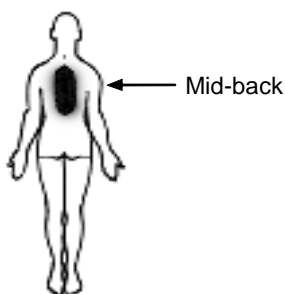
Q72 . Have you ever had **mid back** pain (*anywhere in the shaded area on the picture below*)?

No **Go to Q87**

Yes



	Yes	No
Q73. Is your mid back painful today?	<input type="radio"/>	<input type="radio"/>
Q74. Has your mid back been painful at any time in the last month?	<input type="radio"/>	<input type="radio"/>
Q75. Has your mid back pain ever lasted for more than 3 months continuously (it hurt more or less every day)?	<input type="radio"/>	<input type="radio"/>
Q76. Has your mid back pain ever lasted for more than 3 months off and on (it hurt at least once a week but not every day)?	<input type="radio"/>	<input type="radio"/>
Q77. Has sitting ever made your mid back pain worse?	<input type="radio"/>	<input type="radio"/>
Q78. Has standing ever made your mid back pain worse?	<input type="radio"/>	<input type="radio"/>
Q79. Has playing sport ever made your mid back pain worse?	<input type="radio"/>	<input type="radio"/>
Q80. Was your mid back pain initially caused by a specific injury or incident?	<input type="radio"/>	<input type="radio"/>
Q81. Have you ever sought health professional advice or treatment for mid back pain?	<input type="radio"/>	<input type="radio"/>
Q82. Have you ever taken medication to relieve the mid back pain?	<input type="radio"/>	<input type="radio"/>
Q83. Have you ever missed school or work due to the mid back pain?	<input type="radio"/>	<input type="radio"/>
Q84. Has the mid back pain ever interfered with your normal activities?	<input type="radio"/>	<input type="radio"/>
Q85. Has the mid back pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?	<input type="radio"/>	<input type="radio"/>
Q86. At what age did you first get mid back pain?	<input type="text"/>	<input type="text"/> years of age





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Q87 Have you ever had **low back pain** (anywhere in the shaded area in the picture below)?

No

Go to Q102

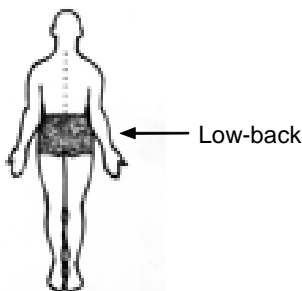
Yes



	Yes	No
Q88. Is your low back painful today?	<input type="radio"/>	<input type="radio"/>
Q89. Has your low back been painful at any time in the last month?	<input type="radio"/>	<input type="radio"/>
Q90. Has your low back pain ever lasted for more than 3 months continuously (it hurt more or less every day)?	<input type="radio"/>	<input type="radio"/>
Q91. Has your low back pain ever lasted for more than 3 months off and on (it hurt at least once a week but not every day)?	<input type="radio"/>	<input type="radio"/>
Q92. Has sitting ever made your low back pain worse?	<input type="radio"/>	<input type="radio"/>
Q93. Has standing ever made your low back pain worse?	<input type="radio"/>	<input type="radio"/>
Q94. Has playing sport ever made your low back pain worse?	<input type="radio"/>	<input type="radio"/>
Q95. Was your low back pain initially caused by a specific injury or incident?	<input type="radio"/>	<input type="radio"/>
Q96. Have you ever sought health professional advice or treatment for low back pain?	<input type="radio"/>	<input type="radio"/>
Q97. Have you ever taken medication to relieve the low back pain?	<input type="radio"/>	<input type="radio"/>
Q98. Have you ever missed school or work due to the low back pain?	<input type="radio"/>	<input type="radio"/>
Q99. Has the low back pain ever interfered with your normal activities?	<input type="radio"/>	<input type="radio"/>
Q100. Has the low back pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?	<input type="radio"/>	<input type="radio"/>
Q101. At what age did you first get low back pain?	<input type="text" value=""/>	<input type="text" value=""/> years of age

Q102. Do you use a...

	Yes, PC only	Yes, laptop only	Yes, both	No, neither
PC or laptop computer at home ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PC or laptop computer at school/TAFE/work ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Q103. Have you ever had **arm or leg** pain?

No

Go to Q107

Yes



	Yes	No
Q104. Are your arms or legs painful today?	<input type="radio"/>	<input type="radio"/>
Q105. Have your arms or legs been painful in the last month?	<input type="radio"/>	<input type="radio"/>
Q106. At what age did you first get arm or leg pain?	<input type="text"/> <input type="text"/> years of age	

Q107. We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer **all** items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

(1 = Completely DISAGREE; 5 = Completely AGREE)	Disagree			Agree	
	1	2	3	4	5
There is no real treatment for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble will eventually stop your participation in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble means periods of pain for the rest of one's life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors cannot do anything for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A bad back should be exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble makes everything in life worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery is the most effective way to treat back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble may mean you end up in a wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative treatments are the answer to back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble means long periods of time off school/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication is the only way of relieving back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once you have had back trouble there is always a weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble must be rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Later in life back trouble gets progressively worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions concern your housing environment

Q108. Is your home air-conditioned? No **Go to Q111**

Yes



Q109. How many rooms are air-conditioned?

- One room
- Two rooms
- Three rooms
- More than three rooms
- Portable air-conditioner

Q110. Is it evaporative air-conditioning? or Is it refrigerated air-conditioning?

No

Yes

No

Yes

Q111. Is your home heated?

No

Go to Q113

Yes



Q112. How is your home heated?

(Please mark all applicable responses)

Is there a chimney (flue) attached?

	Yes	Is there a chimney (flue) attached?		
		Yes	No	Don't know
Gas heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerosene heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electric bar radiator, fan or column heater	<input type="radio"/>			
Reverse cycle air-conditioning	<input type="radio"/>			
Fully ducted heating	<input type="radio"/>			
Wood fire/slow combustion heater	<input type="radio"/>			
Other - please specify _____	<input type="radio"/>			

Q113. Do you have gas cooking in your home?

No

Yes



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Q114. Are there any pets at home?

No **Go to Q116**

Yes



Q115. How many pets are there? If you have no cats or no dogs or no birds or no other pets, then print the number 0 in the spaces. (Please print the number neatly in the space provided)

	Inside	Outside	Total
Cats	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Dogs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Birds (include ducks, geese, chickens)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other pets? How many other pets inside?	<input type="text"/> <input type="text"/>	What type? _____	
How many other pets outside?	<input type="text"/> <input type="text"/>	What type? _____	

Q116 Do you have any regular contact with pets elsewhere? (eg at relatives, neighbours, or at friends houses)

No **Go to Q118**

Yes



Q117. What types of animals?

(Please mark all applicable answers)

	Yes
Dogs	<input type="radio"/>
Cats	<input type="radio"/>
Birds	<input type="radio"/>
Fish	<input type="radio"/>
Rodents (eg. guinea pigs, rabbits, rats/mice)	<input type="radio"/>
Reptiles/Amphibia	<input type="radio"/>
Other (eg. farm animals - sheep, horses, cattle)	<input type="radio"/>
Please specify _____	

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Q115 In

Q115 Out



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Q118. Do you usually cough when you get a cold these days?

- No
- Yes
- Don't know

Q119. Do you seem congested or bring up phlegm (spit) from your chest with colds?

- No
- Yes
- Don't know

Q120. Have you wheezed at any time in your life? (*wheeze is a whistling or rattling noise in the chest, best heard when breathing out*)

- No **Go to Q126**
- Yes



Q121. Have you wheezed in the **last 12 months**?

- No **Go to Q126**
- Yes



Q122. How many episodes of wheezing have you had in the **last 12 months**?

- 1 to 2
- 3 to 12
- More than 12

Q123. In the **last 12 months**, how often on average has your sleep been disturbed due to wheezing?

- Never woken with wheezing
- Less than one night per week
- One or more nights per week
- Don't know

In the last 12 months has...	Yes	No	Don't Know
Q124. Wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q125. Your chest sounded wheezy during or after exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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	Yes	No	Don't Know	N/A Never had Asthma
Q126. Do you think you have ever had asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Q127. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Q128. Do you still have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q129. Have you taken/used **any** of the following asthma medications in the **last 12 months**?

No **Go to Q130**

Yes



	(Please mark all applicable responses)		
	Yes	Ordered by Doctor	
		Yes	No
Ventolin (Asmol, Airomir, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respolin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuelin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theo-dur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bricanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrovent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QVAR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flixotide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmacort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Berotec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OXIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serevent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Singulaire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seretide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symbacort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prednisolone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify _____			



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The following questions are about problems which occurred when you **DID NOT** have a cold or flu

Q130. Have you **ever** had a problem with sneezing or a runny or blocked nose (including hayfever) when you **DID NOT** have a cold or flu?

No **Go to Q138**

Yes



Q131. In the **last 12 months**, have you had a problem with sneezing or a runny or blocked nose (including hayfever) when you **DID NOT** have a cold or flu?

No **Go to Q138**

Yes



Q132. In the **last 12 months**, was this nose problem accompanied by itchy-watery eyes?

No

Yes

Q133. In the **last 12 months**, how many episodes of **allergic** nose problem have you had (including hayfever)?

1 to 2

3 to 12

More than 12

Q134. In which of the **last 12 months** did this problem occur? *(Please mark all those applicable)*

Yes		Yes	
January	<input type="radio"/>	July	<input type="radio"/>
February	<input type="radio"/>	August	<input type="radio"/>
March	<input type="radio"/>	September	<input type="radio"/>
April	<input type="radio"/>	October	<input type="radio"/>
May	<input type="radio"/>	November	<input type="radio"/>
June	<input type="radio"/>	December	<input type="radio"/>

Q135. Has a doctor (GP, paediatrician) ever told you that you have an **allergic** nose problem (including hayfever)?

No

Yes



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Q136. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

Grass	<input type="radio"/>
Pollen	<input type="radio"/>
Animal	<input type="radio"/>
Dust	<input type="radio"/>
Other - please specify _____	<input type="radio"/>
Don't know	<input type="radio"/>

Q137. Have you taken/used any medication for an **allergic** nose problem (including hayfever) in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable response)

No **Go to Q138**

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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Q137

HF33	35	37	39
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q138. Have you **ever** had a problem with red/watery or itchy eyes?

No **Go to Q146**

Yes



Q139. Do you think that you have **ever** had an allergic reaction in the eyes (including hayfever)?

Yes

No

Don't know

Q140. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

Yes

No

Don't know

Q141. In the **last 12 months**, have you suffered from an **allergic** reaction in the eyes (including hayfever)?

No **Go to Q146**

Yes



Q142. In the **last 12 months**, how many episodes of **allergic** reaction in the eyes have you had (including hayfever)?

1 to 2

3 to 12

More than 12

Q143. In which of the **last 12 months** did this problem occur? *(Please mark all those applicable)*

Yes		Yes	
January	<input type="radio"/>	July	<input type="radio"/>
February	<input type="radio"/>	August	<input type="radio"/>
March	<input type="radio"/>	September	<input type="radio"/>
April	<input type="radio"/>	October	<input type="radio"/>
May	<input type="radio"/>	November	<input type="radio"/>
June	<input type="radio"/>	December	<input type="radio"/>



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Q144. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

Grass	<input type="radio"/>
Pollen	<input type="radio"/>
Animal	<input type="radio"/>
Dust	<input type="radio"/>
Other - please specify _____	<input type="radio"/>
Don't know	<input type="radio"/>

Q145. Have you taken/used any medication for an **allergic** eye reaction (including hayfever) in the **last 12 months?**

(Please write the medication in the space provided and then mark the applicable response)

No

Go to Q146

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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Q145

CO49	51	53	55
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q146. Have you **ever** had eczema or an itchy rash which was coming and going for at least six months?

No **Go to Q157**

Yes



Q147. Has this eczema/itchy rash at any time affected any one of the following places - the folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes?

No

Yes

Q148. In the **last 12 months**, have you had this eczema/itchy rash?

No **Go to Q151**

Yes



Q149. In the **last 12 months**, how often, on average, have you been kept awake at night by this itchy rash?

Never in the last 12 months

Less than one night per week

One or more nights per week

Q150. Has this rash cleared completely during the **last 12 months**?

No

Yes

Q151 Do you think that you have **ever** had eczema?

Yes

No

Don't know

Q152. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

Yes

No

Don't know



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Q153. In the **last 12 months**, have you suffered from **eczema**?

No **Go to Q157**

Yes



Q154. In the **last 12 months**, how many episodes of eczema have you had?

1 to 2

3 to 12

More than 12

Q155. In which of the **last 12 months** did this problem occur? *(please mark all those applicable)*

Yes		Yes	
January	<input type="radio"/>	July	<input type="radio"/>
February	<input type="radio"/>	August	<input type="radio"/>
March	<input type="radio"/>	September	<input type="radio"/>
April	<input type="radio"/>	October	<input type="radio"/>
May	<input type="radio"/>	November	<input type="radio"/>
June	<input type="radio"/>	December	<input type="radio"/>

Q156. Have you taken/used any medication for eczema in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable response)

No **Go to Q157**

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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Q156

RH62	64	66	68	70
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q157. Do you have any food allergies?

No

Go to Q158

Yes



*(Please mark **all** the applicable responses and print within the spaces provided)*

Food Type	Yes	What starts it? (eg. eating, skin contact)	What reaction(s)? (eg. difficulty breathing, diarrhoea)	Severity of the reaction (eg. mild, moderate, severe)
1. Peanut Products	<input type="radio"/>			
2. Wheat/Yeast	<input type="radio"/>			
3. Dairy	<input type="radio"/>			
4. Fruit	<input type="radio"/>			
5. Eggs	<input type="radio"/>			
6. Seafood	<input type="radio"/>			
7. Preservatives/Colouring	<input type="radio"/>			
8. Other	<input type="radio"/>			
(please specify)				

Office use only

Q157	S	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	S
FD1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FD8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q158. In the **last three months**, how often did you usually have bowel movements?

- Less than once a week
- 1 - 2 times a week
- 3 - 6 times a week
- Once a day
- 2 - 3 times a day
- More than 3 times a day

Q159. In the **last three months**, what were your bowel movements usually like?

- Very hard
- Hard
- Not too hard and not too soft
- Very soft or mushy
- Watery

Q160. In the **last three months**, how often...

	Never	Less than once a month	1 - 3 times a month	Once a week	Several times a week	Every day
Has your stomach felt bloated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you required laxatives to ease constipation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you required tablets to control diarrhoea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q161. Have you had a belly ache or abdominal pain (not including period pain) in the **last three months**?

No **Go to Q165**

Yes



Q162. How often have you had a belly ache or abdominal pain in the last three months?

- Less than once a month
- 1 - 3 times a month
- Once a week
- Several times a week
- Everyday



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Q163. How long did the belly ache or abdominal pain usually last?

- Less than an hour
- 1 - 2 hours
- 3 - 4 hours
- Most of the day
- One or more days

Q164. In the **last three months**, when you had belly ache or abdominal pain, how often...

	Never	Sometimes	Most of the time	Always
Did it get better after having a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were your bowel movements softer and more mushy or watery than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were your bowel movements harder or lumpier than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have more bowel movements than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have fewer bowel movements than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q165.

	Less than 5 minutes	5 - 10 minutes	10 - 15 minutes	15 - 30 minutes	More than 30 minutes
How long does it take you to get from home to school/TAFE/work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long do you personally carry your study/work bag each day (include before, during and after school/work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q166. How do you usually carry your study/work bag?

- On both shoulders
- On one shoulder
- By hand
- On wheels



Q167. Do you...

	Never	Almost Never	Sometimes (about once a month)	Often (about once a week)	Always (daily)
Ever get tired carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think your study/work bag is too heavy for you? (we want to know what you think - not your parents or teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get back pain carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get neck/shoulder pain carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you no longer attend school please GO TO Q171

The following questions are about physical education and physical activity.

Q168. How many physical education classes do you usually attend at school each week?

- None **Go to Q171**
- 1 per week
- 2 per week
- 3 or more per week

Q169. During these physical education periods, how much time do you spend exercising that makes you out of breath or sweat?

- Not much time or none at all
- About a quarter of the time
- About half of the time
- More than half of the time
- Almost all of the time

Q170. What do you feel about your physical education periods?

- I like them very much
- I like them
- I neither like nor dislike them
- I dislike them
- I dislike them very much
- I do not attend them



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Q171. Outside School, TAFE or work hours:

How often do you usually exercise in your free time, so much that you get out of breath or sweat?

- Once a month or less
- Once a week
- 2 - 3 times a week
- 4 - 6 times a week
- Every day

Q172. Outside School, TAFE or work hours:

How many hours do you usually exercise in your free time, so much that you get out of breath or sweat?

- None
- About 1/2 hour per week
- About 1 hour per week
- About 2 - 3 hours per week
- About 4 - 6 hours per week
- 7 or more hours per week

Q173. The following statements are about the amount of physical activity or exercise you intend to do in the near future. Please choose the statement that best describes how you feel now.

- I do not intend to be more active than I am now
- Over the next month, I intend to become more active than I am now
- Sometime over the next 6 months, I intend to become more active than I am now
- Not sure

The following question is about television and computer games.

Q174. On average, how many **hours per day** do you usually...

	Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
Watch TV or videos on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV or videos on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a computer (eg for school/work, games, internet) on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a computer (eg for school/work, games, internet) on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions are about the people around you.

Q175. How often do each of the following people **play some sort of sport or exercise** (for example, golf, tennis, football) or other activity like walking for exercise, cycling or swimming?

	I don't have	Never or Rarely	Sometimes	About once a week	2 - 3 times a week	More than 3 times a week	Don't know
Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q176. How often do each of the following people **praise you or encourage you** to play some sort of sport or participate in other physical activity? (for example, watch you participate, say positive things to you, and seem happy to do it)

	I don't have	Never or Rarely	Sometimes	Often	Very Often	Don't know
Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A teacher at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q177. How often do each of the following people **help you to play** some sort of sport or participate in other physical activity? (for example, take you to training, give you sport money)

	I don't have	Never or Rarely	Sometimes	Often	Very Often	Don't know
Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A teacher at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions are about your feelings and beliefs about sport and physical activity..

Q178. If you wanted to participate regularly in sport or other physical activity, **how confident** (sure) are you that you could still participate under the following circumstances?

I could participate...	Not at all Confident	A Bit Confident	Fairly Confident	Quite Confident	Very Confident
When others make fun of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there is no one else to do it with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I don't have the energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I was not good at it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had no help to get to training and games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my parents did not support me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my friends didn't take part	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q179. Below are some effects of being physically active (eg walking, cycling or participating in sport). Please indicate **how likely** it would be for you to experience each of these effects as a result of being physically active over the next year.

	Extremely Unlikely	Very Unlikely	A little Unlikely	Neither	A little Likely	Very Likely	Extremely Likely
If I tried to be more active others would make fun of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being physically active over the next year would...							
Keep me healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me study and learn better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me feel good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make or keep me fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent me doing things I like more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me lose weight or help me control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make a current injury worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let me have a lot of fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my parent(s)/carer(s) happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me spend time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me make new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give me a chance to compete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give me a chance to win at something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q180. Below are the same effects of being physically active as in the previous question. Please indicate **how important** it would be for you to experience each of these effects as a result of being physically active over the next year.

	Extremely Unimportant	Very Unimportant	A little Unimportant	Neither	A little Important	Very Important	Extremely Important
If I tried to be more active others would make fun of me. For me avoiding others making fun of me is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being physically active over the next year might...							
Keep me healthy. For me keeping healthy is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me study and learn better. For me studying and learning better is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve my appearance. For me improving my appearance is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me feel good about myself. For me feeling good about myself is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make or keep me fit. For me keeping fit is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent me doing things I like more. For me doing things other than sport is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me lose weight or help me control my weight. For me losing or controlling my weight is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make a current injury worse. For me avoiding making a current injury worse is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let me have a lot of fun. For me having a lot of fun is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make my parent(s)/carer(s) happy. For me making my parent(s)/carer(s) happy is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me spend time with friends. For me spending time with my friends is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me make new friends. For me making new friends is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give me a chance to compete. For me competing is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give me a chance to win at something. For me winning at something is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q181. Below are some reasons for not doing more exercise or activities than you do. Please indicate **how strongly** each statement applies to you.

	Not at All	A Little	A Fair Amount	Strongly	Very Strongly
I already do a lot of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am self-conscious about my looks when I exercise or play sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have enough energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are other things I like doing more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have anyone to exercise or play with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just don't enjoy exercise or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents don't encourage or help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right facilities are not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am just not very good at any sports or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others laugh/make fun of me when I try to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is not good enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an injury which prevents me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify _____					

Not for completion



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Q182. Think about all the activities that you would like to do. Which ONE activity from the list below would you **most like** to do? (Please mark only one activity)

- Aerobics
- Athletics
- Australian rules
- Baseball
- Basketball
- Bush walking
- Canoeing/kayaking
- Cricket
- Cross country running
- Cycling
- Dancing (ballet, jazz, modern etc)
- Golf
- Gym workout
- Gymnastics
- Hockey
- Inline hockey
- Martial arts (judo, karate)
- Netball
- Orienteering
- Rock climbing
- Rollerblading
- Rowing
- Rugby league
- Rugby union
- Skateboarding
- Soccer
- Softball
- Squash
- Surfing
- Swimming
- Table tennis
- Tennis
- Touch football
- Volleyball
- Water polo
- Walking for pleasure
- Weight training (fitness and strength)
- Yoga
- Other
- Don't know
- None

Q183. At present, is it possible for you to take part in the activity you chose?

- No
- Yes

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FV1

Q182



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We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise and sport.

Think about all the vigorous and moderate activities that you did in the **last 7 days**. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

Part 1: JOB RELATED PHYSICAL ACTIVITY

This first section is about your work/school/TAFE related physical activities. This includes paid jobs, farming, volunteer work, manual work carried out at school or TAFE, and any other unpaid work that you did outside your home. Do not include unpaid work that you might do around your home, like housework, yard work, general maintenance and caring for your family. These questions are asked later in part 3. Do not include sports or leisure activities as these are asked in part 4.

Q184. Do you currently have a job or do any unpaid work outside your home?

No **Go to Q192**

Yes



The next questions are about all the physical activity you did in the **last 7 days** (the last week) as part of your paid or unpaid work. This does not include travelling to and from work.

Q185. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction or climbing up stairs **as part of your work**?
(think about only those vigorous physical activities that you did for at least 10 minutes at a time)

days per week

No vigorous job-related physical activity **Go to Q188**

Q187. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

hours per day **and** **minutes per day**

Q188. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying or lifting light loads **as part of your work**? (Please do not include walking)

days per week

No moderate job-related physical activity **Go to Q190**

Q189. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

hours per day **and** **minutes per day**



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Q190. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? (Please do not count any walking you did to travel to or from work)

days per week

No job-related walking

Go to Q192

Q191. How much time did you usually spend on one of those days **walking** as part of your work?

hours per day and minutes per day

Part 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you travelled from place to place, including to and from work, school/TAFE, shopping stores, movies, doing errands and so on.

Q192. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, tram?

days per week

No travelling in a motor vehicle

Go to Q194

Q193. How much time did you usually spend on one of those days **travelling** in a train, bus, car, tram or other kind of motor vehicle?

hours per day and minutes per day

Now think only about the **bicycling** and **walking** you might have done to travel to and from school or work, to do errands, or to go from place to place.

Q194. During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

days per week

No bicycling from place to place

Go to Q196

Q195. How much time did you usually spend on one of those days **bicycling** from place to place?

hours per day and minutes per day

Q196. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

days per week

No walking from place to place

Go to Q198

Q197. How much time did you usually spend on one of those days **walking** from place to place?

hours per day and minutes per day



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Part 3: HOUSEWORK, HOUSE MAINTENANCE AND CARING FOR FAMILY

This part is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work and caring for your family

Q198. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shovelling snow or digging **in the garden or yard**?

days per week

No vigorous activity in garden or yard

Go to Q200

Q199. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

hours per day and minutes per day

Q200. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, sweeping, washing windows and raking **in the garden or yard**?

days per week

No moderate activity in garden or yard

Go to Q202

Q201. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

hours per day and minutes per day

Q202. Once again, think about only those physical activities you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, scrubbing floors, washing windows or sweeping **inside your home**?

days per week

No moderate activities inside home

Go to Q204

Q203. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

hours per day and minutes per day



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Part 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY

This part is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not count any activities you have already mentioned in the previous several questions.

Q204. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

days per week

No walking in leisure time

Go to Q206

Q205. How much time did you usually spend on one of those days **walking** in your leisure time?

hours per day and minutes per day

Q206. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling or fast swimming **in your leisure time**?

days per week

No vigorous activity in leisure time

Go to Q208

Q207. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

hours per day and minutes per day

Q208. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace or doubles tennis **in your leisure time**?

days per week

No moderate activity in leisure time

Go to Q210

Q209. How much time did you usually spend on one of these days doing **moderate** physical activities in your leisure time?

hours per day and minutes per day



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Part 5: TIME SPENT SITTING

This part is about the time you spend sitting while at work, school, TAFE, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting down to watch television. Do not count time spent sitting in a motor vehicle or on a bicycle that you have previously mentioned.

Q210. During the **last 7 days**, how much time did you usually spend **sitting** ...

	Hours per day		Minutes per day
On a weekday ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a weekend day ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>

Part 6:

This question is about the time you spend standing while at work, school, TAFE, at home, and during leisure time. This may include time spent standing in a queue, in school assembly, or when talking with friends. Do not include time spent standing during sports/leisure time that you have already mentioned

Q211. How much time did you spend **standing** ...

	Hours per day		Minutes per day
On a weekday ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a weekend day ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>

Part 7:

This question is about how much time you spend lying down. This should include time spent sleeping as well as any time spent lying on the sofa, bed, ground or lying down to watch television.

Q212. How much time did you spend **lying down** ...

	Hours per day		Minutes per day
On a weekday ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a weekend day ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>



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Q213. Do you have any concerns or worries about your health or development? (eg speech, language development, physical development, emotional development)

No **Go to Q214**

Yes



Please tell us about these concerns if you wish to do so

Q214. Please indicate the date you completed this questionnaire:

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Q215. Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

THANK YOU
WE APPRECIATE THE TIME THAT YOU HAVE SPENT
COMPLETING THIS QUESTIONNAIRE

Office use only

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Q213																						