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THE RAINE SLEEPOVER STUDY
23 year follow-up

THE RAINE STUDY

PARTICIPANT QUESTIONNAIRE

Thank you for taking the time to fill in this questionnaire.

Please read each question carefully and answer ALL of the questions by following the completion instructions provided below.

All information will be strictly confidential

HOW TO COMPLETE THIS FORM

Please use a BLACK pen.

Please shade the circles completely	Please write clearly within the boxes	Please write clearly within the space
●	A B C 1 2 3	PLEASE WRITE IN CAPITAL LETTERS

Please take your time in answering all of the questions.

If you make a mistake, or want to change any of your shaded responses, please place a cross through the incorrect response and shade the correct response.

For written responses, please cross out your incorrect response and write your new response just above or below the one you have crossed out.

Questionnaire

The purpose of this questionnaire is to obtain information about what you are doing now and your health and well-being.

If you require further information please contact:
The Raine Study on 9489 7794 or 0447 863 944

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1. WHERE YOU LIVE & WHO YOU LIVE WITH

Q1.1 Where do you live? (Please mark only one response)

- O Separate house
- O Semi-detached house/row or terrace house/townhouse etc
- O Flat/unit/apartment
- O University or college accommodation
- O Boarding house, hostel
- O Caravan/tent/cabin/houseboat
- O Other - please specify _____

Q1.2 How old is your place of residence? ☐☐☐ years

Q1.3 Is your house heated? **(Mark all that apply)**

- ☐ Not heated at all
- ☐ Electric bar radiator, fan or column heater
- ☐ Kerosene heater
- ☐ Gas heater
- ☐ Wood fire/slow combustion heater
- ☐ Reverse cycle airconditioning
- ☐ Fully ducted heating

Q1.4 Is your gas heater flued or unflued (ie. is there a chimney?)

O No - not flued (no chimney) O Yes - flued (has a chimney) O Not applicable - no gas heater

Q1.5 Is your kerosene heater flued or unflued (ie. is there a chimney?)

O No - not flued (no chimney) O Yes - flued (has a chimney) O Not applicable - no kerosene heater

Q1.6 In the past 6 months have any of the following been done in or around your home? **(Mark all that apply)**

- ☐ Indoor walls painted
- ☐ New carpets
- ☐ New tiles
- ☐ Insulation
- ☐ Pesticide treatment (by a commercial operator) in or around the home
- ☐ Other indoor renovations (specify) _____
- ☐ Not applicable

Q1.7 Who do you live with? (Please mark only one response)

- O I live alone
- O My partner
- O My child/children
- O My partner & our biological child (children)
- O My partner & their biological child (children)
- O My parent(s)/step-parent(s)
- O My partner & partner's parents
- O Sibling(s)
- O Other relatives (eg. grandparents, aunt etc)
- O My friends/flatmates (shared accomodation)
- O Job related accomodation eg farm, mine
- O Boarding house/hostel
- O Refuge
- O Jail/detention
- O No fixed address/on the street
- O Other - please specify

Q1.8 Do you have any biological children?

- O No
- O Yes

Q1.9 Please list each of your children's sex and date of birth....

sex	date of birth
O M O F	/ /
O M O F	/ /
O M O F	/ /
O M O F	/ /
O M O F	/ /

2. EDUCATION

Q2.1 What is the highest level of education you have completed? (Please mark only one response)

- O Primary school
- O Secondary school (high school)
- O TAFE, college
- O University
- O Other (eg. personal training course)

Q2.2 What is the highest year of school you have completed? (Please mark only one response)

- O Year 12 (or equivalent)
- O Year 11 (or equivalent)
- O Year 10 (or equivalent)
- O Year 9 (or equivalent)
- O Other - please specify ——— > Year

Q2.3 Are you currently studying or doing a course?

- O No
- O Yes

Q2.4 Where are you studying?
(Please mark only one response)

- O At university
- O At TAFE/College
- O Other - please specify:

3. OCCUPATION & INCOME

Q3.1 What are you doing now? **(Please mark all responses that apply)**

- O Studying full-time
- O Studying part-time
- O An apprenticeship
- O Working full-time
- O Working part-time
- O Looking for work
- O Carer for my child
- O Carer for a family member
- O Other - please specify

Q3.2 Do you currently have a full-time, part-time or casual job of any kind? **(Please mark only one response)**

- O No, do not have a job - not seeking work (go to Q3.5)
- O No, do not have a job - actively seeking work (go to Q3.5)
- O Yes, do work for payment or profit
- O Yes, do unpaid work in a family business
- O Yes, do other unpaid work

Q3.3 Please note your current job title, describe what you do and what type of industry you work in eg retail

Q3.3a Job Title: _____

Q3.3b Job Description: _____

Q3.3c Industry code:

- O A - Agriculture, Forestry and Fishing
- O B - Mining
- O C - Manufacturing
- O D - Electricity, Gas, Water and Waste Services
- O E - Construction
- O F - Wholesale Trade
- O G - Retail Trade
- O H - Accommodation and Food Services
- O I - Transport, Postal and Warehousing
- O J - Information Media and Telecommunications
- O K - Financial and Insurance Services
- O L - Rental, Hiring and Real Estate Services
- O M - Professional, Scientific and Technical Services
- O N - Administrative and Support Services
- O O - Public Administration and Safety
- O P - Education and Training
- O Q - Health Care and Social Assistance
- O R - Arts and Recreation Services
- O S - Other Services

Q3.4 How many hours per week do you usually work in all (current) jobs? ☐☐☐ **hours**

Office use only *Occupation*

Q3.3 ☐☐☐☐☐☐

Q3.5 Job History: Please list all other jobs that you have had since you were 16 years old, starting from the **most recent** (not including your current job)

	Occupation	Industry code (write code A to S as per Q3.3)	Start date mm/yy	End date mm/yy
a.			/	/
b.			/	/
c			/	/
d			/	/
e			/	/
f			/	/
g			/	/
h			/	/
i			/	/
j			/	/
k			/	/
l			/	/

Office use only

Occupation

Q3.5 a. b. c. d. e. f. g. h. i. j. k. l.

Q3.6 What is the total amount of your usual salary/wage after tax per week (how much money do you usually take home per week)?

(Please mark only one response)

- O <$116 per week
- O $116 - $604 per week
- O $605 - $1076 per week
- O $1077- $2180 per week
- O >$2180 per week

Q3.7 **Work physical demands**

Is your work heavy or monotonous? Select the best alternative.

Not at all **Extremely**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.8 **Work description**

Which of the following statements best describes the work that you do in your current job? **(Select one only)**

☐ Sedentary occupation (eg secretary- where you spend most of your time sitting)

☐ Standing occupation (eg shop assistant, security guard - spend most of your time standing/walking but not intense physical effort)

☐ Physical work (eg plumber, nurse - a job that requires some physical effort including handling of heavy objects and use of tools)

☐ Heavy manual work (eg bricklayer - a job that involves very vigorous physical activity including handling very heavy objects)

Q3.9 **Work hours**

Q3.9a About how many hours altogether did you work in the last 7 days? ☐☐☐ hours

Q3.9b How many hours does your employer expect you to work in a typical 7-day week? ☐☐☐ hours per week

Q3.9c During the last 7 days how many days were you at work? ☐ days

Q3.9d During the last 7 days what proportion (stated as a %) of your typical work day was spent doing the following?

(This involves only your work day, and does not include travel to and from work, or what you did in your leisure time).

1. Sitting (including driving)	☐☐☐ %
2. Standing	☐☐☐ %
3. Walking	☐☐☐ %
4. Heavy labour or physically demanding tasks	☐☐☐ %
5.Total	☐☐☐ %

Q3.10 **Work adjustability**

Please think about the last 30 days that you were in work. For each question, please cross one box on each line that best describes this job.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a	I can control the way I work	O	O	O	O	O
b	I can work at home sometimes	O	O	O	O	O
c	My hours of work are flexible	O	O	O	O	O
d	I can use aids and appliances to help me do my job	O	O	O	O	O
e	I can adapt my work area to help me do my job	O	O	O	O	O
f	There are opportunities to retrain and develop my skills	O	O	O	O	O

Q3.11 **Work support**

Q3.11a How often do you get help or support from your colleagues?

- O Always
- O Often
- O Sometimes
- O Seldom
- O Never/hardly ever
- O Not relevant

Q3.11b How often do you get help or support from your supervisors?

- O Always
- O Often
- O Sometimes
- O Seldom
- O Never/hardly ever
- O Not relevant

Q3.12 **Work Satisfaction**

If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Select one.

Not satisfied at all **Completely satisfied**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.13 **Work absenteeism and presenteeism (working when unwell)**

Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you:

Q3.13a Miss an entire work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.) ☐☐

Q3.13b Miss an entire work day for any other reason (including vacation)? ☐☐

Q3.13c Miss part of a work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.) ☐☐

Q3.13d Miss part of a work day for any other reason (including vacation)? ☐☐

Q3.13e Come in early, go home late, or work on your day off? ☐☐

Q3.13f About how many hours altogether did you work in the past 4 weeks (28 days)? ☐☐☐

Work performance

Q3.14 On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

Worst performance **Top performance**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q3.15 Using the same 0-to-10 scale, how would you rate **your** usual job performance over the past year or two?

Worst performance **Top performance**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q3.16 Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

Worst performance **Top performance**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q3.17 Are you receiving any government benefits, pension or allowance?

- O No (go to Section 4)
- O Yes

Q3.18 Which government benefits, pension or allowance are you receiving?
(Please mark all responses that apply)

- O Baby Bonus
- O Carer Allowance (child)
- O Carer Payment (child)
- O Carer Allowance (adult)
- O Carer Payment (adult)
- O Child Care Benefit
- O Child Care Rebate
- O Crisis Payment
- O Disability Support Pension
- O Family Tax Benefit Part A
- O Family Tax Benefit Part B
- O JET Child Care Fee Assistance
- O Maternity Immunisation Allowance
- O Mobility Allowance
- O Newstart Allowance
- O Parenting Payment
- O Pensioner Education Supplement
- O Remote area/zone allowance
- O Rent Assistance
- O Sickness Allowance
- O Workers comp
- O Youth Allowance
- O Other benefit - please specify:

4. ULTRA-VIOLET (SUN) EXPOSURE

Q4.1 What is the natural colour of your hair? **(Please mark only one response)**

- O Fair/Blonde
- O Light brown
- O Light red or Ginger
- O Dark red or Auburn
- O Dark brown
- O Black
- O Other - please specify _____

Q4.2 Has your hair started to go grey?

- O No
- O Yes
- O Don't know

Q4.3 Have you started balding?

- O No
- O Yes
- O Don't know

Q4.4 What is the natural texture of your hair? **(Please mark only one response)**

- O Straight
- O Wavy
- O Curly

Q4.5 Which of the following best describes your untanned skin colour (eg under your arm)? **(Please mark only one response)**

- O Fair/pale
- O Medium
- O Olive/dark

Q4.6 Without sun tan lotion, what usually happens to your skin after a **half hour** of being exposed to the bright summer sun for the first time? **(Please mark only one response)**

- O Never burns or tans
- O Never burns but does tan
- O Burns and then tans
- O Burns but does not tan
- O Don't know

Q4.7 How many bad sun burns with pain lasting longer than a day would you guess you have had?
(Please mark only one response)

- O Never
- O Once
- O 2 - 10 times
- O More than 10 times
- O Don't know

Q4.8 In the summer what part (proportion) of the day (daylight hours) do you spend outside?
(Please mark only one response)

- O None
- O Less than 1/4 of the day
- O 1/2 of the day
- O Greater than 3/4 of the day
- O Cannot judge

Q4.9 When outdoors in the sun, how much of the time do you .....

	never	seldom	1/2 of the time	usually	always	cannot judge
Q4.9a Wear a hat with a brim or a visor?	O	O	O	O	O	O
Q4.9b Wear sunglasses?	O	O	O	O	O	O

Q4.10 In the winter, where is your leisure or recreation time usually spent?
(Please mark only one response)

- O Mostly indoors
- O 1/2 and 1/2
- O Mostly outdoors
- O Don't know

Q4.11a On an average **week day**, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done

Q4.11b On an average **weekend day**, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done outside)?

Q4.11c On an average **week day**, how many hours do you spend doing near (close-up) work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?

Q4.11d On an average **weekend day**, how many hours do you spend doing near work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?

hours : minutes

Q4.12 Do you often feel colder than the people who are around you?
(Please mark only one response)

- O Never
- O Seldom
- O 1/2 of the time
- O Usually
- O Always
- O Cannot judge

Q4.13 If you work outside do you wear a hat with a visor or brim or sunglasses for more than half of the time?
(Please mark only one response)

- O Neither, I don't wear a hat or sunglasses
- O Yes, hat only
- O Yes, sunglasses only
- O Yes, both hat and sunglasses
- O Don't know

Q4.14 What is the main reason you wear sunglasses? **(Please mark only one response)**

- O Protection from eye disease
- O Driving
- O Medical condition/doctors advice
- O Glare
- O Sport
- O Fashion/looks cool
- O School requirement
- O Influenced by family member
- O Other - please specify

Q4.15 What is the main reason you do NOT wear sunglasses? **(Please mark only one response)**

- O Inconvenient
- O Uncomfortable
- O Decreases vision
- O Wears prescription glasses
- O Expensive
- O Not fashionable
- O Not necessary
- O Forget to
- O Don't have any
- O Other - please specify

Q4.16 Do you currently wear (or need to wear) glasses/spectacles and/or contact lenses for your vision?

- O No (go to section 5)
- O Yes

Q4.17a. What age did you start wearing them? ☐☐ years

Q4.17b. Do you use: O Contact lenses O Glasses/spectacles O Both

5. FAMILY ANCESTRY

The following questions are about your family's ancestry. For example, your grandfather may have been born in Australia, but may have Chinese *ancestry*. We would like to know the place or group where most of your ancestors originated from or lived **before** they migrated to Australia.

Over the next 4 pages there is a separate question relating to each of your biological parents' parents ie. your 4 biological grandparents. **(Please mark only one response for each)**

Q5.1 Your biological *mother's* father's ancestry:

- O England
- O Celtic (eg Ireland, Scotland , Wales)
- O North Europe (eg Scandinavia, Holland, Germany)
- O Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- O Slavic/Balkan/East Europe
- O North American/Canadian (non-indigenous)
- O Central/South America (non-indigenous)
- O North Asia (Mongolia, Siberia)
- O North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- O SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- O South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- O Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- O Melanesia (eg New Guinea, Fiji)
- O Middle Eastern, Northern African,Somali Peninsular
- O Central/South America (indigenous)
- O North American/Canadian (indigenous)
- O Indigenous Australian/TSI
- O Sub-Saharan African (indigenous African, African-American)
- O Other (specify) _____
- O Don't know

Q5.2 Your biological *mother's* mother's ancestry:

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- ○ Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

Q5.3 Your biological *father's* father's ancestry:

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- ○ Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

Q5.4 Your biological *father's* mother's ancestry:

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
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- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

6. MOBILE PHONE USE

Q6.1 Do you have a mobile phone? (Not a cordless home phone)

- O No (go to Section 7)
- O Yes

Q6.2 On average, how many minutes do you talk on your mobile phone per day?
(Please mark only one response)

- O None
- O 1 - 10 minutes
- O 11 - 20 minutes
- O 21 - 40 minutes
- O 41 - 50 minutes
- O 51 - 60 minutes
- O More than 60 minutes

Q6.3 On average, how many text messages do you send per day?
(Please mark only one response)

- O None
- O 1 - 20 messages
- O 21 - 50 messages
- O 51 - 100 messages
- O 101 - 150 messages
- O 151 - 200 messages
- O More than 200 messages

7. TECHNOLOGY USE

Usually how many hours do you... *(Please mark **one** response for each item)*		not at all	< 1 hr	1-2 hours	2-4 hours	> 4hrs
Q7.1a	Watch TV or videos each day?	O	O	O	O	O
Q7.1b	Play electronic games not on a computer each day? eg XBOX, Wii, PS3	O	O	O	O	O
Q7.1c	Use a touch screen tablet or smart phone (for internet, games etc not phone calls) each day?	O	O	O	O	O
Q7.1d	Use a computer for playing games each day?	O	O	O	O	O
Q7.1e	Use a computer for internet socialising each day? (facebook, chat etc)	O	O	O	O	O
Q7.1f	Use a computer for other leisure activities eg internet surfing (not games or socialising) each day?	O	O	O	O	O
Q7.1g	Use a computer without taking a break?	O	O	O	O	O

Q7.1h Use a computer for work or study each day? O Not at all O < 1 hour O 1-2 hrs O 2-4 hrs O 4-8 hrs O > 8 hrs

8. ACTIVITY

The following questions are about how much physical activity you did in the last 7 days. Include activities that you might do as part of your work, gardening, recreation or sport etc.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Q8.1 During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics or fast cycling?

Q8.1a ☐ **days per week** **or** ☐ No vigorous physical activities **- Go to Q8.2**

How much time did you usually spend doing **vigorous** physical activities on one of those days?

Q8.1b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

Moderate physical activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Q8.2 During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace or doubles tennis? Do not include walking.

Q8.2a ☐ **days per week** **or** ☐ No moderate physical activities **- Go to Q8.3**

How much time did you usually spend doing **moderate** physical activities on one of those days?

Q8.2b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

Think about all the time you spent **walking** in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

Q8.3. During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time?

Q8.3a ☐ **days per week** **or** ☐ No walking **- Go to Q8.4**

How much time did you usually spend **walking** on one of those days?

Q8.3b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

The last question is about the time you spent **sitting on weekdays and weekends** during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting to watch television.

Q8.4 During the last 7 days, how much time did you spend **sitting** on a **weekday**?

Q8.4a ☐☐ **hours per day** Q8.4b ☐☐ **minutes per day** ☐ don't know/unsure

Q8.5 During the last 7 days, how much time did you spend **sitting** on a **weekend** day?

Q8.5a ☐☐ **hours per day** Q8.5b ☐☐ **minutes per day** ☐ don't know/unsure

9. BACK PAIN, NECK PAIN and OTHER MUSCLE or BONE PAIN

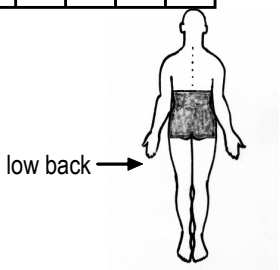
THE NEXT SET OF QUESTIONS RELATE TO MUSCULOSKELETAL PAIN

Q9.1 Back pain beliefs

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.

	(Please mark one response for each)	Completely disagree 1	2	Neutral 3	4	Completely agree 5
Q9.1a	There is no real treatment for back trouble	O	O	O	O	O
Q9.1b	Back trouble will eventually stop your participation in physical activity	O	O	O	O	O
Q9.1c	Back trouble means periods of pain for the rest of one's life	O	O	O	O	O
Q9.1d	Doctors cannot do anything for back trouble	O	O	O	O	O
Q9.1e	A bad back should be exercised	O	O	O	O	O
Q9.1f	Back trouble makes everything in life worse	O	O	O	O	O
Q9.1g	Surgery is the most effective way to treat back trouble	O	O	O	O	O
Q9.1h	Back trouble may mean you end up in a wheelchair	O	O	O	O	O
Q9.1i	Alternative treatments are the answer to back trouble	O	O	O	O	O
Q9.1j	Back trouble means long periods of time off school/work	O	O	O	O	O
Q9.1k	Medication is the only way of relieving back trouble	O	O	O	O	O
Q9.1l	Once you have had back trouble there is always a weakness	O	O	O	O	O
Q9.1m	Back trouble must be rested	O	O	O	O	O
Q9.1n	Later in life back trouble gets progressively worse	O	O	O	O	O

Q9.2 Have you ever had low back pain (anywhere in the shaded area in this picture)?



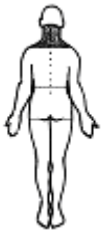
O No (go to Q9.3)

O Yes

*(Please mark **one** response for each item)*

		yes	no
Q9.2a	Has your low back been painful at any time in the last month?	O	O
Q9.2b	Has your low back pain ever lasted for more than 3 months continuously (ie. it hurt more or less every day)?	O	O
Q9.2c	Has your low back pain ever lasted for more than 3 months off and on (ie. it hurt at least once a week but not every day)?	O	O
Q9.2d	Have you ever sought health professional advice or treatment for low back pain?	O	O
Q9.2e	Have you ever taken medication to relieve the low back pain?	O	O
Q9.2f	Have you ever missed work or study due to low back pain?	O	O
Q9.2g	Has the low back pain ever interfered with your normal activities?	O	O
Q9.2h	Has the low back pain ever interfered with recreational physical activities (eg.sport, walking, cycling etc)	O	O
Q9.2i	Has the low back pain ever interfered with your work activities?	O	O

Q9.3 Have you ever had neck/shoulder pain (anywhere in the shaded area in this picture)?



O No (go to Q9.4)

O Yes

*(Please mark **one** response for each item)*

		yes	no
Q9.3a	Has your neck/shoulder been painful at any time in the last month?	O	O
Q9.3b	Has your neck/shoulder pain ever lasted for more than 3 months continuously ? (ie. It hurt at least once a week but not every day)	O	O
Q9.3c	Has your neck/shoulder pain ever lasted for more than 3 months off and on (ie. it hurt at least once a week but not every day)?	O	O
Q9.3d	Have you ever sought health professional advice or treatment for neck/shoulder pain?	O	O
Q9.3e	Have you ever taken medication to relieve the neck/shoulder pain?	O	O
Q9.3f	Have you ever missed work or study due to neck/shoulder pain?	O	O
Q9.3g	Has the neck/shoulder ever interfered with your normal activities?	O	O
Q9.3h	Has the neck/shoulder pain ever interfered with recreational physical activities (eg.sport, walking, cycling etc)	O	O
Q9.3i	Has the neck/shoulder pain ever interfered with work activities ?	O	O

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Musculoskeletal Pain

These questions and statements apply if you have musculoskeletal (muscle and bone) aches or pains, such as back, shoulder or neck pain. Please read and answer questions carefully. Do not take long to answer the questions, however it is important that you answer every question.

Q9.4 Do you currently have any body pain ?

- O No (go to Section 10)
- O Yes

Q9.5 Where do you have pain? **(mark all appropriate sites)**

- O Neck
- O Left shoulder
- O Right shoulder
- O Left arm
- O Right arm
- O Upper back
- O Lower back
- O Left leg
- O Right leg
- O Other (state) _____

Q9.6 Is your pain work-related in that it was caused by your work? O Yes O No

Q9.7 Is your pain work-related in that your pain developed outside of work but is made worse by work? O Yes O No

If you answered YES to <u>EITHER</u> of the above 2 questions please answer the next 2 questions
If you answered NO to <u>BOTH</u> skip the next 2 questions & go to Q9.10

Q9.8 Have you reported your pain to your employer? O Yes O No

Q9.9 Have you claimed workers' compensation for your pain? O Yes O No

Q9.10 I can adjust my job to fit in with my pain (eg adjust the equipment or furniture, working hours, amount of work tasks) **(mark one)**

- O Strongly disagree
- O Disagree
- O Neither agree nor disagree
- O Agree
- O Strongly agree

Q9.11 How long have you had your current pain problem? **(mark one)**

- O 0 days
- O 1-2 days
- O 3-7 days
- O 8-14 days
- O 15-30 days
- O 1 month
- O 2 months
- O 3-6 months
- O 6-12 months
- O over 1 year

Q9.12 How would you rate the pain that you have had during the past week? Select one

No Pain **Pain as bad as it could be**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.13 In the past three months, on average, how bad was your pain on a 0-10 scale? Select one

No Pain **Pain as bad as it could be**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.14 How often would you say that you have experience pain episodes, on average, during the past three months? Select one

Never **Always**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.15 Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Select the appropriate number.

Can't decrease it at all **Can decrease it completely**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.16 In your view, how large is the risk that your current pain may become persistent? Select one

No risk **Very large risk**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Here are some of the things that other people have told us about their pain. For each statement, mark one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.

Q9.17 Physical activity makes my pain worse.

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.18 An increase in pain is an indication that I should stop what I'm doing until the pain decreases

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.19 I should not do my normal work with my present pain.

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Q9.20. Here is a list of five activities. Mark the one number that best describes your current ability to participate in each of these activities.

	Can't do it because of pain problem									***Can do it without pain being a problem***
Q9.20a I can do light work for an hour.	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20b I can walk for an hour	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20c. I can do ordinary household chores	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20d I can do the weekly shopping.	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20e I can sleep at night.	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10

Impact of musculoskeletal Pain

Q9.21 How many days of work have you missed because of pain during the past 12 months? **(mark one)**

O 0 days
O 1-2 days
O 3-7 days
O 8-14 days
O 15-30 days
O 1 month
O 2 months
O 3-6 months
O 6-12 months

Q9.22 How many days have you been at work but not able to work at full capacity because of pain during the past 12 months? **(mark one)**

O 0 days
O 1-2 days
O 3-7 days
O 8-14 days
O 15-30 days
O 1 month
O 2 months
O 3-6 months
O 6-12 months

Q9.23 In your estimation, what are the chances that you will be able to work in 6 months? **(mark one)**

No chance ***Very large chance***

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q9.24 Has your musculoskeletal pain changed your thoughts or plans about your work in any of the following ways?

Q9.24a. You might have to leave your current occupation O Yes O No

Q9.24b. You want to permanently work fewer hours because of your pain. O Yes O No

Q9.24c. You want to get a different job because of your pain. O Yes O No

10. URINOGENITORY PROBLEMS

Q10.1 Do you experience, and, if so, how much are you bothered by:
(mark one)

1. Frequent urination?	O Not at all	O Slightly	O Moderately	O Greatly
2.Urine leakage related to feeling of urgency?	O Not at all	O Slightly	O Moderately	O Greatly
3.Urine leakage related to physical activity, coughing or sneezing?	O Not at all	O Slightly	O Moderately	O Greatly
4. Small amounts of urine leakage (drops)?	O Not at all	O Slightly	O Moderately	O Greatly
5. Difficulty emptying your bladder?	O Not at all	O Slightly	O Moderately	O Greatly
6. Pain or discomfort in the lower abdomen/genital area?	O Not at all	O Slightly	O Moderately	O Greatly

If you answered 'Not at all' to <u>all</u> the above questions please skip Q10.2 and go straight to Section 11

Q10.2 Have urinary problems/pain or discomfort affected your:
(mark one)

1. Ability to do normal chores (eg cooking or laundry)?	O Not at all	O Slightly	O Moderately	O Greatly
2. Physical recreation such as running, dancing or other exercise?	O Not at all	O Slightly	O Moderately	O Greatly
3. Entertainment activities (movies, concerts, etc.)?	O Not at all	O Slightly	O Moderately	O Greatly
4. Ability to travel by car or bus more than 30 minutes from home'?	O Not at all	O Slightly	O Moderately	O Greatly
5. Participation in social activities outside your home'?	O Not at all	O Slightly	O Moderately	O Greatly
6. Emotional health (nervousness, depression. etc.)?	O Not at all	O Slightly	O Moderately	O Greatly
7. Feeling frustrated?	O Not at all	O Slightly	O Moderately	O Greatly

11. RESPIRATORY QUESTIONS

WHEEZE

Q11.1 Have you wheezed in the last 12 months?

- O No (go to Q11.5 - Asthma)
- O Yes

Q11.2 In the last 12 months, how often on average has your sleep been disturbed due to wheezing?
(Please mark only **one** *response)*

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

Q11.3 Has the wheezing been severe enough to limit your speech to only one or two words at a time between breaths? O No O Yes O Don't know

Q11.4 Has your chest sounded wheezy during or after exercise?

O No O Yes O Don't know

ASTHMA

	no	yes	don't know	never had asthma
Q11.5 Do you think you have ever had asthma?	O	O	O	O
Q11.6 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma?	O	O	O	O
Q11.7 Do you still have asthma?	O	O	O	O

Q11.8 Have you used/taken any asthma medications in the last 12 months?

- O No (go to Q11.11 - Rhinitis)
- O Yes

Q11.9 Which asthma medications have you used/taken in the last 12 months?
(Please mark **all** *responses that apply)*

- O Ventolin
- O Respolin
- O Bricanyl
- O QVAR
- O Flixotide
- O Pulmacort
- O OXIS
- O Serevent
- O Singulaire
- O Seretide
- O Symbacort
- O Prednisolone
- O Other - please specify _____

Q11.10 What triggers your asthma? **(Please mark all responses that apply)**

O Viral infection	O Dust
O Grass	O Other - please specify _____
O Pollen	O Don't know
O Animal	O Don't have asthma

RHINITIS (runny or blocked nose - including hayfever)

Q11.11 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?

O No (go to Q11.18 - Allergic Conjunctivitis)
O Yes

Q11.12 In the last 12 months, was this nose problem accompanied by itchy-watery eyes?

O No O Yes

Q11.13 In the last 12 months, how many episodes of allergic nose problem have you had (including hayfever)? **(Please mark only one response)**

O 1 - 2 episodes
O 3 - 12 episodes
O More than 12 episodes

Q11.14 In which of the last 12 months did this problem occur? **(Please mark all responses that apply)**

O January	O July
O February	O August
O March	O September
O April	O October
O May	O November
O June	O December

Q11.15 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have an allergic nose problem (including hayfever)?

O No O Yes

Q11.16 What was the trigger/cause of these problems?
(Please mark all responses that apply)

- O Grass
- O Pollen
- O Animal
- O Dust
- O Other - please specify _____
- O Don't know

Q11.17 In the last 12 months, have you taken or used any medication for allergic nose (including hayfever)?

- O No (go to Q11.18)
- O Yes

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.17a		☐	☐
Q11.17b		☐	☐
Q11.17c		☐	☐
Q11.17d		☐	☐

ALLERGIC CONJUNCTIVITIS (itchy water eyes - including hayfever)

Q11.18 Do you think that you have ever had an allergic reaction in the eyes (including hayfever)?

- O No
- O Yes
- O Don't know

Q11.19 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

- O No
- O Yes
- O Don't know

Office use only Q11.17 a ☐☐ b ☐☐ c ☐☐ d ☐☐

Q11.20 In the last 12 months, have you suffered from an allergic reaction in the eyes (including hayfever)?

- O No (go to Q11.25 - Respiratory symptoms)
- O Yes

Q11.21 In the last 12 months, how many episodes of allergic reaction in the eyes have you had (including hayfever)? **(Please mark only one response)**

- O 1 - 2 episodes
- O 3 - 12 episodes
- O More than 12 episodes

Q11.22 In which of the last 12 months did this problem occur? **(Please mark all responses that apply)**

- O January
- O February
- O March
- O April
- O May
- O June
- O July
- O August
- O September
- O October
- O November
- O December

Q11.23 What was the trigger/cause of these problems? **(Please mark all responses that apply)**

- O Grass
- O Pollen
- O Animal
- O Dust
- O Other - please specify _____
- O Don't know

Q11.24 In the last 12 months, have you taken or used any medication for allergic reaction in the eyes (including hayfever)?

- O No (go to Q11.25)
- O Yes

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.24a		☐	☐
Q11.24b		☐	☐
Q11.24c		☐	☐
Q11.24d		☐	☐

Office use only Q11.24 a ☐☐ b ☐☐ c ☐☐ d ☐☐

Q11.25 RESPIRATORY SYMPTOMS

Q11.25a Breathlessness

i) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? O No O Yes

ii) Do you get short of breath walking with other people your own age on level ground? O No O Yes

iii) Do you have to stop for breath when walking at your own pace on level ground? O No O Yes

iv) Do you ever get short of breath at rest? O No O Yes

Q11.25b Cough

i) Do you usually cough first thing in the morning? O No O Yes

ii) Do you usually cough during the day or night? O No O Yes

If YES to i) or ii)

iii) Do you cough like this on most days for as much as 3 months each year? O No O Yes

Q11.25c Phlegm

i) Do you usually bring up phlegm from your chest first thing in the morning? O No O Yes

ii) Do you usually bring up phlegm from your chest during the day or night? O No O Yes

If YES to i) or ii)

iii) Do you bring up phlegm like this on most days for as much as 3 months each year? O No O Yes

ECZEMA (itchy rash)

Q11.26 Have you ever had eczema or an itchy rash which was coming and going for at least 12 months?

- O No (go to Q11.36 - Food Allergies)
- O Yes

Q11.27 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?

O No O Yes

Q11.28 In the last 12 months, how often on average have you been kept awake at night by this itchy rash? **(Please mark only one response)**

- O Never in the last 12 months
- O Less than one night per week
- O One or more nights per week
- O Don't know

Q11.29 Has this rash cleared completely during the last 12 months? O No O Yes

Q11.30 Do you think you have ever had eczema? O No O Yes

Q11.31 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

O No O Yes O Don't know

Q11.32 In the last 12 months, have you suffered from eczema?

- O No (go to Q11.36 - Food Allergies)
- O Yes

Q11.33 In the last 12 months, how many episodes of eczema have you had?

- O 1 - 2 episodes
- O 3 - 12 episodes
- O More than 12 episodes

Q11.34 In which of the last 12 months did the eczema occur? **(Please mark all responses that apply)**

O January	O July
O February	O August
O March	O September
O April	O October
O May	O November
O June	O December

Q11.35 In the last 12 months, have you taken or used any medication for eczema?

O No (go to Q11.36 - Food Allergies)

O Yes

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.35a		☐	☐
Q11.35b		☐	☐
Q11.35c		☐	☐
Q11.35d		☐	☐

FOOD ALLERGIES

Q11.36. Do you have any food allergies?

O No (go to Section 12)

O Yes

Q11.37 What are you allergic to? *(Please mark* **all** *responses that apply)*

O Peanut products

O Wheat/Yeast

O Dairy

O Fruit

O Eggs

O Seafood

O Preservatives/Colourings

O Other - please specify _____

Office use only Q35 1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐

12. SLEEPING

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. Please answer all questions

Q12.1 What time (on average) have you gone to bed on weekdays and weekends?

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working
Please indicate using a 24hr clock, for example 11pm = 23:00

Weekdays ☐☐ : ☐☐ (hour : minutes)

Weekends ☐☐ : ☐☐ (hour : minutes)

Q12.2 How long does it usually take you to fall asleep (in minutes, e.g. 1 1/2hrs = 90 minutes)?

☐☐☐ **minutes**

Q12.3 What time do you wake up from your usual sleep?

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working
Please indicate using a 24hr clock, for example 7am = 07:00

Weekdays ☐☐ : ☐☐ (hour : minutes)

Weekends ☐☐ : ☐☐ (hour : minutes)

Q12.4 How many total hours of actual sleep do you usually get on a typical weekday or weekend day, including naps?

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working

Weekdays ☐☐ : ☐☐ (hour : minutes)

Weekends ☐☐ : ☐☐ (hour : minutes)

For these next questions (Q12.5) mark the best response. Please answer all questions.

Q12.5 During the past month, how often have you had trouble sleeping because you.....

	Not during last month	Less than once a week	1-2 times a week	3+ times a week
Q12.5a Cannot get to sleep within 30 minutes	○	○	○	○
Q12.5b Wake up in the middle of the night or early morning	○	○	○	○
Q12.5c Have to get up to use the bathroom	○	○	○	○
Q12.5d Cannot breathe comfortably	○	○	○	○
Q12.5e Cough or snore loudly	○	○	○	○
Q12.5f Feel too cold	○	○	○	○
Q12.5g Feel too hot	○	○	○	○
Q12.5h Had bad dreams	○	○	○	○
Q12.5i Have pain	○	○	○	○
Q12.5j Other reasons please describe	○	○	○	○

12.6 During the past month, how would you rate your sleep quality overall?

○ Very good ○ Fairly good ○ Fairly bad ○ Very bad

Q12.7 During the past month, how often have you taken medicine to help you sleep (prescribed or 'over the counter')?

O Not during the last month O Less than once a week O 1-2 times a week O 3+ times a week

Q12.8 During the past month, how many times per night do you wake up?

O Never
O Less than once a week
O 1-6 times per week
O 1-2 times per night
O 3-5 times per night
O More than 5 times per night

Please write the main reasons for waking up (if unsure of reason say 'Not sure')

Q12.9 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

O No problem at all O Only a very slight problem O Somewhat of a problem O A very big problem

Q12.10 Do you have a bed partner or room mate?

O No bed partner or room mate (go to Q12.12)
O Partner/room mate in other room
O Partner in same room, but not same bed
O Partner in same bed

Q12.11 **If you have a room mate or partner, ask him/her** how often in the past month you have:

		Not during last month	Less than once a week	1-2 times a week	3+ times a week
12.11a	Had loud snoring	O	O	O	O
12.11b	Had loud pauses between breaths while asleep	O	O	O	O
12.11c	Had legs twitching and jerking while you sleep	O	O	O	O
12.11d	Had episodes of disorientation or confusion during sleep	O	O	O	O
12.11e	Had other restlessness while you sleep, please describe below:	O	O	O	O

Q12.12 Sleeping behaviour

The following questions refer to your behaviour while sleeping or trying to sleep. Please select one response for each question

During the past month, **have you done, or been told you do**, the following while asleep or trying to sleep?

	Never	Rarely (less than 1x/week)	Sometimes (1-2x/week)	Frequently (3-4x/week)	Always (5-7x/week)	Don't know
a. Snore	○	○	○	○	○	○
b. Toss, turn or thrash frequently during the night	○	○	○	○	○	○
c. Stop breathing for seconds or longer	○	○	○	○	○	○
d. Choke	○	○	○	○	○	○
e. Struggle for breath	○	○	○	○	○	○
f. Snort or gasp during sleep (suddenly take large and fast breaths)	○	○	○	○	○	○
g. Wheeze or whistle (from your chest)	○	○	○	○	○	○

During the past month, **have you experienced** the following while asleep or trying to sleep?

	Never	Rarely (less than 1x/week)	Sometimes (1-2x/week)	Frequently (3-4x/week)	Always (5-7x/week)	Don't know
h. Stuffy nose	○	○	○	○	○	○
i. Palpitations or heart racing	○	○	○	○	○	○
j. Jumpy or jerky legs	○	○	○	○	○	○
k. Leg cramps	○	○	○	○	○	○
l. Difficulty falling asleep	○	○	○	○	○	○
m. Lying awake during your sleep time feeling worried, depressed or sad	○	○	○	○	○	○
n. Pain or physical discomfort	○	○	○	○	○	○
o. Heartburn during your sleep time	○	○	○	○	○	○

During the past month, have you **experienced** the following ?

	Never	**Rarely** (less than 1x/week)	**Sometimes** (1-2x/week)	**Frequently** (3-4x/week)	**Always** (5-7x/week)	**Don't know**
p. Sleepiness that interferes with concentration	O	O	O	O	O	O
q. Feeling tired or fatigued after you wake up	O	O	O	O	O	O
r. Dozing while reading or watching television	O	O	O	O	O	O
s. Dozing while in conversation with someone or during meals	O	O	O	O	O	O
t. Used coffee, tea or other caffeine drinks to stay awake during your normal waking time	O	O	O	O	O	O
u. Had to pull off the road while driving or almost been in a car accident due to sleepiness	O	O	O	O	O	O
v. No matter how much sleep you had, you didn't wake up feeling rested.	O	O	O	O	O	O
w. Needed to wake up from sleep to use the toilet 2 or more times	O	O	O	O	O	O
x. Your bedtime changed by 2 or more hours	O	O	O	O	O	O
y. Woken up feeling paralysed, unable to move for short periods	O	O	O	O	O	O
z. Dry mouth or throat on waking	O	O	O	O	O	O
aa. Morning headaches	O	O	O	O	O	O

Sleep and work

Q12.13 Have you ever worked outside the home?

- O No (go to Q12.14)
- O Yes

Q12.13a Have you ever fallen asleep on the job?

- O No (go to Q12.13c)
- O Not sure
- O Yes

Q12.13b Has this occurred:

- O Only once
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.13c. Have you ever been involved in an accident at work that has required you to see a nurse or doctor?

- O No (go to Q12.14)
- O Yes

Q12.13d Has this occurred:

- O Only once
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.14 During the past month, have you had to take daytime naps of 5 minutes or longer?

- O No (go to Q12.15)
- O Yes

Q12.14a. Has this occurred:

- O Only once
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.14b. On average, how long are your naps in minutes (e.g. 1.5 hrs = 90 minutes)? ☐☐☐ **minutes**

Q12.14c. How often do you feel refreshed after napping?

- O Never
- O Rarely
- O Sometimes
- O Usually
- O Always
- O Not sure

Sleep and shiftwork

Q12.15 Are you a shift worker?

- O No (go to Q12.16)
- O Yes

Q12.15a What type of shifts did you work in the past month (select all that apply):

- O Day shift (occurs any time between 6am and 7pm)
- O Evening shift (occurs any time between 3pm and midnight)
- O Night shift (any 8-10 hour shift between 10pm and 8am or any 12 hour shift between 7pm and 9am)

Q12.15b In the past month, how often did your work hours include at least 6 hours between 10pm and 8am (night shift)?

- O Nearly every day
- O 3-4 times per week
- O 1-2 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Never or nearly never

Q12.15c In the past month, how often did your day shift work hours begin at or before 5am?

- O Nearly every day
- O 3-4 times per week
- O 1-2 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Never or nearly never

Sleep and driving

Q12.16 Do you have a drivers' license?

- O No (go to Q12.23)
- O Yes

Q12.16a When did you get your drivers' license? **(Date on back of license)** Month: ☐☐ Year: ☐☐☐☐

Q12.17 We would like to get an accurate estimate of how many km you drive in a typical week, to help with this it may be helpful to think of the places you drive to in a typical week eg work, uni/TAFE, sport, beach, shops, friends, family, clubs, pubs/nightclubs, etc.

Place	Times per week	KM estimate	=	Total km
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐

Q12.18 In a typical week, how many km do you generally drive? **Total** ☐☐☐☐☐

Q12.19 Have you ever fallen asleep whilst you were behind the wheel?

- O No (go to Q12.20)
- O Yes

Q12.19a. Has this occurred:

- O Only once
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.20 How many 'near miss' car accidents have you ever had due to sleepiness? ☐☐ **number**

Q12.21 How many car accidents have you ever had while driving a car? ☐☐ **number**

Q12.22 How many car accidents have you ever had because you felt sleepy or fell asleep behind the wheel of a car? ☐☐ **number**

Q12.23 Restless Legs Syndrome

Q12.23a When sitting or lying down, do you have a strong urge to move your legs?

- O Rarely (once a month or less)
- O Sometimes (2-4 times/month)
- O Often(5-15 times/month)
- O Very often (more than 15 times/month)

Q12.23b Is your urge to move your legs accompanied by a discomfort (unpleasant sensation) in your legs, for example a creepy-crawly or tingly feeling?

O Yes O No O Don't know

Q12.23c Is the discomfort in your legs relieved in any way, even for a short time, by walking or moving your legs?

O Yes O No O Don't know

Q12.23d At what times is the discomfort in your legs and/or urge to move most bothersome?

- O In the mornings
- O In the afternoons
- O In the evenings
- O At bedtime
- O No difference by the time of day

Q12.23e When you actually experience these unpleasant sensations in your legs or the urge to move your legs, how distressing are they?

- O Not at all distressing
- O A little bit distressing
- O Moderately distressing
- O Extremely distressing
- O Don't know

Q12.23f When you actually experience these unpleasant sensations in your legs or the urge to move your legs, do they disturb your sleep?

- O Never/almost never
- O Less than once a week
- O Once or twice a week
- O 3 to 5 times a week
- O Every day/almost every day of the week
- O Don't know

Q12.24 Family history for sleep

Q12.24a Has your biological mother had any of the following diagnosed by a doctor?

Sleep Apnoea	O No	O Yes	O Not Sure
Narcolepsy	O No	O Yes	O Not Sure
Loud or disruptive snoring	O No	O Yes	O Not Sure
Excessive (too much) sleepiness	O No	O Yes	O Not Sure
Restless Legs or Periodic Leg Movements of Sleep	O No	O Yes	O Not Sure

Q12.24b Has your biological father had any of the following diagnosed by a doctor?

Sleep Apnoea	O No	O Yes	O Not Sure
Narcolepsy	O No	O Yes	O Not Sure
Loud or disruptive snoring	O No	O Yes	O Not Sure
Excessive (too much) sleepiness	O No	O Yes	O Not Sure
Restless Legs or Periodic Leg Movements of Sleep	O No	O Yes	O Not Sure

Q12.24c Have any of your brothers or sisters had the following diagnosed by a doctor? If yes, how many brothers and/or sisters ?

				How many brothers	**How many sisters**
Sleep Apnoea	O No	O Yes	O Not Sure	☐	☐
Narcolepsy	O No	O Yes	O Not Sure	☐	☐
Loud or disruptive snoring	O No	O Yes	O Not Sure	☐	☐
Excessive (too much) sleepiness	O No	O Yes	O Not Sure	☐	☐
Restless Legs or Periodic Leg Movements of Sleep	O No	O Yes	O Not Sure	☐	☐
Other significant medical problem	O No	O Yes	O Not Sure	☐	☐

Specify: _____

Q12.25 Have you ever had an overnight sleep study in a hospital?

O No
O Yes ——— > **Date of study:** dd / mm / yyyy
O Not Sure

Q12.26 Have you ever been diagnosed with Sleep Apnoea?

O No (please go to Q12.27)
O Yes

Q12.26a Please give the name of the physician or clinic:

Q12.26b What year was this diagnosed **year**

Q12.26c Were any of the following treatments recommended or prescribed?

CPAP	O No	O Yes	
Surgery on the palate	O No	O Yes	
Tonsillectomy	O No	O Yes	
Nose surgery	O No	O Yes	
Mandibular Advancement Splint	O No	O Yes — **Still using splint?**	O No O Yes
Laser Treatment	O No	O Yes	
Other (please specify below)	O No	O Yes	

Q12.26d If you were prescribed CPAP, are you still using this on a regular basis?

O No - why not? ———
O Yes
O Not applicable

Q12.27 Have you had surgery for snoring or sleep apnoea?

O No
O Yes —— **When?** dd / mm / yyyy
O Not sure

Where?

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13. DRINKS & ALCOHOL

Q13 Here we are asking for information on how often and how much of the following drinks you usually consume.

When answering these questions, please answer in number of glasses, cans, cups, stubbies or shots.
To assist you, below each type of drink is the type of measurement.

	never	less than once a month	1 day per month	2 days per month	3 days per month	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week	6 days per week	every day	Total number of glasses/ cups/cans/shots you usually drink each day
1 Water (250ml glass)	O	O	O	O	O	O	O	O	O	O	O	O	
2. Fizzy drink (eg. cola, lemonade) (can, glass)	O	O	O	O	O	O	O	O	O	O	O	O	
3. Diet fizzy drink (eg. diet cola, diet lemonade) (can,glass)	O	O	O	O	O	O	O	O	O	O	O	O	
4. Energy drink (eg. Redbull, V, Monster) (can)	O	O	O	O	O	O	O	O	O	O	O	O	
5. Diet energy drink (can)	O	O	O	O	O	O	O	O	O	O	O	O	
6.Tea (cup)	O	O	O	O	O	O	O	O	O	O	O	O	
7. Herbal tea (cup)	O	O	O	O	O	O	O	O	O	O	O	O	
8. Green tea (cup)	O	O	O	O	O	O	O	O	O	O	O	O	
9. Instant coffee (cup)	O	O	O	O	O	O	O	O	O	O	O	O	
10. Ground coffee (ie. filter coffee, capuccino, flat white) (cup, mug)	O	O	O	O	O	O	O	O	O	O	O	O	
11. Beer (can, stubby)	O	O	O	O	O	O	O	O	O	O	O	O	
12. Alcoholic soda (eg. alcopop, cruiser, UDL) (bottle, can)	O	O	O	O	O	O	O	O	O	O	O	O	
13. Red wine (wine glass)	O	O	O	O	O	O	O	O	O	O	O	O	
14. White wine, champagne (wine glass)	O	O	O	O	O	O	O	O	O	O	O	O	
15. Sherry, port (small wine glass 30ml)	O	O	O	O	O	O	O	O	O	O	O	O	
16. Vodka (shots)	O	O	O	O	O	O	O	O	O	O	O	O	
17. Whiskey (shots)	O	O	O	O	O	O	O	O	O	O	O	O	
18. Other spirits (shots)	O	O	O	O	O	O	O	O	O	O	O	O	

Office use only

1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 16 17 18

14. SMOKING & DRUGS

Q14.1 Do you currently smoke cigarettes/cigars?

- O No (go to Q14.4)
- O Yes

Q14.2 How many cigarettes/cigars do you smoke per day?
(Please mark only **one** *response)*

- O Less than one
- O 1 - 5
- O 6 - 10
- O 11 - 15
- O 16 - 20
- O More than 20

Q14.3 At what age did you start smoking regularly? ☐☐ **years**

Q14.4 Do you currently live with someone who smokes? O No O Yes

Q14.5 Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars? O No O Yes

Q14.6 Have you ever tried or used the following drugs, and if so, on average, how often?

	(Please mark one response for each item)	**never**	**only tried once**	**less than monthly**	**about monthly**	**about weekly**	**daily**	**don't know**
Q14.6a	Marijuana/cannabis	O	O	O	O	O	O	O
Q14.6b	Inhalants (glue, petrol)	O	O	O	O	O	O	O
Q14.6c	Ecstasy	O	O	O	O	O	O	O
Q14.6d	Heroin/smack	O	O	O	O	O	O	O
Q14.6e	Amphetamines (speed, ice, dexies)	O	O	O	O	O	O	O
Q14.6f	Hallucinogens (acid/LSD)	O	O	O	O	O	O	O
Q14.6g	Nitrous oxide/nangs	O	O	O	O	O	O	O
Q14.6h	Cocaine	O	O	O	O	O	O	O
Q14.6i	Methadone	O	O	O	O	O	O	O
Q14.6j	GHB	O	O	O	O	O	O	O
Q14.6k	Ketamine "K"	O	O	O	O	O	O	O
Q14.6l	Benzodiazepines	O	O	O	O	O	O	O
Q14.6m	Rehypnol	O	O	O	O	O	O	O
Q14.6n	Something else *please specify*	O	O	O	O	O	O	O

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15. EATING HABITS

Q15.1 Do you know how much you weigh?

O No (go to Q15.2)

O Yes --->What is your current weight? ☐☐☐.☐ **kg**

Q15.2 Are you worried about your weight? O No, not at all O A little O Moderately O Very

Q15.3 Do you consider yourself to be... O Underweight O Normal weight O A bit overweight O Very overweight

Q15.4 The following questions are concerned with the past **4 weeks only (28 days)**

(Please read each question carefully and shade the appropriate number. Please answer all of the questions.

		0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
1	Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
2	Have you gone for 8 or more waking hours without eating anything in order to influence your shape or weight?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
3	Have you tried to avoid eating foods that you like in order to influence your shape or weight?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
4	Have you tried to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
5	Have you wanted your stomach to be empty?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
6	Has thinking about food or its calorie content made it difficult to concentrate on things you are interested in; for example, read, watch TV, follow a conversation?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
7.	Have you been afraid of losing control over eating?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
8	Have you had episodes of binge eating?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
9	Have you eaten in secret (do not count binge eating)?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
10	Have you had a definite desire for your stomach to be flat?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
11	Has thinking about shape or weight made it difficult to concentrate on things you are interested in; for example, read, watch TV, follow a conversation?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
12	Have you had a definite fear that you might gain weight or become fat?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
13.	Have you felt fat?	O 0	O 1	O 2	O 3	O 4	O 5	O 6
14.	Have you had a strong desire to lose weight?	O 0	O 1	O 2	O 3	O 4	O 5	O 6

15. On what proportion of the times that you have eaten have you felt guilty because of the effect on your shape or weight? (Do not count binges).

O None of the time
O A few times
O Less than half the times
O Half the times
O More than half the times
O Most of the time
O Every time

Over the past 28 days:

16. Have there been times when you felt that you'd eaten what other people would regard as an unusually large amount of food given the circumstances?

O No (go to Q19)
O Yes

17. How many such episodes have you had over the past four weeks? ☐☐☐

18. During these episodes, did you have a sense of having lost control over your eating (of not being able to stop eating or of not being able to control how much or what you ate)?

O No (go to Q19)
O Yes

18a. If so, for how many of the above episodes did you experience this sense of loss of control? ☐☐☐

19. Have you had other episodes of eating when you had a sense of loss of control and felt that you'd eaten too much, but had not eaten what others would consider an unusually large amount of food given the circumstances?

O No (go to Q21)
O Yes

20. How many such episodes have you had over the past four weeks? ☐☐☐

21. Have you made yourself sick (vomit) as a means of controlling your shape or weight?

O No (go to Q23)
O Yes

22. How many times have you done this over the past four weeks? ☐☐☐

23. Have you taken laxatives as a means of controlling your shape or weight?

O No (go to Q25)
O Yes

24. How many times have you done this over the past four weeks? ☐☐☐

25. Have you taken diuretics (water tablets) as a means of controlling your shape or weight?

O No (go to Q27)
O Yes

26. How many times have you done this over the past four weeks? ☐☐☐

27. Have you exercised hard as a means of controlling your shape or weight?

O No (go to Q29)
O Yes

28. How many days have you done this over the past four weeks? ☐☐

For how long for each day (on average)? ☐☐ hours

Over the past 28 days:	Not at all			Slightly		Moderately	Markedly
29 Has your **weight** influenced how you think about (judge) yourself as a person?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
30 Has your **shape** influenced how you think about (judge) yourself as a person?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
31 How much would it have upset you if you had to weigh yourself once a week for four weeks?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
32 How dissatisfied have you felt about your **weight**?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
33 How dissatisfied have you felt about your **shape**?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
34 How concerned have you been about other people seeing you eat?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
35 How uncomfortable have you felt seeing your body; for example, in the mirror, in shop window reflections, while undressing or taking a bath or shower?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6
36 How uncomfortable have you felt about others seeing your body; for example, in communal changing rooms, when swimming or wearing tight clothes?	○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

16. QUALITY OF LIFE

These questions ask for your views about your health (moods, emotions and physical health).

Q16.1 In general, would you say your health is:

O Excellent O Very good O Good O Fair O Poor

Q16.2 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	(Please mark one response for each item)	**yes, limited a lot**	**yes, limited a little**	**no, not limited at all**
Q16.2a	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	O	O	O
Q16.2b	Climbing **several** flights of stairs	O	O	O

Q16.3 During the past **4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	(Please mark one response for each item)	**all of the time**	**most of the time**	**some of the time**	**a little of the time**	**none of the time**
Q16.3a	**Accomplished less** than you would like	O	O	O	O	O
Q16.3b	Were limited in the **kind** of work or other activities	O	O	O	O	O

Q16.4 During the past **4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	(Please mark one response for each item)	**all of the time**	**most of the time**	**some of the time**	**a little of the time**	**none of the time**
Q16.4a	**Accomplished less** than you would like	O	O	O	O	O
Q16.4b	Did work or other activities **less carefully** than usual	O	O	O	O	O

Q16.5 During the past **4 weeks**, how much did (physical) pain interfere with your normal work (including both work outside the home and housework)?

O Not at all O A little bit O Moderately O Quite a bit O Extremely

These questions are about how you feel and how things have been during the past **4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

Q16.6 How much of the time during the past **4 weeks**...

	(Please mark one response for each item)	**all of the time**	**most of the time**	**some of the time**	**a little of the time**	**none of the time**
Q16.6a	Have you felt calm and peaceful?	O	O	O	O	O
Q16.6b	Did you have a lot of energy?	O	O	O	O	O
Q16.6c	Have you felt downhearted and depressed?	O	O	O	O	O

Q16.7 During the past **4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

O All of the time O Most of the time O Some of the time O A little of the time O None of the time

Q16.8 How tense or anxious have you felt in the past **week**? Mark one.

Absolutely calm and relaxed — **As tense and anxious as I have ever felt**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q16.9 How much have you been bothered by feeling depressed in the past **week**? Mark one

Not at all — **Extremely**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q16.10 Please read each statement and colour a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of the time
3 Applied to me very much, or most of the time

(Please mark one response for each item)	**0**	**1**	**2**	**3**
1. I found it hard to wind down	O	O	O	O
2. I was aware of dryness in my mouth	O	O	O	O
3. I couldn't seem to experience any positive feelings at all	O	O	O	O
4. I experienced breathing difficulty (eg. excessively rapid breathing, breathlessness in the absence of physical exertion)	O	O	O	O
5. I found it difficult to work up the initiative to do things	O	O	O	O
6. I tended to over-react to situations	O	O	O	O
7. I experienced trembling (eg. in the hands)	O	O	O	O
8. I felt that I was using a lot of nervous energy	O	O	O	O
9. I was worried about situations in which I might panic and make a fool of myself	O	O	O	O
10. I felt that I had nothing to look forward to	O	O	O	O
11. I found myself getting agitated	O	O	O	O
12. I found it difficult to relax	O	O	O	O
13. I felt down-hearted and blue	O	O	O	O
14. I was intolerant of anything that kept me from getting on with what I was doing	O	O	O	O
15. I felt I was close to panic	O	O	O	O
16. I was unable to become enthusiastic about anything	O	O	O	O
17. I felt I wasn't worth much as a person	O	O	O	O
18. I felt that I was rather touchy	O	O	O	O
19. I was aware of the action of my heart in the absence of physical exertion (eg. sense of heart rate increase, heart missing a beat)	O	O	O	O
20. I felt scared without any good reason	O	O	O	O
21. I felt that life was meaningless	O	O	O	O

17. RELATIONSHIPS

Q17.1 What is your current relationship status?
(Please mark only one response)

- O Single and not in a relationship
- O In a relationship but NOT living together
- O In a relationship AND living together
- O Married (in a registered marriage)

Q17.2 Is your primary partner male or female? O Male O Female

Q17.3 How old is your partner? ☐☐ years ☐ don't know/unsure

Males please skip next section- go straight to end of the questionnaire

18. FOR WOMEN ONLY

Q18.1 How often do you usually have a menstrual period? **(Please mark only one response)**

- O Never (go to Q18.5)
- O Very irregularly
- O Less than once per month
- O More than once per month
- O Every month

Q18.2 Using the scale below where 0 is the least pain and 10 is the worst pain, how would you describe the worst pain you commonly experience during your menstrual cycle?

0 (None) O O O O O O O O O O O **10 (Unbearable)**

Q18.3 Pain	**no**	**yes**	**na**
Q18.3a Do you regularly experience pelvic pain that is not during your period?	O	O	
Q18.3b Do you regularly experience pain during intercourse	O	O	O
Q18.3c Do you regularly take medication for cramps or pelvic pain?	O	O	

Q18.4 How heavy is your bleeding?	**no**	**yes**
Q18.4a Do you regularly use "super" or "super plus" pads or tampons?	O	O
Q18.4b Do you regularly need to use two pads or a pad and a tampon at the same time?	O	O
Q18.4c Do you ever soak your clothes or bed clothes with blood?	O	O

Q18.4d How often do you need to change your pad or tampon on the heaviest day of bleeding? ☐☐ **times**

Q18.5 Do you currently use contraception?

- O No (go to Q18.6)
- O Yes

Q18.5a What kind(s) do you use? _____

_____

Q18.5b Do you take the oral contraceptive pill?

- O No (go to Q18.6)
- O Yes

Q18.5c If yes, why do you take the oral contraceptive pill?
(Please mark **all** *responses that apply)*

- O To prevent pregnancy
- O For painful periods
- O For heavy periods
- O For another reason - please specify

_____

Q18.6 Have you missed any menstrual periods over the last 3 to 4 months?

- O No
- O Yes

Office use only Q18.5 ☐☐ ☐☐ ☐☐ ☐☐

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

Date questionnaire completed: ☐☐ / ☐☐ / ☐☐☐☐

You have reached the end of the questionnaire

Thank you very much for your time and effort!
Please bring the questionnaire with you to your appointment.

If you have any queries about any of the questions: for example, you were not sure how to answer some of them, please either phone the Raine Study (office: 08 9489 7794 or mobile: 0447 863 944) or ask Raine Study staff for clarification when you visit for your appointment.

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