61677

ID

THE RAINE EYE STUDY
20 - 21 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
Telephone: (08) 9489 7794
Mobile:

61677

WHERE YOU LIVE & WHO YOU LIVE WITH

Q1. 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 _____

Q2. Who do you live with?

(Please mark only one *response)*

- O I live alone
- O My partner
- O My child/children
- O My parent(s)/step-parent(s)
- O Other relatives (eg. grandparents, aunt etc)
- O My friend(s)/flatmate(s)
- O Other - please specify _____

Q3. Do you have any children?

- O No - Go to Q4
- O Yes

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

	sex	date of birth
1.	O M O F	/ /
2.	O M O F	/ /
3.	O M O F	/ /
4.	O M O F	/ /
5.	O M O F	/ /

EDUCATION

Q4. What is the highest level of education you have completed?
(Please mark only one *response)*

- O Primary school
- O Secondary school (high school)
- O University
- O Other educational institution (eg. TAFE, college)

Q5. 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 _____

Q6. Are you currently studying or doing a course?

- O No - Go to Q8
- O Yes

Q7. Where are you studying?
(Please mark only one *response)*

- O At school
- O At university
- O At TAFE/College
- O Other - please specify _____

Q8. 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 Gap year
- O Carer for my child
- O Carer for a family member
- O Other - please specify _____

Office use only Q10

61677

OCCUPATION, WORK & INCOME

Q9. Do you currently have a full-time or part-time job of any kind?
(Please mark only one *response)*

- O No, do not have a job - not seeking work - Go to Q13
- O No, do not have a job - actively seeking work - Go to Q13
- O Yes, do work for payment or profit
- O Yes, do unpaid work in a family business
- O Yes, do other unpaid work

Q10. Please note your job title and describe what you do for your job.

Job Title: _____

Job Description: _____

Q11. How many hours per week do you usually work in all jobs? ☐☐☐ **hours**

Q12. What is the total amount of your usual salary/wage after tax per week (how much money do you take home)? *(Please mark only* one *response)*

- O <$50 per week
- O $50 - 99 per week
- O $100 - 199 per week
- O $200 - 299 per week
- O $300 - 399 per week
- O $400 - 499 per week
- O > $500 per week

Q13. Are you receiving any government benefits, pension or allowance?

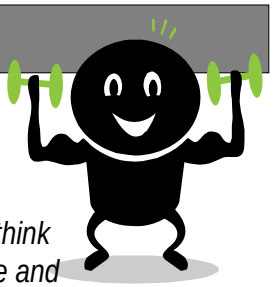
- O No - Go to Q15
- O Yes

Q14. Which government benefits, pension or allowance are you receiving?
(Please mark all *responses that apply)*

- ☐ Baby Bonus
- ☐ Carer Allowance (child)
- ☐ Carer Payment (child)
- ☐ Child Care Benefit
- ☐ Child Care Rebate
- ☐ Family Tax Benefit Part A
- ☐ Family Tax Benefit Part B
- ☐ JET Child Care Fee Assistance
- ☐ Newstart Allowance
- ☐ Parenting Payment
- ☐ Rent Assistance
- ☐ Youth Allowance
- ☐ Assistance for Isolated Children
- ☐ Carer Allowance (adult)
- ☐ Carer Payment (adult)
- ☐ Crisis Payment
- ☐ Disability Support Pension
- ☐ Double Orphan Pension
- ☐ Maternity Immunisation Allowance
- ☐ Mobility Allowance
- ☐ Pensioner Education Supplement
- ☐ Sickness Allowance
- ☐ Youth Disability Supplement
- ☐ Other benefit - please specify _____

61677

ACTIVITY



We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. These questions are 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 or sport.

Think about all the **vigorous** physical 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. Think *only* about those physical activities that you did for at least 10 minutes at a time.

Q15. **During the last 7 days**, on how many days did you do ***vigorous*** physical activities like heavy lifting, digging, aerobics or fast cycling?

☐☐ days per week or ☐ None - Go to Q16

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

☐☐ hours ☐☐ minutes ☐ don't know/unsure

Think about all the **moderate** activities that you did in the **last 7 days**. **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.

Q16. Again, thinking only about those physical activties 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, bicycling at a regular pace or doubles tennis? Do not include walking.

☐☐ days per week or ☐ None - Go to Q17

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

☐☐ hours ☐☐ minutes ☐ 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.

Q17. **During the last 7 days**, on how many days did you ***walk*** for at least 10 minutes at a time?

☐☐ days per week or ☐ None - Go to Q18

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

☐☐ hours ☐☐ minutes ☐ don't know/unsure

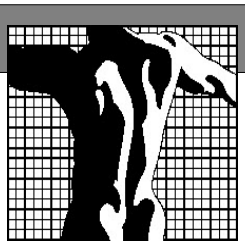
The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting to watch television.

Q18. **During the last 7 days**, how much time in total did you usually spend **sitting** on a **weekday**?

☐☐ hours ☐☐ minutes ☐ don't know/unsure

61677

BACK PAIN



Q19. Usually how many hours do you...

(Please mark one *response for each item)*

	not at all	less than 1 hour	about 1 - 2 hours	about 2 - 4 hours	more than 4 hours
Watch TV or videos each day?	O	O	O	O	O
Play electronic games not on a computer each day? (ie. XBOX, Wii, PS3)	O	O	O	O	O
Use a computer for work or study each day?	O	O	O	O	O
Use a computer for playing games each day?	O	O	O	O	O
Use a computer for internet socialising each day? (facebook, chat etc)	O	O	O	O	O
Use a computer for internet surfing each day? (not socialising)	O	O	O	O	O

Q20. Have you ever had low back pain *(anywhere in the shaded area in this picture)*?

O No - Go to Q21

O Yes

(Please mark one *response for each item)*

	yes	no
Has your low back been painful at any time in the last month?	O	O
Has your low back pain ever lasted for more than 3 months continuously (ie. it hurt more or less every day)?	O	O
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
Have you ever sought health professional advice or treatment for low back pain?	O	O
Have you ever taken medication to relieve the low back pain?	O	O
Have you ever missed school or work due to the low back pain?	O	O
Has the low back pain ever interfered with your normal activities?	O	O
Has the low back pain ever interfered with recreational physical activities (eg.sport, walking, cycling etc)	O	O

61677

DRINKS & ALCOHOL

Please still complete the separate Food Frequency Questionnaire provided

Q21. Here we are asking for some additional 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

SMOKING & DRUGS

Q22. Do you currently smoke cigarettes/cigars?

- O No - Go to Q25
- O Yes

Q23. 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

Q24. At what age did you start smoking regularly? ☐☐ years

Q25. Do you currently live with someone who smokes? O No O Yes

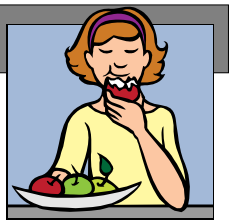
Q26. Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars? O No O Yes

Q27. 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
Marijuana/cannabis	O	O	O	O	O	O	O
Inhalants (glue, petrol)	O	O	O	O	O	O	O
Ecstasy	O	O	O	O	O	O	O
Heroin/smack	O	O	O	O	O	O	O
Amphetamines (speed, ice)	O	O	O	O	O	O	O
Hallucinogens (acid/LSD)	O	O	O	O	O	O	O
Nitrous oxide/nangs	O	O	O	O	O	O	O
Cocaine	O	O	O	O	O	O	O
Methadone	O	O	O	O	O	O	O
GHB	O	O	O	O	O	O	O
Kadamine "K"	O	O	O	O	O	O	O
Benzodiazepines	O	O	O	O	O	O	O
Rehypnol	O	O	O	O	O	O	O
Something else *please specify* _____	O	O	O	O	O	O	O

61677

EATING HABITS



Q28. Do you know how much you weigh? ○ No - Go to Q29

○ Yes

What is your current weight? ☐☐☐.☐ kg

Q29. Are you worried about your weight? ○ No, not at all ○ A little ○ Moderately ○ Very

Q30. Do you consider yourself to be... ○ Underweight ○ Normal weight ○ A bit overweight ○ Very overweight

Q31. Over the last 2 weeks...

(Please mark one *response for each item)*

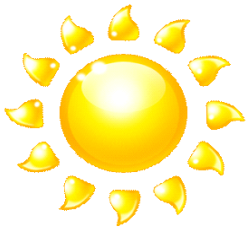
	not at all	some of the time	a lot of the time	most of the time
1. Have you been trying hard to eat less to change your shape or weight? (even if you haven't been able to do so)	○	○	○	○
2. Have you gone for long periods of time (8hrs or more) without eating anything to try to change your shape or weight?	○	○	○	○
3. Have you tried not to eat certain foods (like chocolate or chips) to try to change your shape or weight? (even if you haven't been able to do so)	○	○	○	○
4. Have you tried to stick to any definite rules about dieting or eating? (eg. sticking to calorie limit, a set amount of food or rules about what or when you should eat even if you haven't been able to do so)	○	○	○	○
5. Have you been thinking about food or calories so much that you've found it hard to concentrate or things you are interested in? (eg.reading, watching TV or following a conversation)	○	○	○	○
6. Have there been times when you feel that you have eaten an unusually large amount of food?	○	○	○	○
7. Have you been afraid of losing control over your eating?	○	○	○	○
8. Have you felt that you couldn't control what or how much you were eating?	○	○	○	○
9. Have you felt that you couldn't stop eating once you had started?	○	○	○	○
10. Have you felt guilty after eating?	○	○	○	○
11. Have you eaten in secret because you are embarrassed by how much you eat?	○	○	○	○
12. Have you been afraid that you might gain weight or become fat?	○	○	○	○
13. Have you felt fat?	○	○	○	○
14. Have you had a strong desire to lose weight?	○	○	○	○
15. Have you made yourself sick (vomit) after eating to try to control your weight?	○	○	○	○
16. Have you taken any pills (like laxatives, water pills or diet pills) to try to control your weight?	○	○	○	○
17. Have you exercised hard to try to control your weight?	○	○	○	○

EYES & VISION

Q32. Do you, or your mother, or father, or any of your brothers or sisters have or have had, any of the eye problems listed below? If you don't know, please leave blank.
(Please mark one *response for each item)*

	you	biological mother	biological father	sister/ half-sister	brother/ half-brother
Wear glasses/contact lenses	☐	☐	☐	☐	☐
Blindness	☐	☐	☐	☐	☐
Cataracts	☐	☐	☐	☐	☐
Colourblind	☐	☐	☐	☐	☐
Corneal ulcer	☐	☐	☐	☐	☐
Diabetic retinopathy	☐	☐	☐	☐	☐
Double vision (diplopia)	☐	☐	☐	☐	☐
Dry eye syndrome	☐	☐	☐	☐	☐
Eye injury	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐
Laser eye surgery	☐	☐	☐	☐	☐
Lazy eye	☐	☐	☐	☐	☐
Long sighted (hypermetropia)	☐	☐	☐	☐	☐
Macular degeneration	☐	☐	☐	☐	☐
Nystagmus	☐	☐	☐	☐	☐
Pterygium (sun damage)	☐	☐	☐	☐	☐
Presbyopia	☐	☐	☐	☐	☐
Ptosis (droopy eyelid)	☐	☐	☐	☐	☐
Retinal detachment	☐	☐	☐	☐	☐
Stargarts disease	☐	☐	☐	☐	☐
Short sighted (myopia)	☐	☐	☐	☐	☐
Strabismus (cross-eyed/squint)	☐	☐	☐	☐	☐
Other eye surgery	☐	☐	☐	☐	☐
Other eye problems	☐	☐	☐	☐	☐
None of these	☐	☐	☐	☐	☐

ULTRA-VIOLET (SUN) EXPOSURE



Q33. What is the natural colour of your hair?
(Please mark only one *response)*

- O Blonde
- O Red
- O Brown
- O Black
- O Other - please specify
- O Don't know

Q34. 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

Q35. 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

Q36. In the summer, when not working at your job or at school, what part of the day 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

Q37. When outdoors in the sun, about what part of the time do you ...?

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

Q38. In the winter, where has your leisure or recreation time usually been spent?
(Please mark only one *response)*

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

Q39. 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

Q40. At work or school, 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 dont wear a hat or sunglasses
- O Yes, hat only
- O Yes, sunglasses only
- O Yes, both hat and sunglasses
- O Don't know

Q41. 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 _____

Q42. 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 Other - please specify _____

MOBILE PHONE USE

Q43. Do you have a mobile phone? (not a cordless home phone)

- O No - Go to Q53
- O Yes

Q44. How long have you had your own mobile phone? ☐☐ years and ☐☐ months

Q45. What make and model of mobile phone do you have now?

Make: _____

Model: _____

Q46. What make and model of mobile phones have you had in the past?

_____

_____

_____

Q47. Where do you most often keep your mobile phone while you are AWAKE?
(Please mark only one *response)*

- O Front jeans/trouser pocket
- O Back jeans/trouser pocket
- O Breast (shirt or jacket) pocket
- O Clipped on belt
- O Handbag
- O Backpack
- O Next to you (eg. on desk, in car etc)
- O Around your neck (on a lanyard)
- O In your hand
- O Other - please specify _____

Q48. Where do you most often keep your mobile phone while you are ASLEEP?
(Please mark only one *response)*

- O Handbag
- O Backpack
- O Bedside table
- O Other - please specify _____

Q49. Which ear side do you normally hold your phone to when you talk?
(Please mark only one *response)*

- O Right
- O Left
- O Either ear
- O Neither - always use bluetooth
- O Neither - always use speaker phone

Q50. 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

Q51. What is the average length of your calls per day?
(Please mark only one *response)*

- O No calls
- O 1 - 5 minutes
- O 6 - 10 minutes
- O 11 - 15 minutes
- O 16 - 20 minutes
- O 21 - 25 minutes
- O 26 - 30 minutes
- O Longer than 30 minutes

Q52. 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

61677

MOOD & EMOTIONS

These questions ask for your views about your health.

Q53. In general, would you say your health is:

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

Q54. 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
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	○	○	○
Climbing **several** flights of stairs	○	○	○

Q55. 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
Accomplished less than you would like	○	○	○	○	○
Were limited in the **kind** of work or other activities	○	○	○	○	○

Q56. 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
Accomplished less than you would like	○	○	○	○	○
Did work or other activities **less carefully** than usual	○	○	○	○	○

Q57. During the **past 4 weeks**, how much did ***pain*** interfere with your normal work (including both work outside the home and housework)?

○ Not at all ○ A little bit ○ Moderately ○ Quite a bit ○ 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.

Q58. 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
Have you felt calm and peaceful?	O	O	O	O	O
Did you have a lot of energy?	O	O	O	O	O
Have you felt downhearted and depressed?	O	O	O	O	O

Q59. During the past 4 weeks, how much of the time has your *physical health or emotional problems* interferred 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

Q60. Please read each statement and circle 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 of my mouth	O	O	O	O
3. I couldn't seem to experience any positive feeling 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

RELATIONSHIPS & SEXUAL BEHAVIOUR

Q61. What is your current relationship status?
(Please mark only one *response)*

- O Single and not in a relationship - Go to Q64
- O In a relationship but NOT living together
- O In a relationship AND living together
- O Married (in a registered marriage)

Q62. Is your primary partner male or female? O Male O Female

Q63. How old is your partner? ☐☐ years ☐ don't know/unsure

Q64. Which of these statements best describes you?
(Please mark only one *response)*

- O I have felt attracted only to females, never to males
- O I have felt attracted more often to females and at least once to a male
- O I am about equally attracted to females and males
- O I have felt attracted more often to males and at least once to a female
- O I have felt attracted only to males, never to females
- O I have never felt attracted to anyone at all

Q65. What do you identify as:
(Please mark only one *response)*

- O Heterosexual
- O Gay/Lesbian
- O Bisexual
- O Transgender
- O Not sure
- O Other - please specify _____

Regarding your sexual experiences...

Q66. How old were you when you first had an experience of -
(Please mark one *response for each item)*

	haven't	under 17 years	17 years	18 years	19 years	20 years	over 20 years
Deep kissing	O	O	O	O	O	O	O
Touching a partner's genitals with your hands	O	O	O	O	O	O	O
Being touched on your genitals by a partner's hand	O	O	O	O	O	O	O
Giving oral sex	O	O	O	O	O	O	O
Receiving oral sex	O	O	O	O	O	O	O
Penis-vaginal intercourse	O	O	O	O	O	O	O
Anal intercourse (giving or receiving)	O	O	O	O	O	O	O

Q67. Over the last year, with how many partners have you had oral sex, or vaginal or anal intercourse? *(Please mark only* one *response)*

- O Have not had a sexual partner - Go to Q79
- O Have not had a sexual partner in the last year
- O 1 person
- O 2 people
- O 3 people
- O 4 people
- O 5 - 10 people
- O 11 or more people

Q68. Over the last year, with how many partners have you had ONLY oral sex (and not vaginal or anal intercourse? *(Please mark only* one *response)*

- O Have not had ONLY oral sex with a partner in the last year
- O Have not had a sexual partner in the last year
- O 1 person
- O 2 people
- O 3 people
- O 4 people
- O 5 - 10 people
- O 11 or more people

Q69. How old was the last person with whom you had oral sex, or vaginal or anal intercourse? *(Please mark only* one *response)*

- O Under 17 years old
- O 17 - 19 years old
- O 20 - 24 years old
- O 25 - 29 years old
- O 30 years of age or older
- O Not sure

Q70. In the last year, have you ever had oral sex or vaginal/anal intercourse when you didn't want to?

- O No - Go to Q72
- O Yes

Q71. What were the reasons for this? *(Please mark* all *responses that apply)*

- ☐ Had been drinking at the time
- ☐ Was high at the time
- ☐ Partner thought I should
- ☐ Friends thought I should
- ☐ Felt I could not say no
- ☐ Other reason - please specify _____

Q72. What did you use to avoid pregnancy **the last time** you had vaginal intercourse?
(Please mark **all** *responses that apply)*

- ☐ Nothing
- ☐ Condoms
- ☐ Oral contraceptive (the Pill)
- ☐ Depo provera (injection)
- ☐ Implanon (implant)
- ☐ IUD
- ☐ Morning after pill
- ☐ Diaphragm or cap
- ☐ Withdrawal (pulling out)
- ☐ Other - please specify _____

Q73. What did you use to avoid pregnancy over **the last year**?
(Please mark **all** *responses that apply)*

- ☐ Havent had intercourse in the last year
- ☐ Nothing
- ☐ Condoms
- ☐ Oral contraceptive (the Pill)
- ☐ Depo provera (injection)
- ☐ Implanon (implant)
- ☐ IUD
- ☐ Morning after pill
- ☐ Diaphragm or cap
- ☐ Withdrawal (pulling out)
- ☐ Other - please specify _____

Q74. Over the last year, when you had intercourse, how often did you use condoms?
(Please mark only **one** *response)*

- ○ Haven't had intercourse in the last year
- ○ Always used condoms
- ○ Sometimes used condoms
- ○ Never used condoms

Q75. Have you ever had (or caused) a pregnancy?

- O No - Go to Q79
- O Don't know
- O Yes

Q76. How did the pregnancy(ies) end? ☐ I am (or my partner is) pregnant now

- ☐☐ Number of livebirths:
- ☐☐ Number of stillbirths:
- ☐☐ Number of miscarriages:
- ☐☐ Number of abortions/terminations:
- ☐☐ Total number of pregnancies:

Q77. Was the last pregnancy...

O Planned O Unplanned but wanted O Unplanned and unwanted

Q78. What did you use to avoid getting pregnant with the last pregnancy?
(Please mark all *responses that apply)*

- ☐ Nothing
- ☐ Condoms
- ☐ Oral contraceptive (the Pill)
- ☐ Depo provera (injection)
- ☐ Implanon (implant)
- ☐ IUD
- ☐ Morning after pill
- ☐ Diaphragm or cap
- ☐ Withdrawal (pulling out)
- ☐ Other - please specify _____

Q79. How much would you like to become a parent sometime soon?
(Please mark only one *response)*

- O I am already a parent
- O I really want to be a parent soon
- O It would be nice to be a parent soon
- O I don't care if I do or don't become a parent soon
- O I would prefer not to be a parent soon
- O I really don't want to be a parent soon

Q80. In your opinion how likely is it that you might catch a sexually transmissable infection?

O Never O Very unlikely O Unlikely O Likely O Very likely

Q81. In the last year, have you ever been diagnosed with a sexually transmissable infection?

- O No - Go to Q83
- O Yes

Q82. Which sexually transmitted infections have you been diagnosed with?
(Please mark all *responses that apply)*

- ☐ Candaisis/Thrush
- ☐ Chlamydia
- ☐ Genital herpes
- ☐ Genital warts
- ☐ Gonorrhoea
- ☐ Hepatitis B
- ☐ HIV/AIDS
- ☐ Pubic lice/crabs
- ☐ Syphillis
- ☐ Other - please specify _____

Q83. In the last year, which of the following sources of information have you ever used for advice about HIV/AIDS, other STIs, hepatitis and contraception? Which of these sources of information do you trust most? *(Please mark* all *sources of information that you have used for each health issue and then* rank *each of the sources of information in order of most trusted 1 to least trusted 18)*

	HIV/AIDS	Other STI's	Hepatitis	Contraception	Most trusted source (1-18)
Never sought advice	☐	☐	☐	☐	
Doctor	☐	☐	☐	☐	
Community Health Service	☐	☐	☐	☐	
School Program	☐	☐	☐	☐	
School Counsellor	☐	☐	☐	☐	
School Nurse	☐	☐	☐	☐	
Teacher/Lecturer/Employer	☐	☐	☐	☐	
Other community member	☐	☐	☐	☐	
Church	☐	☐	☐	☐	
Youth worker	☐	☐	☐	☐	
Media (tv, magazines)	☐	☐	☐	☐	
Pamphlets	☐	☐	☐	☐	
Internet	☐	☐	☐	☐	
Your mother	☐	☐	☐	☐	
Your father	☐	☐	☐	☐	
Other relative	☐	☐	☐	☐	
Female friend	☐	☐	☐	☐	
Male friend	☐	☐	☐	☐	
Other - please specify	☐	☐	☐	☐	

61677

FOR WOMEN ONLY - MEN GO TO Q93

Q84. How often do you usually have a menstrual period?
(Please mark only one *response)*

- O Never - Go to Q88
- O Very irregularly
- O Less than once per month
- O More than once per month
- O Every month

Q85. 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 O O O O O O O O O O 10 O

None — Unbearable

Q86. Pain	yes	no	na
Do you regularly experience pelvic pain that is not during your period?	O	O	
Do you regularly experience pain during intercourse	O	O	O
Do you regularly take medication for cramps or pelvic pain?	O	O	

Q87. How heavy is your bleeding?	yes	no
Do you regularly use "super" or "super plus" pads or tampons?	O	O
Do you regularly need to use two pads or a pad and a tampon at the same time?	O	O
Do you ever soak your clothes or bed clothes with blood?	O	O

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

Q88. Do you currently use contraception?

- O No - Go to Q91
- O Yes

Q89. What kind(s) do you use?

_____

_____

Q90. Why do you take hormones (the pill)?
(Please mark all *responses that apply)*

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

RESPIRATORY QUESTIONS

WHEEZE

Q91. Have you wheezed in the last 12 months?

- O No - Go to Q95
- O Yes

Q92. 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

Q93. 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

Q94. Has your chest sounded wheezy during or after exercise?

O No O Yes O Don't know

ASTHMA

	yes	no	don't know	never had asthma
Q95. Do you think you have ever had asthma?	O	O	O	
Q96. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma?	O	O	O	
Q97. Do you still have asthma?	O	O	O	O

Q98. Have you used/taken any asthma medications in the last 12 months?

- O No - Go to Q100
- O Yes

Q99. Which asthma medications have you used/taken in the last 12 months?
(Please mark all *responses that apply)*

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

Q100. What triggers your asthma?
(Please mark **all** *responses that apply)*

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

RHINITIS (runny or blocked nose - including hayfever)

Q101. 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 Q108
- ○ Yes

Q102. In the last 12 months, was this nose problem accompanied by itchy-watery eyes?

○ No ○ Yes

Q103. In the last 12 months, how many episodes of allergic nose problem have you had (including hayfever)? *(Please mark only* **one** *response)*

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

Q104. In which of the last 12 months did this problem occur?
(Please mark **all** *responses that apply)*

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

Q105. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have an allergic nose problem (including hayfever)?

○ No ○ Yes

continue to Q106

Q106. What was the trigger/cause of these problems?
(Please mark **all** *responses that apply)*

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

Q107. In the last 12 months, have you taken or used any medication for allergic nose (including hayfever)?

- ○ No - Go to Q108
- ○ 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
	☐	☐
	☐	☐
	☐	☐
	☐	☐

ALLERGIC CONJUNCTIVITIS (itchy water eyes - including hayfever)

Q108. Do you think that you have ever had an allergic reaction in the eyes (including hayfever)?

- ○ No
- ○ Yes
- ○ Don't know

Q109. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

- ○ No
- ○ Yes
- ○ Don't know

Office use only Q107 1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐

Q110. In the last 12 months, have you suffered from an allergic reaction in the eyes (including hayfever)?

- O No - Go to Q115
- O Yes

Q111. 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

Q112. In which of the last 12 months did this problem occur?
(Please mark all *responses that apply)*

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

Q113. What was the trigger/cause of these problems?
(Please mark all *responses that apply)*

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

Q114. In the last 12 months, have you taken or used any medication for allergic reaction in the eyes (including hayfever)?

- O No - Go to Q115
- 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
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Office use only Q114 1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐

ECZEMA (itchy rash)

Q115. Have you ever had eczema or an itchy rash which was coming and going for at least 12 months?

O No - Go to Q125

O Yes

Q116. 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

Q117. 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

Q118. Has this rash cleared completely during the last 12 months? O No O Yes

Q119. Do you think you have ever had eczema? O No O Yes

Q120. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

O No O Yes O Don't know

Q121. In the last 12 months, have you suffered from eczema?

O No - Go to Q125

O Yes

Q122. 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

Q123. In which of the last 12 months did the eczema occur?
(Please mark all *responses that apply)*

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

continue to Q124

Q124. In the last 12 months, have you taken or used any medication for eczema?

○ No - Go to Q125

○ 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
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Q125. Do you have any food allergies?

○ No - Go to Q127

○ Yes

Q126. What are you allergic to? *(Please mark* **all** *responses that apply)*

☐ Peanut products

☐ Wheat/Yeast

☐ Dairy

☐ Fruit

☐ Eggs

☐ Seafood

☐ Preservatives/Colourings

☐ Other - please specify _____

Q127. Date questionnaire completed: ☐☐ / ☐☐ / ☐☐☐☐

Office use only Q124 1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐ 5 ☐☐ VAL ☐

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 (9489 7794) or ask Raine Study staff for clarification when you visit for your appointment.