PATH Through Life Questionnaire
40+ Wave 1 (2000)

B. Enter Respondent's ID

Enter your ID number

C. Rate gender of Respondent.

☐ Male
☐ Female

To start with, I will ask you some questions about your education, employment, and your family. While I do this you can watch me use the computer and I can explain how to use it. Then I will give you the computer to work through the next group of questions. These include questions on your health, your smoking and drinking habits and possible stressors in your life. This will take about 35 minutes.

Then you will come to an instruction to give the computer back to me and I will do some physical testing and get you to complete some tasks.

Following this, I'll return the computer to you to complete the rest of the questionnaire. This usually takes an additional 30 minutes. Finally, I will get you to do a Reaction Time task and to take a cheek swab for genetic analysis. I would like to stress that I will not, at any stage, be able to see the answers you enter in the computer.

Do you have any questions before we begin?

First, a few general questions.

1. What was your age at your last birthday? ______ years

2. Do you mind me asking your date of birth? ____ / ____ / ______

3. How many times have you been married or lived in a de facto relationship? (Enter 0 if R has never been married or lived in a de facto relationship)

   ____

4. What is your current marital status? 1 ☐ Married  (go to Q5)
2 ☐ De facto  (go to Q5)
3 ☐ Separated
4 ☐ Divorced
5 ☐ Widowed
6 ☐ Never married
4A. How long is it since your last marriage or de facto relationship ended?

___ years  ___ months

5. I am now going to ask you some questions about your education.
What is the highest level of schooling you have completed?

☐ Some primary  
☐ All of primary  
☐ Some of secondary  
☐ Three/four years of secondary (intermediate, school certificate level)  
☐ Five/six years of secondary (leaving, higher school certificate)

6. What is the highest level of post secondary/tertiary education you have completed?

1  ☐ Trade certificate/apprenticeship  
2  ☐ Technician's certificate/advanced certificate
3  ☐ Certificate other than above  
4  ☐ Associate diploma  
5  ☐ Undergraduate diploma  
6  ☐ Bachelor's degree  
7  ☐ Post graduate diploma/certificate  
8  ☐ Higher degree  
9  ☐ None of the above

6A. How long does that certificate or diploma take to complete, studying full time?

☐ Less than 1 semester or 1/2 year  
☐ One semester to less than 1 year  
☐ One year to less than 3 years  
☐ Three years or more

7. Are you presently studying for any of the following?

☐ Trade certificate/apprenticeship  
☐ Technician's certificate/advanced certificate  
☐ Certificate other than above  
☐ Associate diploma  
☐ Undergraduate diploma  
☐ Bachelor's degree  
☐ Post graduate diploma/certificate  
☐ Higher degree  
☐ None of the above
7A. How long does that certificate or diploma take to complete, studying full time?

☐ Less than 1 semester or 1/2 year
☐ One semester to less than 1 year
☐ One year to less than 3 years
☐ Three years or more

7B. Are you studying?

☐ Full-time
☐ Part-time

8. How would you describe your current employment status?

☐ Employed full-time
☐ Employed part-time, looking for full-time work
☐ Employed part-time
☐ Unemployed, looking for work \(\rightarrow\) 8B
☐ Not in the labour force \(\rightarrow\) 8C

8A. What is your job title? (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.

................................................................................................................................................
................................................................................................................................................

8A1 What are your main duties or activities?

................................................................................................................................................
................................................................................................................................................

Go to Q8F

8B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?

- Written, phoned or applied in person for work
- Answered a newspaper advertisement for a job
- Checked factory of Commonwealth Employment Service noticeboards
- Been registered with any other employment agency
- Advertised or tendered for work
- Contacted friends or relatives for work

☐ No (go to 8D) ☐ Yes
8B1. If you had found a job, could you have started last week?  
☐ Yes  
☐ No

8C. What is your main activity if you are not in the work force?

☐ Home duties or caring for children  
☐ Retired or voluntarily out of work force  
☐ Studying  
☐ Caring for an aged or disabled person  
☐ Recovering from illness  
☐ Voluntary work  
☐ Other

8D. Have you ever been employed in the past?  
☐ Yes  
☐ No  ➔ 9

8E. What was your last MAIN job title?  
For public servants, record official designation, eg. ASO3, as well as occupation.  
For armed service personnel, state rank as well as occupation.)

................................................................................................................................................
................................................................................................................................................

8E1. What were your main duties or activities?

................................................................................................................................................
................................................................................................................................................

8F. Are/Were you  
☐ Employed by a government agency  
☐ Employed by a profit-making business  
☐ Employed by another organisation  
☐ Self-employed/in business or practice for yourself ➔ 8I  
☐ Working without pay in a family business ➔ 8I

8G. Which of the following best describes the position you hold/held within your business or organisation?

☐ Managerial position  
☐ Supervisory position  
☐ Non-management position
8H. About how many people are/were employed in the entire business, corporation or organisation for which you work?

☐ 1-9
☐ 10-24
☐ 25+

Go to Q9

8I. Not counting yourself or any partners, about how many people are/were usually employed in your business, practice or farm on a regular basis? (Enter '0' if no paid employees.)

_ _ _ _ _

9. Is English your first language?  ☐ Yes  → 10
☐ No

9A. How old were you when you started to learn English?  ____ years

10. Do you have any children? (This includes adopted or step children and those not living with you?)

☐ Yes
☐ No  → 11P

10A. How many children do you have?  ____

<table>
<thead>
<tr>
<th>Child number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b Age of child - Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months(If &lt; 1 year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Does this child live with you:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10d Is this child your - natural child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adopted child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>step child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I am now going to give the computer to you to complete the next group of questions. If you have any questions or concerns, please ask me.

Please try to answer all the questions. However, if you really don't know the answer, press 'CTRL' and 'D' at the same time. Remember "D" for "don't know" if you would prefer not to answer a question, press 'CTRL' and 'R' at the same time. Remember "R" for "Refused".

Here is a list of medical problems. Do you have any of the following?

11. Heart trouble  □Yes  □No
12. Cancer  □Yes  □No
13. Arthritis  □Yes  □No
14. Thyroid disorder  □Yes  □No
15. Epilepsy  □Yes  □No
16. Cataracts, glaucoma or other eye disease  □Yes  □No
17. Asthma, chronic bronchitis or emphysema  □Yes  □No (if 'No' go to Q19)
18. Diabetes  □Yes  □No (if 'No' go to Q19)

What treatment do you use to control your diabetes?

18A. Diet and exercise  □Yes  □No
18B. Tablets  □Yes  □No
18C. Insulin  □Yes  □No

19. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?
   □Yes
   □No

20. Have you ever had a serious head injury where you became unconscious for more than 15 minutes?
   □Yes
   □Uncertain (go to Q21)
   □No (go to Q21)

20A. Has this happened to you:
   □Once?
   □More than once? (go to Q20C)
   □Uncertain (go to Q20C)
20B. How old were you when you had this injury? (Enter 'CTRL + D' if unknown)

☐ years old (go to Q21)

20C. How many head injuries have you had where you became unconscious for more than 15 minutes? (Enter 'CTRL + D' if uncertain)

☐

20C1. How old were you when you had the first injury? (Enter 'CTRL + D' if uncertain)

☐ years old

20C2. How old were you when you had the last injury? (Enter 'CTRL + D' if uncertain)

☐ years old

21. Have you ever suffered from high blood pressure?

☐ Yes (go to Q22)

☐ No (go to Q22)

☐ Uncertain (go to Q22)

21A. Are you currently taking any tablets for high blood pressure?

☐ Yes

☐ No

☐ Uncertain

Could you tell me how tall you are? (Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of cms and press 'CTRL' + 'D')

Q22a  ☐  ☐  cms

OR

Q22b-c ☐  ☐  feet.  ☐  inches
How much do you weigh without your clothes and shoes?  *(Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of Kgs and press 'CTRL' + 'D').*

Q23a

__ __ kgs

OR

Q23b-c

__ stones  __ pounds

24. How would you describe your racial group?

☐ Caucasian/white  ☐ Aboriginal/Torres Straight Islander  ☐ Asian  ☐ Other

The next few questions ask for your views about your health, how you feel and how well you are able to do your usual activities on a typical day. If you are unsure about how to answer a question, please give the best answer you can.

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

☐ Excellent  ☐ Very good  ☐ Good  ☐ Fair  ☐ Poor

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?

26. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

☐ Yes - limited a lot  ☐ Yes - limited a little  ☐ No - not limited at all

27. Does your health now limit you in climbing several flights of stairs?

☐ Yes - limited a lot  ☐ Yes - limited a little  ☐ No - not limited at all
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

28. Have you accomplished less than you would like as a result of your physical health? □ Yes □ No

29. Were you limited in the kind of work or other activities as a result of your physical health? □ Yes □ No

During the past 4 weeks, 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)?

30. Have you accomplished less than you would like as a result of any emotional problems? □ Yes □ No

31. Did you not do work or other activities as carefully as usual as a result of any emotional problems? □ Yes □ No

32. 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

The next few questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

33. How much of the time during the past 4 weeks have you felt calm and peaceful?

□ All of the time □ Most of the time □ A good bit of the time □ Some of the time □ A little of the time □ None of the time
34. How much of the time during the past 4 weeks did you have a lot of energy?

☐ All of the time  ☐ Most of the time  ☐ A good bit of the time  
☐ Some of the time  ☐ A little of the time  ☐ None of the time

35. How much of the time during the past 4 weeks have you felt down?

☐ All of the time  ☐ Most of the time  ☐ A good bit of the time  
☐ Some of the time  ☐ A little of the time  ☐ None of the time

36. How much of the time during the past 4 weeks has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

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

37. In the last month, have you taken any vitamins or mineral supplements?

☐ Yes  ☐ No  (go to Q38)

37A1-8. What kind of vitamin or mineral was this?

1 ☐ Vitamin C  2 ☐ B group vitamins  
3 ☐ Vitamin E  4 ☐ Echinacea  
5 ☐ Calcium  6 ☐ Evening primrose or starflower oil  
7 ☐ Multivitamins  8 ☐ Other

go to 37b if not ‘other’
Which other vitamins or minerals have you taken in the last month?

37A9. ________________________________

37A10. ________________________________

37A11. ________________________________

37B. How often do you usually take vitamins or minerals?

☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week (go to Q38)

37C. For how long have you taken vitamins or minerals regularly?

☐ Less than one month
☐ 1 month to less than 3 months
☐ 3 months to less than 6 months
☐ 6 months or more

38. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?

☐ Yes (go to Q39)
☐ No

38A1-8. What are the names of the sleeping pills or medications you took in the last month?

1 ☐ Ducene  2 ☐ Euhypnos  3 ☐ Mogadan
4 ☐ Normison  5 ☐ Serapax  6 ☐ Temaze
7 ☐ Valium  8 ☐ Xanax  9 ☐ Valerian
10 ☐ Camomile or  11 ☐ Magnesium and/or  12 ☐ Other
"sleepytime" tea calcium supplements

go to 38b if not ‘other’
Which other sleeping pills or medications have you taken in the last month?

38A13. ____________________________________________

38A14. ____________________________________________

38A15. ____________________________________________

38B. How often do you usually take sleeping pills or medications?

☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week \(\text{(go to Q39)}\)

38C. For how long have you taken sleeping pills or medications this regularly?

☐ Less than one month
☐ 1 month to less than 3 months
☐ 3 months to less than 6 months
☐ 6 months or more

39. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?

☐ Yes \(\text{(go to Q40)}\)
☐ No \(\text{(go to Q40)}\)

39A1-12. What are the names of the pain relievers you took in the last month?

1 ☐ Aspirin/Aspro  2 ☐ Codral  3 ☐ Disprin
4 ☐ Dymadon  5 ☐ Panadeine  6 ☐ Panadol/paracetamol
7 ☐ Codeine  8 ☐ Diclofenac  9 ☐ Brufen or Nurofen
10 ☐ Orudis or Oruvail  11 ☐ Naprosyn or Naprogesic 12 ☐ Other

\(\text{go to 39B if not ‘other’}\)

Which other pain relievers have you taken in the last month?

39A13. ____________________________________________

39A14. ____________________________________________

39A15. ____________________________________________
39B. How often do you usually take pain relievers?

☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week (go to Q40)

39C. For how long have you taken pain relievers this regularly?

☐ Less than one month
☐ 1 month to less than 3 months
☐ 3 months to less than 6 months
☐ 6 months or more

40. In the last month have you taken or used any medications (including herbal remedies) for anxiety?

☐ Yes (go to Q41)
☐ No (go to Q)

40A1-14. What are the names of the medications you took in the last month?

1 □ Ducene
2 □ Euhypnos
3 □ Mogadon
4 □ Normison
5 □ Serapax
6 □ Temaze
7 □ Valium
8 □ Xanax
9 □ Kava Kava
10 □ Vitamin B complex
11 □ Brauer's Nervatona
12 □ Hypericum or St John's Wort
13 □ Magnesium
14 □ Other

supplements

go to Q40B if not ‘other’

Which other pills or medications have you taken for anxiety in the last month?

40A15.

--------

40A16.

--------

40A17.

--------
40B. How often do you usually take medications for anxiety?

☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week (go to Q41)

40C. For how long have you taken medications for anxiety this regularly?

☐ Less than one month
☐ 1 month to less than 3 months
☐ 3 months to less than 6 months
☐ 6 months or more

41. In the last month have you taken or used any medications (including herbal remedies) for depression?

☐ Yes
☐ No (go to Q42)

41A1-11. What are the names of the medications you took in the last month?

1 ☐ Zoloft  2 ☐ Prozac  3 ☐ Aropax
4 ☐ Efexor  5 ☐ Serzone  6 ☐ Cipramal
7 ☐ Aurorix  8 ☐ Prothiaden  9 ☐ Sinequan
10 ☐ Tryptanol  11 ☐ St John's Wort or 12 ☐ S-Adenosylmethionine (SAM) Hypericum
13 ☐ Other

go to Q41B if not ‘other’

Which other pills or medications have you taken for depression in the last month?

41A14. ______________________________________

41A15. ______________________________________

41A16. ______________________________________

41B. How often do you usually take medications for depression?

☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week (go to Q42)
41C. For how long have you taken medications for depression this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

42. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?

- Yes
- No (go to Q43)

42A1-46. What are the names of the medications you took in the last month?

- 1 Glutamine
- 2 Gingko biloba
- 3 Vitamin E
- 4 Guarana
- 5 Bacopa
- 6 Other

go to Q42 B if not ‘other’

Which other medications have you taken to enhance your memory in the last month?

42A7. ________________________________

42A8. ________________________________

42A9. ________________________________

42B. How often do you usually take medications to enhance your memory?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week (go to Q43)

42C. For how long have you taken such medications this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more
43. In the last month have you taken or used any other type of medication? 
(Excluding contraceptive pills and hormone replacement therapy).

☐ Yes
☐ No  (go to Q44)

43A. What types of medication did you take or use?  (Excluding contraceptive pills
and hormone replacement therapy).

____________________________________________________________________

If you are male, go to Q48

44. How old were you when your periods or menstrual cycle started? 
(If you have never had a menstrual cycle enter 00).

__ __ years

45. Are you taking any contraceptive pills?

☐ Yes
☐ No  (go to Q45D)

45A. At what age did you first start? __ __ years

45B. For how many years altogether have you taken contraceptive pills? __ __ years

45C1-16. Which pill are you currently taking?

1 ☐ Brenda-35  2 ☐ Brevinor  3 ☐ Diane-35
4 ☐ Femoded ED  5 ☐ Marvelon 28  6 ☐ Mycrogynon 30
7 ☐ Minulet 28  8 ☐ Nordette  9 ☐ Triphasil
10 ☐ Triquilar  11 ☐ Locilan 28 Day  12 ☐ Microlut
13 ☐ Miconor  14 ☐ Microval  15 ☐ Noriday
16 ☐ Other

If not 'other' go to Q46

45C17. What other contraceptive pill (or injection) are you currently using?

____________________________________________________________________

Go to Q46
45D. Did you ever take contraceptive pills?

☐ Yes
☐ No  (go to Q46)

45E. At what age did you first start?  ____ years

45F. For how many years altogether did you take contraceptive pills?

____ years

45G1-16. Which pills did you take?

1 ☐ Brenda-35  
2 ☐ Brevinor  
3 ☐ Diane-35  
4 ☐ Femodol ED  
5 ☐ Marvelon 28  
6 ☐ Mycrogynon 30  
7 ☐ Minulet 28  
8 ☐ Nordette  
9 ☐ Triphasil  
10 ☐ Triquilar  
11 ☐ Locilan 28 Day  
12 ☐ Microlut  
13 ☐ Miconor  
14 ☐ Microval  
15 ☐ Noriday  
16 ☐ Other

If not 'other' go to Q46

45G17. What other contraceptive pill (or injection) did you take?

__________________________

46. Have you ceased having your periods entirely (not including pregnancy)?

☐ Yes
☐ No  (go to Q47)

46A. At what age did your periods cease?  ____ years

46B. What was the cause of menopause?

☐ Natural menopause
☐ Hysterectomy
☐ Other

47. Have you ever had hormone replacement therapy (HRT)?

☐ Yes
☐ No  (go to Q48)
47A. How long have you had hormone replacement therapy?
   (If less than 1 year, enter 1).
   
   ___ years

47B. Are you still having hormone replacement therapy?
   
   ☐ Yes
   ☐ No

47C1-9. Which hormone replacement medications are you taking/have you taken?
   
   1 ☐ Climara  2 ☐ Estraderm
   3 ☐ Femoston  4 ☐ Kliogest
   5 ☐ Menoprem  6 ☐ Menorest
   7 ☐ Provelle-14  8 ☐ Trisequens
   9 ☐ Other

If not 'other' go to Q48

47C10. Which other type of HRT are you taking/have you taken?
   
   ________________________________

We would now like to ask you some questions about smoking (tobacco).

48. Do you currently smoke?
   
   ☐ Yes
   ☐ No (go to Q48C)

48A. Do you smoke cigarettes:
   
   ☐ At least once a day? (go to Q48B)
   ☐ Less than once a day? (go to Q48B1)
   ☐ Don't smoke cigarettes (go to Q49)

48B. How many cigarettes do you usually smoke in one day? ___ (go to Q49)

48B1. How many cigarettes do you usually smoke over a one month period?
   
   ___ (go to Q49)

48C. Have you smoked at all over the last month?
   
   ☐ Yes (go to Q48D)
   ☐ No

48C1. Approximately how many cigarettes have you smoked in the last month?
48D. Have you ever smoked regularly? □ Yes □ No

These next questions are concerned with your alcohol consumption.

49. How often do you have a drink containing alcohol?

□ Not in the last year
□ Monthly or less (go to Q50)
□ 2 to 4 times a month (go to Q50)
□ 2 to 3 times a week (go to Q50)
□ 4 or more times a week (go to Q50)

49A. Have you ever drunk alcohol? □ Yes (go to Q57) □ No (go to Q62)

50. How many standard drinks do you have on a typical day when you were drinking? Ask (interviewer) for Showcard A which explains what we mean by "a standard drink".

□ 1 or 2
□ 3 or 4
□ 5 or 6
□ 7 or 8
□ 9 or more

51. How often do you have 6 or more standard drinks on one occasion?

□ Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily

52. How often during the last year have you found that you were not able to stop drinking once you had started?

□ Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily

53. How often during the last year have you failed to do what was normally expected from you because of your drinking?

□ Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily
54. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

55. How often during the last year have you had a feeling of guilt or regret after drinking?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

56. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

57. Have you or someone else been injured as a result of your drinking?

☐ No ☐ Yes, but not in the last year ☐ Yes, during the last year

58. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

☐ No ☐ Yes, but not in the last year ☐ Yes, during the last year

59. Think back to when your regular drinking was at its highest level. The next two questions are about the time you were drinking at your highest level over a period of three months or longer.

How often did you have a drink containing alcohol?

☐ Monthly or less ☐ 2 to 4 times a month ☐ 2 to 3 times a week ☐ 4 or more times a week
60. How many standard drinks did you have on a typical when you were drinking? Ask (interviewer) for Showcard A which explains what we mean by "a standard drink".

- □ 1 or 2
- □ 3 or 4
- □ 5 or 6
- □ 7 to 9
- □ 10 or more

If Q49=3-5 go to Q62
If Q49=2 & Q59=1 go to Q61B
If Q49=1 & Q59=2-4 go to Q61C
If Q49=2 & Q59=2-4 go to Q61D

61A1-17. Please indicate your reasons for not drinking? (You can have more than one answer)

1 □ do not like the taste/smell
2 □ Alcohol damages people's health
3 □ do not like the effect alcohol has on me
4 □ I have seen bad influence of alcohol on other people
5 □ One of my parents has/had a drink problem
6 □ My friends do not drink
7 □ I drive & alcohol is dangerous for driving
8 □ I look after my weight and alcohol has a high calorie value
9 □ I am an active person & alcohol harms physical fitness
10 □ I'm afraid of becoming dependent on alcohol
11 □ My family disapproves of drinking
12 □ Alcoholic drinks cost a lot of money
13 □ Alcohol could affect my work/studies
14 □ My religion disapproves of alcohol use
15 □ Other

If not 'other' go to Q62

61A19. What other reasons do you have for not drinking?

______________________________________________________ go to Q62
61B1-17. Please indicate if any of the following have influenced your drinking? 
(You can have more than one answer).

1. I do not like the taste/smell
2. Alcohol damages people's health
3. I do not like the effect alcohol has on me
4. I have seen bad influence of alcohol on other people
5. One of my parents has/had a drink problem
6. My friends do not drink
7. Drive & alcohol is dangerous for driving
8. I look after my weight and alcohol has a high calorie value
9. I am an active person & alcohol harms physical fitness
10. I'm afraid of becoming dependent on alcohol
11. My family disapproves of drinking
12. Alcoholic drinks cost a lot of money
13. Alcohol could affect my work/studies
14. My religion disapproves of alcohol use
15. Other

If not 'Other' go to Q62

61B19. Other influences on your drinking?

________________________________________________________________________

go to Q62

61C1-15. Why did you give up drinking alcohol?

1. Had problems with drink-driving
2. Was spending too much money on alcohol
3. Alcohol was damaging my health
4. Was too dependent on alcohol
5. My family/friends disapproved of my drinking
6. Drinking was damaging my relationships with other people
7. Was overweight and needed to cut out drinking
8. Drinking was interfering too much with my work/studies
9. Gave up for religious reasons
10. Saw the bad influence of alcohol on other people
11. One of my parents had a drink problem
12. Did not like the taste/smell
13. Alcohol damages people's health
14. Did not like the effect alcohol had on me
15. Women only) I gave up drinking when I became pregnant
16. Other

If not ‘Other’ go to Q62

61B17. What other reasons caused you to give up alcohol?

________________________________________________________________________

go to Q62
61D1-15. Why did you cut down on your drinking?

1. ☐ I had problems with drink-driving
2. ☐ I was spending too much money on alcohol
3. ☐ Alcohol was damaging my health
4. ☐ I was too dependent on alcohol
5. ☐ My family/friends disapproved of my drinking
6. ☐ Drinking was damaging my relationships with other people
7. ☐ I was overweight and needed to cut out drinking
8. ☐ Drinking was interfering too much with my work/studies
9. ☐ I cut down for religious reasons
10. ☐ I saw the bad influence of alcohol on other people
11. ☐ One of my parents had a drink problem
12. ☐ I did not like the taste/smell
13. ☐ Alcohol damages people's health
14. ☐ I did not like the effect alcohol had on me
15. ☐ (women only) I cut down my drinking when I became pregnant
16. ☐ Other

If not ‘Other’ go to Q62

61D19. What other reasons caused you to cut down on alcohol?

________________________________________________________

62. Have you ever tried marijuana/hash?

☐ Yes
☐ No (go to Q63)

62A. How old were you the first time you actually used marijuana/hash?

☐ Under 16 ☐ 16-17 ☐ 18-19 ☐ 20-24 ☐ 25 or more

62B. Have you used marijuana/hash in the past 12 months? ☐ Yes ☐ No

If ’No’ go to Q63

62C. How often do you use marijuana/hash?

☐ Once a week or more
☐ Once a month
☐ Every 1-4 months
☐ Once or twice a year
☐ Less often, no longer use
62D. In the last year have you ever used marijuana/hash more than you meant to?

☐ Yes  ☐ No

62E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?

☐ Yes  ☐ No

Have any of the following life events or problems happened to you during the last six months?

63. You yourself suffered a serious illness, injury or an assault. ☐ Yes  ☐ No

64. A serious illness, injury or assault happened to a close relative. ☐ Yes  ☐ No

65. Your parent, child or partner died. ☐ Yes  ☐ No

66. A close family friend or another relative (aunt, cousin, grandparent) died. ☐ Yes  ☐ No

67. You broke off a steady relationship. ☐ Yes  ☐ No

68. You had a serious problem with a close friend, neighbour or relative. ☐ Yes  ☐ No

69. You had a crisis or serious disappointment in your work or career. ☐ Yes  ☐ No

70. You thought you would soon lose your job. ☐ Yes  ☐ No

74. You became unemployed or you were seeking work unsuccessfully for more than one month. ☐ Yes  ☐ No

75. You were sacked from your job. ☐ Yes  ☐ No

76. You had a major financial crisis. ☐ Yes  ☐ No

77A. You had problems with the police and a court appearance. ☐ Yes  ☐ No

77B. Something you valued was lost or stolen. ☐ Yes  ☐ No
If you don't have a current partner, go to Q78

By 'partner' we mean spouse or de facto partner. Have any of the following happened in the last six months?

71. Your partner thought he/she would soon lose his/her job. ☐Yes ☐No

72. You partner had a crisis or serious disappointment in his/her work or career. ☐Yes ☐No

73. You had a separation due to marital difficulties. ☐Yes ☐No

78. Have you or your family had to go without things you really needed in the last year because you were short of money?

☐Yes, often
☐Yes, sometimes
☐No

The next group of questions are about your relationships with other people.

79. How often do friends make you feel cared for?

☐Often ☐Sometimes ☐Rarely ☐Never

80. How often do they express interest in how you are doing?

☐Often ☐Sometimes ☐Rarely ☐Never

81. How often do friends make too many demands on you?

☐Often ☐Sometimes ☐Rarely ☐Never

82. How often do they criticise you?

☐Often ☐Sometimes ☐Rarely ☐Never

83. How often do friends create tensions or arguments with you?

☐Often ☐Sometimes ☐Rarely ☐Never

84. How often do family make you feel cared for?

☐Often ☐Sometimes ☐Rarely ☐Never
85. How often do family express interest in how you are doing?
   □ Often  □ Sometimes  □ Rarely  □ Never

86. How often do they make too many demands on you?
   □ Often  □ Sometimes  □ Rarely  □ Never

87. How often do family criticise you?
   □ Often  □ Sometimes  □ Rarely  □ Never

88. How often do they create tensions or arguments with you?
   □ Often  □ Sometimes  □ Rarely  □ Never

*If you don't have a current partner, go to Q99*

89. How much does your partner understand the way you feel about things?
   □ A lot  □ Some  □ A little  □ Not at all

90. How much can you depend on your partner to be there when you really need them?
   □ A lot  □ Some  □ A little  □ Not at all

91. How much does your partner show concern for your feelings and problems?
   □ A lot  □ Some  □ A little  □ Not at all

92. How much can you trust your partner to keep promises to you?
   □ A lot  □ Some  □ A little  □ Not at all

93. How much can you open up to your partner about things that are really important to you?
   □ A lot  □ Some  □ A little  □ Not at all

94. How much tension is there between you and your partner?
   □ A lot  □ Some  □ A little  □ Not at all
95. How often do you have an unpleasant disagreement with your partner?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never

96. How often do things become tense when the two of you disagree?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never

97. How often does your partner say cruel or angry things during a disagreement?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never

98. How often do the two of you both refuse to compromise during disagreements?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never

99. Do you have a dog, cat or other pet that you can touch or talk to?
☐ Yes  ☐ No (go to Q100)

99A. What kind of pet or pets do you have?  
1 ☐ cat  
2 ☐ dog  
3 ☐ bird  
4 ☐ fish  
5 ☐ other pet

99B. Are you the main carer for your pet?  
☐ Yes  
☐ No  
If 99A not 'Other' go to Q100

99C. What other pet do you have?

If you are not currently employed, go to Q124

The next few questions ask about work your situation.

100. Do you have a choice in deciding how you do your job?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never

101. Do you have a choice in deciding what you do at work?
☐ Often   ☐ Sometimes   ☐ Rarely   ☐ Never
102. Other take decisions concerning my work.
   □ Often    □ Sometimes    □ Rarely    □ Never

103. I have a good deal of say in decisions about work.
   □ Often    □ Sometimes    □ Rarely    □ Never

104. I have a say in my own work speed.
   □ Often    □ Sometimes    □ Rarely    □ Never

105. My working time can be flexible.
   □ Often    □ Sometimes    □ Rarely    □ Never

106. I can decide when to take a break.
   □ Often    □ Sometimes    □ Rarely    □ Never

107. I have a say in choosing with whom I work.
   □ Often    □ Sometimes    □ Rarely    □ Never

108. I have a great deal of say in planning my work environment.
   □ Often    □ Sometimes    □ Rarely    □ Never

109. Do you have to do the same thing over and over again?
   □ Often    □ Sometimes    □ Rarely    □ Never

110. Does your job provide you with a variety of interesting things?
   □ Often    □ Sometimes    □ Rarely    □ Never

111. Is your job boring?
   □ Often    □ Sometimes    □ Rarely    □ Never

112. Do you have the possibility of learning new things through your work?
   □ Often    □ Sometimes    □ Rarely    □ Never

113. Does your work demand a high level of skill or expertise?
   □ Often    □ Sometimes    □ Rarely    □ Never

114. Does your job require you to take initiative?
   □ Often    □ Sometimes    □ Rarely    □ Never

115. Do you have to work very fast?
   □ Often    □ Sometimes    □ Rarely    □ Never

116. Do you have to work very intensively?
   □ Often    □ Sometimes    □ Rarely    □ Never
117. Do you have enough time to do everything?
   □ Often   □ Sometimes   □ Rarely   □ Never

118. Do different groups at work demand things from you that you think are hard to combine?
   □ Often   □ Sometimes   □ Rarely   □ Never

119. How secure do you feel about your job or career future in your current workplace?
   □ Not at all secure
   □ Moderately secure
   □ Secure
   □ Extremely secure

120. If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?
   □ Not at all difficult
   □ Moderately difficult
   □ Difficult
   □ Extremely difficult

121. For the work you do in your main job, how fair is the pay, benefits and conditions you receive?
   □ Completely unfair   □ Somewhat unfair   □ Somewhat fair   □ Completely fair

122. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?
    ___________________________ hours/week

123a. In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?
    □ Yes   □ No

123b. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)
    ___________________________ days
124. During the past MONTH how often have you set aside time just to relax?

☐ Not at all
☐ Some or a little of the time (about once a month or more)
☐ Occasionally or a moderate amount of the time (about once a week or more)
☐ Often or a lot of the time (about once a day)
☐ Frequently (more than once a day)

*If you are male and do not currently have a partner go to Q126*

125. Do you mind me asking if you are/your partner is pregnant at the moment?

☐ Yes, I am pregnant/my partner is pregnant
☐ No, I am not pregnant/my partner is not pregnant (go to Q126)

125A. When is the baby due?

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

*If no children under 4 go to Q127*

126. Have you been working full or part-time during the periods in between/since having your children?

☐ Yes, full-time
☐ Yes, part-time
☐ No (go to Q103)

126A. Who looks after your children when you are at work?

1 ☐ Partner
2 ☐ Relative or friend
3 ☐ Childcare centre
4 ☐ Family Day Care
5 ☐ Other

*If not 'other' go to Q103*

126A6. Please specify who looks after your children when you are at work.

______________________________

127. How old were you when you first lived away from your parents or parent figure? (Enter 00 if not applicable).

___ years old
128. How old were you the first time you had sexual intercourse?  
(Enter 00 if not applicable).  
___ years old  

*If you have never lived with a partner, go to Q130*

129. How old were you when you first lived with a partner?  
(Enter 99 if not applicable).  
___ years old  

*If you have no children go to Q131*

130. How old were you when your first child was born?  
___ years old  

131. Would you currently consider yourself to be predominantly:  
- Heterosexual  
- Homosexual  
- Bisexual  
- Don't know  

132. To what extent are you responsible for household tasks?  (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).  
- Fully responsible (100%)  
- 75% responsible  
- 50% responsible  
- 25% responsible  
- Not at all responsible (0%)  

*If you have no children go to Q134*

133. To what extent are you responsible for childcare in your household?  (Children's care include activities such as making meals, organising activities, supervising homework, discipline).  
- Fully responsible (100%)  
- 75% responsible  
- 50% responsible  
- 25% responsible  
- Not at all responsible (0%)
134. To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saying, planning investments or priorities in money use).

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

135. To what extent are you responsible for providing the money for your household?

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

TESTING

We are now going to do some measures of physical health and memory. The main reason for doing these tasks is to get an idea of how younger people compare to older people. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went.

These measures will take about 20 minutes to do.
If necessary, suggest that the respondent, at this stage, moves to a position where they will be able to do the eye test comfortably.

First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm).
I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170).
The cuff will now automatically inflate when I press this button. Just remain calm and still.

Malfunction=777, Refused=888, Not asked=999

137. SYSTOLIC READING
138. DIASTOLIC READING
139. PULSE

140. The respondent was? □ Seated □ Lying down □ refused/not asked
141. Which arm was used? □ Left □ Right □ refused/not asked

We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. (change screen).

Start at the top and read down. Keep both eyes open.

Mark if incorrect. Record errors on card.

142a-b. □ all OK □ P
143a-c. □ all OK □ T □ U
144a-d. □ all OK □ A □ N □ X
145a-e. □ all OK □ F □ D □ H □ T
146a-f. □ all OK □ N □ U □ P □ T □ F
147a-g. □ all OK □ Z □ A □ X □ N □ F □ D
148a-h. □ all OK □ H □ N □ T □ P □ U □ Z □ A

Now I am going to take your blood pressure again. Retighten cuff. I will now inflate the cuff again. Press button.

Malfunction=777, Refused=888, Not asked=999

149. SYSTOLIC READING
150. DIASTOLIC READING
151. PULSE

152. The respondent was? □ Seated □ Lying down □ refused/not asked

153. Which arm was used? □ Left □ Right □ refused/not asked

We are now going to try a very different task.

Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready? Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of approximately one word per second, reading down the list.
If necessary, prompt with **Are you ready to recall?** After recalling as many items as they can, say **Thanks for that.**

**156. I would now like to test your hand strength.** Stand and demonstrate as you say the following. **First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here. Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can.** Record first measurement and move the lever to zero.

☐ Kgs *(Refused=88 Not asked=99)* Record on card.

**157. Now let's try that again using the same hand.** Record second measurement.

☐ Kgs *(Refused=88 Not asked=99)* Record on card.

.I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.

**158a - 158q**

I am now going to ask you to do a task that can't be done on the computer. **First I will give you this sheet.** Give Respondent Showcard B and use the printed instructions to explain the task. *(Remember, the screen will turn off while you are doing this. When you have finished, press the “ON” button to get back to this screen.)*

☐ Number correct *Refused/Not asked=999 Couldn't comprehend/other=888*

**We would now like to measure your lung capacity.** *(Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.* *(No reading=777, Refused=888, Not asked=999)*

**160.** ☐ FEV **161.** ☐ FVC

Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.
162. ☐ FEV 163. ☐ FVC

Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

164. ☐ FEV 165. ☐ FVC

Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If respondent fails the example, say, No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8. Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

*Read at a rate of one number per second*

Discontinue after failure on both trials of any item. Mark remainder "Incorrect". Remember, read at CONSTANT rate of one number per second.

The next measure looks at your knowledge of words. You will be asked to decide which of two items, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word.

Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in each pair that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used. (Change screen)

176-181P

If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs on this screen.

Practice

**END OF TESTING**
The next questions are about your childhood, *up to the age of 16 years*.

242. **How affectionate was your father (or father figure) towards you?**

- ☐ A lot
- ☐ Somewhat
- ☐ A little
- ☐ Not at all
- ☐ No father figure

*If 'No father figure' → 245*

243. **Did your father (or father figure) suffer from nervous or emotional trouble or depression?**

- ☐ Yes  ☐ No

244. **Did your father (or father figure) have trouble with drinking or other drug use?**

- ☐ Yes  ☐ No

245. **How affectionate was your mother (or mother figure) towards you?**

- ☐ A lot
- ☐ Somewhat
- ☐ A little
- ☐ Not at all
- ☐ No mother figure

*If 'No mother figure' → 67*

246. **Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?**

- ☐ Yes  ☐ No

247. **Did your mother (or mother figure) have trouble with drinking or other drug use?**

- ☐ Yes  ☐ No

248. **How much conflict and tension was there in your household while you were growing up?**

- ☐ A lot  ☐ Some  ☐ A little  ☐ None

249. **Did your parents divorce or permanently separate when you were a child?**

- ☐ Yes  ☐ No
250_1-15 Which of the following applied to your childhood? (When we say "parent" we mean "parent or parent figure").

1. ☐ I had a happy childhood
2. ☐ My parents did their best for me
3. ☐ I was neglected
4. ☐ I had a strict, authoritarian or regimented upbringing
5. ☐ I grew up in poverty or financial hardship
6. ☐ I was verbally abused by a parent
7. ☐ I suffered humiliation, ridicule, bullying or mental cruelty from a parent
8. ☐ I witnessed physical or sexual abuse of others in my family
9. ☐ I was physically abused by a parent - punched, kicked, hit or beaten with an object, or needed medical treatment
10. ☐ I received too much physical punishment - hitting, smacking etc.
11. ☐ I was sexually abused by a parent
12. ☐ Other type of mistreatment
13. ☐ I had a normal upbringing

If 250A not 14 → 251

250A16. In what other way were you mistreated by your parents?

______________________________________________________________

The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in the past month.

251. Disgusted ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
252. Attentive ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
253. Strong ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
254. Scornful ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
255. Irritable ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
256. Inspired ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
257. Afraid ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
258. Alert ☐ Very slightly or not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely
259. **Upset**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

260. **Angry**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

261. **Active**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

262. **Guilty**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

263. **Nervous**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

264. **Excited**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

265. **Hostile**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

266. **Proud**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

267. **Jittery**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

268. **Ashamed**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

269. **Scared**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

270. **Enthusiastic**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

271. **Distressed**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

272. **Determined**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

273. **Interested**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

274. **Loathing**
- Very slightly or not at all
- A little
- Moderately
- Quite a bit
- Extremely

Next are some specific questions about your health and how you have been feeling *in the past month*.

In the past month:

275. **Have you felt keyed up or on edge?**
- No
- Yes

276. **Have you been worrying a lot?**
- No
- Yes

277. **Have you been irritable?**
- No
- Yes

278. **Have you had difficulty relaxing?**
- No
- Yes

279. **Have you been sleeping poorly?**
- No
- Yes
280. Have you had headaches or neckaches? □ No □ Yes

281. Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? □ No □ Yes

282. Have you been worried about your health? □ No □ Yes

283. Have you had difficulty falling asleep? □ No □ Yes

284. Have you been lacking energy? □ No □ Yes

285. Have you lost interest in things? □ No □ Yes

286. Have you lost confidence in yourself? □ No □ Yes

287. Have you felt hopeless? □ No □ Yes

288. Have you had difficulty concentrating? □ No □ Yes

289. Have you lost weight (due to poor appetite)? □ No □ Yes

290. Have you been waking early? □ No □ Yes

291. Have you felt slowed up? □ No □ Yes

292. Have you tended to feel worse in the mornings? □ No □ Yes

293. During the past 12 months, was there ever a time when you felt sad, down, or depressed for two weeks or more in a row? □ Yes □ No

294. Have you taken any medication for depression in the past 12 months? □ Yes □ No

If 'No' to both Q293 & Q294 ➔ 295

For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, down or depressed usually last:

294A □ All day long
□ Most of the day
□ About half the day
□ Less than half the day ➔ 295
294B. During those two weeks, did you feel this way:

☐ Every day  ☐ Almost every day  ☐ Less often

294C. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

☐ Yes  ☐ No

294D. Thinking about those same two weeks, did you feel more tired out or have less energy than is usual for you?

☐ Yes  ☐ No

194E. Did you gain or lose weight without trying, or did you stay about the same?

☐ Gain  ☐ Lose  ☐ Both lost and gained  ☐ Stayed about the same  ☐ Was on a diet

About how much did you lose/you gain/your weight change?

294E1.  ☐ _ _ kgs

OR

294E2.  ☐ _ _ pounds

294F. Did you have more trouble falling asleep than you usually do during those two weeks?

☐ Yes  ☐ No  ⇒ 294G

294F1. Did that happen:

☐ Every night  ☐ Nearly every night  ☐ Less often

294G. During those two weeks, did you have a lot more trouble concentrating than usual?

☐ Yes  ☐ No
294H. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

☐ Yes
☐ No

294I. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

☐ Yes
☐ No

If 294C \(\rightarrow\) 294H all = 2(No) \(\rightarrow\) 297

To review, you had two weeks in a row during the past 12 months when you were sad, down or depressed and also had some other feelings or problems like (294D – 294I=yes).

294J. About how many weeks altogether did you feel this way during the past 12 months?

□ □ □ □ weeks (If all year, enter 52)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

294K.
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

294L.
☐ 1998 ☐ 1999

294M. Did you tell a doctor about these problems?

☐ Yes ☐ No

294N. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

☐ Yes ☐ No

294O. Did you take medication or use drugs or alcohol more than once for these problems?

☐ Yes ☐ No

294P. How much did these problems interfere with your life or activities?

☐ A lot ☐ Some ☐ A little ☐ Not at all

*Go to Q297*
295. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you please?

☐ Yes  ☐ No

296. Have you taken any medication for depression in the past 12 months?

☐ Yes  ☐ No

If 'No' to both Q295 & Q296 → 297

296A. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last:

☐ All day long
☐ Most of the day
☐ About half the day
☐ Less than half the day

⇒ 297

296B. Did you feel this way:

☐ Every day
☐ Almost every day
☐ Less often

296C. During those two weeks, did you feel more tired out or have less energy than is usual for you?

☐ Yes  ☐ No

296D. Did you gain or lose weight without trying, or did you stay about the same?

☐ Gain
☐ Lose
☐ Both lost and gained
☐ Stayed about the same
☐ Was on a diet

About how much did you gain/you lost/your weight change?

296D1. ☐ kgs

OR

296D2. ☐ pounds
296E. Did you have more trouble falling asleep than you usually do during those two weeks?

☐ Yes
☐ No

296F. Did that happen:

☐ Every night
☐ Nearly every night
☐ Less often

296G. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

☐ Yes
☐ No

296H. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

☐ Yes
☐ No

If 296C=296G all=2(No) → 297

296I. To review, you had two weeks in a row during the past 12 months when you (296c-296H=yes) About how many weeks altogether did you feel this way during the past 12 months?

☐ _ _ weeks (If all year, enter 52)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

296J.

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

296K.

☐ 1999 ☐ 2000

296L. Did you tell a doctor about these problems?

☐ Yes ☐ No
296M. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

☐ Yes  ☐ No

296N. Did you take medication or use drugs or alcohol more than once for these problems?

☐ Yes  ☐ No

296O. How much did these problems interfere with your life or activities?

☐ A lot  ☐ Some  ☐ A little  ☐ Not at all

In the last year have you ever:

297. felt that life is hardly worth living?  ☐ No  ☐ Yes

298. thought that you really would be better off dead?  ☐ No  ☐ Yes

299. thought about taking your own life?  ☐ No  ☐ Yes

If 299='No' → 220

299A. made plans to take your own life?  ☐ No  ☐ Yes

299B. attempted to take your own life?  ☐ No  ☐ Yes

300. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?

☐ Yes  } → 301A  ☐ No

People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

301.  ☐ Yes  } → 302  ☐ No

301A. Has this period ended?  ☐ Ended  ☐ Is still going on → 301B3
How many months or years did it go on before it ended?
(If more than one year, just enter number of years.)

301B1.    □    months

OR

301B2.    □    years

⇒ 301C

How many months or years has it been going on?
(If more than one year, just enter number of years.)

301B3.    □    months

OR

301B4.    □    years

301C. During that period, was/is your worry stronger than in other people?

☐ Yes    ☐ No

301D. Did/do you worry most days?

☐ Yes    ☐ No

301E. Did/do you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

☐ One thing    ☐ More than one thing

301F. Did/do you find it difficult to stop worrying?

☐ Yes    ☐ No

301G. Did/do you ever have different worries on your mind at the same time?

☐ Yes    ☐ No

301H. How often was/is your worry so strong that you couldn't put it out of your mind no matter how hard you tried?

☐ Often    ☐ Sometimes    ☐ Rarely    ☐ Never
301I. How often did/do you find it difficult to control your worry?

☐ Often    ☐ Sometimes    ☐ Rarely    ☐ Never

301J. What sort of things did/do you mainly worry about?

When you were worried or anxious, were/are you also:

301K. Restless?  ☐ Yes  ☐ No

301L. Were/are you keyed up or on edge?  ☐ Yes  ☐ No

301M. Were/are you more irritable than usual?  ☐ Yes  ☐ No

301N. Did/does your heart pound or race?  ☐ Yes  ☐ No

301O. Were/are you easily tired?  ☐ Yes  ☐ No

301P. Did/do you have trouble falling asleep or staying asleep?  ☐ Yes  ☐ No

301Q. Did/do you feel dizzy or lightheaded?  ☐ Yes  ☐ No

If 301K→301Q all=2→302

301R. Did/do you tell a doctor about these problems?

☐ Yes  ☐ No

301S. Did/do you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?  ☐ Yes  ☐ No

301T. Did/do you take medication or use drugs or alcohol more than once for these problems?

☐ Yes  ☐ No

301U. How much did the worry or anxiety interfere with your life or activities?

☐ A lot    ☐ Some    ☐ A little    ☐ Not at all
The purpose of the next few questions is to find out how your mood and behaviour change over time.
To what degree do the following change with the seasons?

302. Your sleep length:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

303. Social activity:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

304. Mood:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

305. Weight:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

306. Appetite:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

307. Energy level:  
- [ ] No change  
- [ ] Slight change  
- [ ] Moderate change  
- [ ] Marked change  
- [ ] Extremely marked change

In which month of the year do you:
Feel best

308.  
- [ ] January  
- [ ] February  
- [ ] March  
- [ ] April  
- [ ] May  
- [ ] June  
- [ ] July  
- [ ] August  
- [ ] September  
- [ ] October  
- [ ] November  
- [ ] December  
- [ ] There is no difference
309. Feel worst
☐ January  ☐ February  ☐ March  ☐ April  ☐ May  ☐ June
☐ July  ☐ August  ☐ September  ☐ October  ☐ November  ☐ December
☐ There is no difference

310. Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?
☐ Yes
☐ No  ➔ 311

310A. Did you see a counsellor or a doctor for it at the time?
☐ Yes
☐ No

311. How strongly do you agree or disagree with the following statements?

There is really no way I can solve some of the problems I have.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

312. Sometimes I feel that I'm being pushed around in life.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

313. I have little control over the things that happen to me.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

314. I can do just about anything I really set my mind to do.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

315. I often feel helpless in dealing with the problems of life.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

316. What happens to me in the future mostly depends on me.
☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree
317. There is little I can do to change many of the important things in my life.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

People think and do many different things when they feel sad, blue or depressed. Please read each of items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed. Please indicate what you generally do, not what you think you should do.

318. I think about how alone I feel.

☐ Never ☐ Sometimes ☐ Often ☐ Always

319. I think about my feelings of fatigue and achiness.

☐ Never ☐ Sometimes ☐ Often ☐ Always

320. I think about how hard it is to concentrate.

☐ Never ☐ Sometimes ☐ Often ☐ Always

321. I think about how passive and unmotivated I feel.

☐ Never ☐ Sometimes ☐ Often ☐ Always

322. I think, "Why can't I get going?"

☐ Never ☐ Sometimes ☐ Often ☐ Always

323. I think about a recent situation, wishing it had gone better.

☐ Never ☐ Sometimes ☐ Often ☐ Always

324. I think about how sad I feel.

☐ Never ☐ Sometimes ☐ Often ☐ Always

325. I think about all my shortcomings, failings, faults and mistakes.

☐ Never ☐ Sometimes ☐ Often ☐ Always

326. I think about how I don't feel up to doing anything.

☐ Never ☐ Sometimes ☐ Often ☐ Always

327. I think, "Why can't I handle things better?"

☐ Never ☐ Sometimes ☐ Often ☐ Always
328. The next 3 questions ask about your attitude to religion. How often did you attend regular religious services during the year?

☐ Never
☐ A few times a year
☐ Once a month
☐ More than once a month
☐ Once a week
☐ More than once a week

329. Aside from how often you attended religious services, do you consider yourself to be?

☐ Against religion
☐ Not at all religious
☐ Only slightly religious
☐ Fairly religious
☐ Deeply religious

330. How much is religion a source of strength and comfort to you?

☐ None
☐ A little
☐ Somewhat
☐ A great deal

Here some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your usual way of acting or feeling. Work quickly, and don't spend too much time over any question.

331. Does you mood often go up and down? ☐ Yes ☐ No

332. Do you take much notice of what people think? ☐ Yes ☐ No

333. Are you a talkative person? ☐ Yes ☐ No

334. Do you ever feel 'just miserable' for no reason? ☐ Yes ☐ No

335. Would being in debt worry you? ☐ Yes ☐ No

336. Are you rather lively? ☐ Yes ☐ No

337. Are you an irritable person? ☐ Yes ☐ No

338. Would you take drugs which may have strange or dangerous effects? ☐ Yes ☐ No
339. Do you enjoy meeting new people? □Yes □No

340. Are your feelings easily hurt? □Yes □No

341. Do you prefer to go your own way rather than act by the rules? □Yes □No

342. Can you usually let yourself go and enjoy yourself at a lively party? □Yes □No

343. Do you often feel 'fed-up'? □Yes □No

344. Do good manners and cleanliness matter much to you? □Yes □No

345. Do you usually take the initiative in making new friends? □Yes □No

346. Would you call yourself a nervous person? □Yes □No

347. Do you think marriage is old-fashioned and should be done away with? □Yes □No

348. Can you easily get some life into a rather dull party? □Yes □No

349. Are you a worrier? □Yes □No

350. Do you enjoy cooperating with others? □Yes □No

351. Do you tend to keep in the background on social occasions? □Yes □No

352. Does it worry you if you know there are mistakes in your work? □Yes □No

353. Would you call yourself tense or 'highly-strung'? □Yes □No

354. Do you think people spend too much time safeguarding their future with savings and insurance? □Yes □No

355. Do you like mixing with people? □Yes □No

356. Do you worry too long after an embarrassing experience? □Yes □No

357. Do you try not to be rude to people? □Yes □No
358. Do you like plenty of bustle and excitement around you? □Yes □No

359. Do you suffer from "nerves"? □Yes □No

360. Would you like other people to be afraid of you? □Yes □No

361. Are you mostly quiet when you are with other people? □Yes □No

362. Do you often feel lonely? □Yes □No

363. Is it better to follow society’s rules than go your own way? □Yes □No

364. Do other people think of you as being very lively? □Yes □No

365. Are you often troubled about feelings of guilt? □Yes □No

366. Can you get a party going? □Yes □No

Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement.

Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don’t worry about being ‘consistent’ in your responses.

368. A person's family is the most important thing in life.

□Very false for me □Somewhat false □Somewhat true for □Very true for me

369. Even if something bad is about to happen to me, I rarely experience fear or nervousness.

□Very false for me □Somewhat false □Somewhat true for □Very true for me

370. I go out of my way to get things I want.

□Very false for me □Somewhat false □Somewhat true for □Very true for me
371. When I'm doing well at something, I love to keep at it.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

372. I'm always willing to try something new if I think it will be fun.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

373. How I dress is important to me.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

374. When I get something I want, I feel excited and energised.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

375. Criticism or scolding hurts me quite a bit.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

376. When I want something I usually go all-out to get it.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

377. I will often do things for no other reason than that they might be fun.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

378. It's hard for me to find the time to do things such as get a hair cut.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

379. If I see a chance to get something I want I move on it right away.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me
380. I feel pretty worried or upset when I think or know somebody is angry at me.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

381. When I see an opportunity for something I like I get excited right away.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

382. I often act on the spur of the moment.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

383. If I think something unpleasant is going to happen I usually get pretty 'worked-up'.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

384. I often wonder why people act the way they do.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

385. When good things happen to me, it affects me strongly.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

386. I feel worried when I think I have done poorly at something important.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

387. I crave excitement and new sensations.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me

388. When I go after something, I use a 'no holds barred' approach.

☐ Very false for me  ☐ Somewhat false for me  ☐ Somewhat true for me  ☐ Very true for me
389. I have very few fears compared to my friends.

☐ Very false for me ☐ Somewhat false for me ☐ Somewhat true for me ☐ Very true for me

390. It would excite me to win a contest.

☐ Very false for me ☐ Somewhat false for me ☐ Somewhat true for me ☐ Very true for me

391. I worry about making mistakes.

☐ Very false for me ☐ Somewhat false for me ☐ Somewhat true for me ☐ Very true for me

How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

392. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).

☐ 3 times a week or more ☐ Once or twice a week ☐ About 1-3 times a month ☐ Never/hardly ever

393. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).

☐ 3 times a week or more ☐ Once or twice a week ☐ About 1-3 times a month ☐ Never/hardly ever

394. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).

☐ 3 times a week or more ☐ Once or twice a week ☐ About 1-3 times a month ☐ Never/hardly ever

Please give the average number of hours per week you spend in such sports or activities.

395a,b Mildly energetic (e.g. walking, weeding) ___ hours ___ minutes

396a,b Moderately energetic (e.g. dancing, cycling) ___ hours ___ minutes

397a,b Vigorous (e.g. running, squash) ___ hours ___ minutes
Please indicate whether you have undertaken any of the following activities in the last 6 months.

398. Made or repaired clothes □Yes □No
399. Fixed mechanical things or appliances □Yes □No
400. Built things with wood □Yes □No
401. Driven a truck or tractor □Yes □No
402. Used metalwork or machine tools □Yes □No
403. Worked on cars, bicycles or motorbikes □Yes □No
404. Taken an engineering, woodwork or car mechanics course □Yes □No
405. Worked in the garden □Yes □No
406. Cooked meals □Yes □No
407. Read scientific books or magazines □Yes □No
408. Worked in a laboratory □Yes □No
409. Worked on a scientific project □Yes □No
410. Read about special subjects on my own □Yes □No
411. Solved maths or chess puzzles □Yes □No
412. Done troubleshooting of software packages on a PC □Yes □No
413. Taken a science course □Yes □No
414. Followed science shows on TV or radio □Yes □No
415. Participated in a science fair or conference □Yes □No
416. Sketched, drawn or painted □Yes □No
417. Gone to or acted in plays □Yes □No
418. Played in a band, group, or orchestra □Yes □No
419. Practised a musical instrument □Yes □No
<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>420</td>
<td>Gone to recitals, concerts, or musicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>421</td>
<td>Taken portrait photographs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>422</td>
<td>Read literature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>423</td>
<td>Read or written poetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>424</td>
<td>Taken an art course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425</td>
<td>Written letters to friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>426</td>
<td>Attended religious services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>427</td>
<td>Belonged to clubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>428</td>
<td>Helped others with their personal problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>429</td>
<td>Taken care of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>430</td>
<td>Gone to parties or pubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>431</td>
<td>Gone dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>432</td>
<td>Attended meetings or conferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>433</td>
<td>Worked as a volunteer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>434</td>
<td>Discussed politics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>435</td>
<td>Influenced others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>436</td>
<td>Operated your own service or business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>437</td>
<td>Taken part in a sales conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>438</td>
<td>Been on the committee of a group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>439</td>
<td>Supervised the work of others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>440</td>
<td>Met important people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>441</td>
<td>Led a group in accomplishing some goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>442</td>
<td>Organized a club, group or gang</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
443. Typed papers or letters for yourself or for others  □ Yes □ No

444. Added, subtracted, multiplied, and divided numbers in business or bookkeeping  □ Yes □ No

445. Operated fax machines, PCs and printers  □ Yes □ No

446. Kept detailed records of expenses  □ Yes □ No

447. Filed letters, reports, records, etc.  □ Yes □ No

448. Written business letters  □ Yes □ No

449. Taken a business course  □ Yes □ No

450. Taken a bookkeeping course  □ Yes □ No

451. Done a lot of paperwork in a short time  □ Yes □ No

452. CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.

Could you please indicate on the sliding scale your feelings about the questionnaire? (Just touch the screen where you think is appropriate).

___________________________________________________________________

Very Negative Neutral Very positive

Would you like to make any comments about the questionnaire?

________________________________________________________________________