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The Intergenerational Health Effects of Service in the Military

Appendix 7

Questionnaire – sons and daughters

Revised
June 2007

CMVH
CENTRE FOR MILITARY & VETERANS' HEALTH

YOUR GENERAL PHYSICAL HEALTH

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please mark the one box that best describes your answer.

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

Excellent	Very Good	Good	Fair	Poor
▼	▼	▼	▼	▼
☐1	☐2	☐3	☐4	☐5

2. *Compared to one year ago,* how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much Worse now than one year ago
▼	▼	▼	▼	▼
☐1	☐2	☐3	☐4	☐5

3. The following items are about activities you might do during a typical day. Does your *health now limit you* in these activities?

	Yes, Limited A Lot ▼	Yes, Limited A Little ▼	No, Not Limited At All ▼
a. *Vigorous activities*, such as running, lifting heavy objects, participating in strenuous sports	☐1	☐2	☐3
b. *Moderate activities,* such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐1	☐2	☐3
c. Lifting or carrying groceries	☐1	☐2	☐3
d. Climbing *several* flights of stairs	☐1	☐2	☐3
e. Climbing *one* flight of stairs	☐1	☐2	☐3
f. Bending, kneeling, or stooping	☐1	☐2	☐3
g. Walking *more than a mile*	☐1	☐2	☐3
h. Walking *several blocks*	☐1	☐2	☐3
i. Walking *one block*	☐1	☐2	☐3
j. Bathing or dressing yourself	☐1	☐2	☐3

4. 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?*

	Yes ▼	No ▼
a. Cut down on the *amount of time* you spent on work or other activities.	☐1	☐2
b. *Accomplished less* than you would like	☐1	☐2
c. Were limited in the *kind* of work or other activities	☐1	☐2
d. Had *difficulty* performing the work or other activities (for example, it took extra effort)	☐1	☐2

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

	Yes ▼	No ▼
a. Cut down on the *amount of time* you spent on work or other activities.	☐1	☐2
b. *Accomplished less* than you would like	☐1	☐2
c. Did work or other activities *less carefully than usual*	☐1	☐2

6. During the *past 4 weeks,* to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all ▼	A little bit ▼	Moderately ▼	Quite a bit ▼	Extremely ▼
☐1	☐2	☐3	☐4	☐5

7. How much *bodily* pain have you had during the *past 4 weeks*?

None ▼	Very Mild ▼	Mild ▼	Moderate ▼	Severe ▼	Very Severe ▼
☐1	☐2	☐3	☐4	☐5	☐6

8. 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 ▼
☐1	☐2	☐3	☐4	☐5

9. How much *bodily* pain have you had during the *past 4 weeks*?

	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 ▼
a. Did you feel full of Pep	☐1	☐2	☐3	☐4	☐5	☐6
b. Have you been a very nervous person?	☐1	☐2	☐3	☐4	☐5	☐6
c. Have you felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4	☐5	☐6
d. Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
e. Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
f. Have you felt downhearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6
g. Did you feel worn out?	☐1	☐2	☐3	☐4	☐5	☐6
h. Have you been a happy person?	☐1	☐2	☐3	☐4	☐5	☐6

i. Did you feel tired? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
☐1	☐2	☐3	☐4	☐5

11. How TRUE or FALSE is *each* of the following statements for you?

	Definitely True ▼	Mostly True ▼	Don't Know ▼	Mostly False ▼	Definitely False ▼
a. I seem to get sick a little easier than other people	☐1	☐2	☐3	☐4	☐5
b. I am as health as anybody I know	☐1	☐2	☐3	☐4	☐5
c. I expect my health to get worse	☐1	☐2	☐3	☐4	☐5
d. My health is excellent	☐1	☐2	☐3	☐4	☐5

	Very poor	Poor	Neither poor nor good	Good	Very good
How would you rate your overall quality of life?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your quality of life?	☐1	☐2	☐3	☐4	☐5
In general, how satisfied are you with your life?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with your health?	☐1	☐2	☐3	☐4	☐5

Domain 1: Physical Health

12. Pain and discomfort

	Never	Seldom	Quite often	Very Often	Always
How often do you suffer physical pain?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat-ely	Very	Extremely
How difficult is it for you to handle any pain or discomfort?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
Do you worry about your pain or discomfort?	☐1	☐2	☐3	☐4	☐5
To what extent do you feel that physical pain prevents you from doing what you need to do?	☐1	☐2	☐3	☐4	☐5

13. Energy and fatigue

	Not at all	A little	Moderat-ely	Mostly	Complet - ely
Do you have enough energy for everyday life?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfie d	Dissatisfie d	Neither satisfied nor dis-satisfied	Satisfie d	Very Satisfied
How satisfied are you with the energy you have?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat-ely	Very	Extremely
How easily do you get tired?	☐1	☐2	☐3	☐4	☐5
How bothered are you by fatigue?	☐1	☐2	☐3	☐4	☐5

14. Sleep and rest

	Very poor	Poor	Neither poor nor good	Good	Very good
How well do you sleep?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfie d	Dissatisfie d	Neither satisfied nor dis-satisfied	Satisfie d	Very Satisfied
How satisfied are you with your sleep?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderat e amount	Very much	An extreme amount
Do you have difficulties with sleeping?	☐1	☐2	☐3	☐4	☐5
How much do any sleep problems worry you?	☐1	☐2	☐3	☐4	☐5

Domain 2: Psychological

15. Positive feelings

	Never	Seldom	Quite often	Very Often	Always
Do you generally feel content?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat-ely	Very	Extremely

How positive do you feel about the future?	☐1	☐2	☐3	☐4	☐5
	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you enjoy life?	☐1	☐2	☐3	☐4	☐5
How much do you experience positive feelings in your life?	☐1	☐2	☐3	☐4	☐5

16. Thinking, learning, memory and concentration

	Very poor	Poor	Neither poor nor good	Good	Very good
How would you rate your memory?	☐1	☐2	☐3	☐4	☐5
	Not at all	Slightly	Moderately	Very well	Extremely
How well are you able to concentrate?	☐1	☐2	☐3	☐4	☐5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your ability to learn new information?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with your ability to make decisions?	☐1	☐2	☐3	☐4	☐5

17. Self-esteem

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you value yourself?	☐1	☐2	☐3	☐4	☐5
How much confidence do you have in yourself?	☐1	☐2	☐3	☐4	☐5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied

How satisfied are you with yourself?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with your abilities?	☐1	☐2	☐3	☐4	☐5

18. Bodily image and appearance

	Not at all	A little	Moderat-ely	Mostly	Complet -ely
Are you able to accept your bodily appearance?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat-ely	Very well	Extremely
Do you feel inhibited by your looks?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderat e amount	Very much	An extreme amount
Is there any part of your appearance that makes you feel uncomfortable?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with the way your body looks?	☐1	☐2	☐3	☐4	☐5

19. Negative feelings

	Never	Seldom	Quite often	Very Often	Always
How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat ely	Very	Extremely
How worried do you feel?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do any feelings of sadness or depression interfere with your everyday functioning?	☐1	☐2	☐3	☐4	☐5
How much do any feelings of depression bother you?	☐1	☐2	☐3	☐4	☐5

Domain 3: Level of Independence

20. Mobility

	Very poor	Poor	Neither poor nor good	Good	Very good
How well are you able to get around?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your ability to move around?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do any difficulties in mobility bother you?	☐1	☐2	☐3	☐4	☐5
To what extent do any difficulties in movement affect your way of life?	☐1	☐2	☐3	☐4	☐5

21. Activities of daily living

	Not at all	A little	Moderat-ely	Mostly	Complet - ely
To what extent are you able to carry out your daily activities?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
To what extent do you have difficulty in performing your routine activities?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
	▼	▼	▼	▼	▼
How satisfied are you with your ability to perform your daily living activities?	☐1	☐2	☐3	☐4	☐5
How much are you bothered by any limitations in performing your everyday living activities?	☐1	☐2	☐3	☐4	☐5

22. Dependence on medication or treatment

	Not at all	A little	Moderately	Mostly	Completely
	▼	▼	▼	▼	▼
How dependent are you on medications?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
	▼	▼	▼	▼	▼
How much do you need any medication to function in your daily life?	☐1	☐2	☐3	☐4	☐5
How much do you need any medical treatment to function in your daily life?	☐1	☐2	☐3	☐4	☐5
To what extent does your quality of life depend on the use of medical substances or medical aids?	☐1	☐2	☐3	☐4	☐5

23. Working capacity

	Not at all	A little	Moderately	Mostly	Completely
	▼	▼	▼	▼	▼
Are you able to work?	☐1	☐2	☐3	☐4	☐5
Do you feel able to carry out your duties?	☐1	☐2	☐3	☐4	☐5

	Very poor	Poor	Neither poor nor good	Good	Very good
	▼	▼	▼	▼	▼
How would you rate your ability to work?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied	Satisfied	Very Satisfied

	d		nor dis-satisfied		
	▼	▼	▼	▼	▼
How satisfied are you with your capacity for work?	☐1	☐2	☐3	☐4	☐5

Domain 4: Social Relations

24. Personal relationships

	Not at all	Slightly	Moderat-ely	Very	Extremely
	▼	▼	▼	▼	▼
How alone do you feel in your life?	☐1	☐2	☐3	☐4	☐5

	Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
	▼	▼	▼	▼	▼
Do you feel happy about your relationship with your family members?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfie d	Dissatisfie d	Neither satisfied nor dis-satisfied	Satisfie d	Very Satisfied
	▼	▼	▼	▼	▼
How satisfied are you with your personal relationships?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with your ability to provide for or support others?	☐1	☐2	☐3	☐4	☐5

25. Social support

	Not at all	A little	Moderat-ely	Mostly	Complet - ely
	▼	▼	▼	▼	▼
Do you get the kind of support from others that you need?	☐1	☐2	☐3	☐4	☐5
To what extent can you count on your friends when you need them?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfie d	Dissatisfie d	Neither satisfied nor dis-satisfied	Satisfie d	Very Satisfied
	▼	▼	▼	▼	▼
How satisfied are you with the support you get from your family?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with the support you get from your friends?	☐1	☐2	☐3	☐4	☐5

26. Sexual activity

	Very poor	Poor	Neither poor nor good	Good	Very good
How would you rate your sex life?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your sex life?	☐1	☐2	☐3	☐4	☐5

	Not at all	Slightly	Moderat-ely	Very	Extremely
How well are your sexual needs fulfilled?	☐1	☐2	☐3	☐4	☐5
Are you bothered by any difficulties in your sex life?	☐1	☐2	☐3	☐4	☐5

Domain 5: Environment

27. Physical safety and security

	Not at all	Slightly	Moderat-ely	Very	Extremely
How safe do you feel in your daily life?	☐1	☐2	☐3	☐4	☐5
Do you feel you are living in a safe and secure environment?	☐1	☐2	☐3	☐4	☐5
How much do you worry about your safety and security?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your physical safety and security?	☐1	☐2	☐3	☐4	☐5

28. Home environment

	Not at all	Slightly	Moderat-ely	Very	Extremely
How comfortable is the place where you live?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	Moderat-ely	Mostly	Complet-ely
To what extend does the quality of your home meet your needs?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with the conditions of your living place?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you like it where you live?	☐1	☐2	☐3	☐4	☐5

29. Financial resources

	Not at all	A little	Moderat-ely	Mostly	Complet-ely
Have you enough money to meet your ends?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your financial situation?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
Do you have financial difficulties?	☐1	☐2	☐3	☐4	☐5
How much do you worry about money?	☐1	☐2	☐3	☐4	☐5

19. Health and social care: availability and quality

	Not at all	Slightly	Moderat-ely	Very	Extremely
How easily are you able to get	☐1	☐2	☐3	☐4	☐5

good medical care?

	Very poor	Poor	Neither poor nor good	Good	Very good
	▼	▼	▼	▼	▼
How would you rate the quality of social services available to you?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
	▼	▼	▼	▼	▼
How satisfied are you with your access to health services?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with the social care services?	☐1	☐2	☐3	☐4	☐5

31. Opportunities for acquiring new information and skills

	Not at all	A little	Moderat-ely	Mostly	Complet-ely
	▼	▼	▼	▼	▼
How available to you is the information you need in your day-to-day life?	☐1	☐2	☐3	☐4	☐5
To what extent do you have opportunities for acquiring skills?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
	▼	▼	▼	▼	▼
How satisfied are you with your opportunities for acquiring skills?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with your opportunities to learn new information?	☐1	☐2	☐3	☐4	☐5

32. Participation in and new opportunities for recreation/leisure

	Not at all	A little	Moderat-ely	Mostly	Complet-ely
	▼	▼	▼	▼	▼
To what extent do you have the opportunity for leisure activities?	☐1	☐2	☐3	☐4	☐5
How much are you able to relax and enjoy yourself?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you enjoy your free time?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with the way you spend your spare time?	☐1	☐2	☐3	☐4	☐5

33. Physical environment (pollution/traffic/climate)

	Not at all	Slightly	Moderat-ely	Very	Extremely
How healthy is your physical environment?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
How concerned are you with the noise in the area you live in?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dis-satisfied	Satisfied	Very Satisfied
How satisfied are you with your physical environment (e.g., pollution, climate, noise, attractiveness)?	☐1	☐2	☐3	☐4	☐5
How satisfied are you with the climate of the place where you live?	☐1	☐2	☐3	☐4	☐5

34. Transport

	Not at all	A little	Moderat-ely	Mostly	Complet - ely
To what extend do you have adequate means of transport?	☐1	☐2	☐3	☐4	☐5

	Very dissatisfie	Dissatisfied	Neither satisfied	Satisfied	Very Satisfied

	d		nor dis-satisfied		
	▼	▼	▼	▼	▼
How satisfied are you with your transport?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little	A moderate amount	Very much	An extreme amount
	▼	▼	▼	▼	▼
To what extent do you have problems with transport?	☐1	☐2	☐3	☐4	☐5
How much do difficulties with transport restrict your life?	☐1	☐2	☐3	☐4	☐5

Domain 6: Spirituality / Religion / Personal beliefs

35. Spiritual

	Not at all	A little	A moderate amount	Very much	An extreme amount
	▼	▼	▼	▼	▼
Do you personal beliefs give meaning to your life?	☐1	☐2	☐3	☐4	☐5
To what extent do you feel your life to be meaningful?	☐1	☐2	☐3	☐4	☐5
To what extent do you personal beliefs give you the strength to face difficulties?	☐1	☐2	☐3	☐4	☐5
To what extent do you personal beliefs help you to understand difficulties in life?	☐1	☐2	☐3	☐4	☐5

DIAGNOSED OR TREATED MEDICAL CONDITIONS

We would like to know whether a medical doctor has ever diagnosed you with, or treated you for, any of the following medical problems or conditions. ***If YES,*** *please indicate the year you were first diagnosed, and whether you have been treated by a medical doctor for this condition in the* ***past year.***

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
High blood pressure	☐	☐		☐ NO ☐ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Heart disease or condition	□	□		□ NO □ YES
Stroke	□	□		□ NO □ YES
Epilepsy	□	□		□ NO □ YES
Migraines	□	□		□ NO □ YES
Motor neurone disease	□	□		□ NO □ YES
Multiple sclerosis	□	□		□ NO □ YES
Asthma	□	□		□ NO □ YES
Bronchitis	□	□		□ NO □ YES
Pneumonia	□	□		□ NO □ YES
Tuberculosis (TB)	□	□		□ NO □ YES
Other lung disease e.g. emphysema	□	□		□ NO □ YES
Stomach or duodenal ulcers	□	□		□ NO □ YES
Colitis / Crohn's disease	□	□		□ NO □ YES
Hepatitis or yellow jaundice	□	□		□ NO □ YES
Cirrhosis of the liver	□	□		□ NO □ YES
Bowel disorder e.g. diarrhoea, constipation, bleeding	□	□		□ NO □ YES
Irritable bowel syndrome	□	□		□ NO □ YES
Kidney disease e.g. stones, infection, bleeding	□	□		□ NO □ YES
Bladder disease e.g. infection, bleeding	□	□		□ NO □ YES
Incontinence or difficulty passing urine	□	□		□ NO □ YES
Diabetes	□	□		□ NO □ YES
A thyroid problem	□	□		□ NO □ YES
Blood disorder	□	□		□ NO □ YES
Malaria	□	□		□ NO □ YES
Dengue	□	□		□ NO □ YES
Any significant infections	□	□		□ NO □ YES
Leishmaniasis	□	□		□ NO □ YES
Filariasis	□	□		□ NO □ YES
Arthritis or rheumatism	□	□		□ NO □ YES
Fibrositis or fibromyalgia	□	□		□ NO □ YES
Back or neck problems	□	□		□ NO □ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Joint problems	□	□		□ NO □ YES
Eye or vision problems e.g. glaucoma	□	□		□ NO □ YES
Sinus problems	□	□		□ NO □ YES
Ear infection	□	□		□ NO □ YES
Hearing loss	□	□		□ NO □ YES
Dermatitis	□	□		□ NO □ YES
Eczema	□	□		□ NO □ YES
Psoriasis	□	□		□ NO □ YES
Malignant melanoma	□	□		□ NO □ YES
Other skin cancer e.g. squamous cell or basal cell skin cancers	□	□		□ NO □ YES
Any other kind of cancer, tumour or malignancy (please specify type)	□	□		□ NO □ YES
More than 25 moles on your body	□	□		□ NO □ YES
Any other skin problem	□	□		□ NO □ YES
Any disease of the hair or scalp, including hair loss.	□	□		□ NO □ YES
Chronic Fatigue Syndrome	□	□		□ NO □ YES
Alcohol abuse or dependency	□	□		□ NO □ YES
Drug abuse or dependency	□	□		□ NO □ YES
Anxiety, stress or depression	□	□		□ NO □ YES
Post Traumatic Stress Disorder	□	□		□ NO □ YES
Other psychiatric or psychological condition needing treatment or counselling (please specify type)	□	□		□ NO □ YES
Sleep apnoea	□	□		□ NO □ YES
Narcolepsy	□	□		□ NO □ YES
Hay fever	□	□		□ NO □ YES
Fungal disease or candidiasis	□	□		□ NO □ YES
Multiple chemical sensitivity or environmental illness	□	□		□ NO □ YES
Sick building syndrome	□	□		□ NO □ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Food allergy	□	□		□ NO □ YES
Any disease of the genital organs	□	□		□ NO □ YES
Sexual problems	□	□		□ NO □ YES

2. Apart from those listed in the table above, are there any other medical problems or conditions which a medical doctor has diagnosed you with, or treated you for?

□ NO □ YES

If YES, please complete the following table indicating which condition/s, what year were you first diagnosed, and have you been treated for that condition by a medical doctor in the past year?

Which condition?	**Year first diagnosed**	**Has this condition been treated by a doctor in the past year?**
		□ NO □ YES
		□ NO □ YES
		□ NO □ YES
		□ NO □ YES

36. Over your lifetime, would you have smoked as much as 100 cigarettes or a similar amount of tobacco?

□ YES □ NO

If YES go to question 37 If NO go to question 39

37. Do you currently smoke as much as one cigarette per day (or 1 cigar per week or 1 gram of tobacco per month)?

□ YES □ NO, go to question 27

If YES:

a. How old were you when you started smoking as much as one cigarette per day (or 1 cigar per week or 1 gram of tobacco per month)?

_____ Age in years

b. What is the average number of cigarettes per day, grams of tobacco per day and/or number of cigars per week that you currently smoke?

_____ Cigarettes per day
_____ Grams of tobacco per day (do not include tobacco from Cigarettes or cigars)
_____ Cigars per week

38. Have you ever smoked as much as one cigarette per day (or 1 cigar per week or 1 gram of tobacco per month)?

□ YES □ NO, go to question 28

If YES:

a. How old were you when you started smoking as much as one cigarette per day (or 1 cigar per week or 1 gram of tobacco per month)?

_____ Age in years

b. How old were you when you stopped smoking as much as one cigarette per day (or 1 cigar per week or 1 gram of tobacco per month)?

_____Age in years

c. What was the average number of cigarettes per day, grams of tobacco per day and/or number of cigars per week that you smoked?

_____ Cigarettes per day
_____ Grams of tobacco per day (don't include tobacco from cigarettes or cigars)
_____ Cigars per week

39. We would like to ask you about the physical activity you did IN THE LAST WEEK:

IN THE LAST WEEK how many times have you walked continuously, for at least 10 minutes, for recreation/exercise or to get to or from places?

What do you estimate was the total time that you spent walking in this way IN THE LAST WEEK?

IN THE LAST WEEK how many times did you do any vigorous gardening or heavy work around the yard which made you breathe harder or puff and pant?

What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard IN THE LAST WEEK?

40. The next question excludes household chores or gardening or yardwork

IN THE LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis, etc.)

What do you estimate was the total time that you spent doing this vigorous physical activity IN THE LAST WEEK?

41. The next question excludes household chores or gardening or yardwork

IN THE LAST WEEK how many times did you do any other more moderate physical activity that you haven't already mentioned? (e.g. gentle swimming, social tennis, golf, etc.)

What do you estimate was the total time that you spent doing these activities IN THE LAST WEEK?

42. The next three questions are about your average WEEKLY level of activity IN THE LAST SIX MONTHS

On average, IN THE LAST SIX MONTHS how much time did you spend each week walking for recreation/exercise or to get to or from places? (THIS IS WALKING CONTINUOUSLY FOR AT LEAST 10 MINUTES)

43. The next question excludes household chores or gardening or yardwork

On average, IN THE LAST SIX MONTHS how much time did you spend each week doing vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis, etc.)

44. The next question excludes household chores or gardening or yardwork

On average, IN THE LAST SIX MONTHS how much time did you spend each week doing any other more moderate physical activity that you haven't already mentioned (e.g. gentle swimming, social tennis, golf, etc.)

45. The following statements are about the amount of exercise you intend to do in the near Future

Which one best describes how you feel at present?

You do NOT intend to be more active than you have been over the last week	☐1
You intend to be more active over the NEXT MONTH than you have been over the last week	☐2
You intend to become more active sometime over the NEXT SIX MONTHS than you have been over the last week	☐3

To what extent do you agree or disagree with the following statements about physical activity and health?

Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health	☐1
Half an hour of brisk walking on most days is enough to improve your health	☐2
To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times a week	☐3
Exercise doesn't have to be done all at one time—blocks of 10 minutes are okay	☐4
Moderate exercise that increases your heart rate slightly can improve your health	☐5

About how tall are you, without shoes?

About how much do you weigh?
(Note: If pregnant at the moment, write in your usual weight when not pregnant)

	Better than usual ▼	Same as Usual ▼	Less than usual ▼	Much less than usual ▼
46. Have you recently been able to concentrate on whatever you're doing?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼
47. Have you recently lost much sleep over worry?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
48. Have you recently felt that you are playing a useful part in things?	☐1	☐2	☐3	☐4
49. Have you recently felt capable of making decisions about things?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼
50. Have you recently felt constantly under strain?	☐1	☐2	☐3	☐4
51. Have you recently felt you couldn't overcome your difficulties?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
52. Have you recently been able to enjoy your normal day-to-day activities?	☐1	☐2	☐3	☐4
53. Have you recently been able to face up to your problems?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼
54. Have you recently been feeling unhappy and depressed?	☐1	☐2	☐3	☐4
55. Have you recently been losing confidence in yourself?	☐1	☐2	☐3	☐4
56. Have you recently been thinking of yourself as a worthless person?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
57. Have you recently been feeling reasonably happy, all things considered?	☐1	☐2	☐3	☐4

58. In the past <u>month</u>, about how often did you feel tired for no good reason?

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

59. In the past <u>month</u>, about how often did you feel nervous?

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

60. In the past <u>month</u>, about how often did you feel so nervous that nothing could calm you down?

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

61. In the past month, about how often did you feel hopeless?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

62. In the past month, about how often did you feel restless or fidgety?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

63. In the past month, about how often did you feel so restless that you could not sit still?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

64. In the past month, about how often did you feel depressed?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

65. In the past month, about how often did you feel that everything was an effort?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

66. In the past month, about how often did you feel so sad that nothing could cheer you up?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

67. In the past month, about how often did you feel worthless?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
□	□	□	□	□

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

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
□	□	□	□	□

If NEVER, go to question **78**

In answering the following questions, please remember that a standard drink contains 10g of pure alcohol

69. How many 'standard' drinks (see above) containing alcohol do you have on a typical day when you are drinking?

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

70. How often do you have six or more drinks on one occasion?

☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily or almost daily

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

☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily or almost daily

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

☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily or almost daily

73. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily or almost daily

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

☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily or almost daily

75. 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 once a month	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

76. 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
☐	☐	☐

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

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

Cannabis

78.How old were you when you first used cannabis?

____ years (write '0' if never used)

79.With whom did you use your first cannabis?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

80.Where did you first use cannabis?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

81.How did you first use cannabis?

k) smoking
l) eating
m) other: _____

82.When you first used cannabis, was it offered to you, did you ask for it or did you buy it?

n) offered (unasked and free)
o) asked for it (got it free)
p) bought it myself

These questions are about the way you used cannabis during four periods, namely

a) the first year of cannabis use
b) your period of heaviest cannabis use
c) last year
d) the last three months

83.During your first year of use, did you use cannabis?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

84.During your period of heaviest use, did you use cannabis?

f) daily
g) not daily, but more than once a week
h) once a week
i) less than once a week, but at least once a month
j) less than once a month

85.During the last year, did you use cannabis?

k) daily
l) not daily, but more than once a week
m) once a week
n) less than once a week, but at least once a month
o) less than once a month
p) none

86.During the last three months, did you use cannabis?

q) daily
r) not daily, but more than once a week
s) once a week
t) less than once a week, but at least once a month
u) less than once a month
v) none

87.i) Do you think you will use cannabis in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using cannabis?
   d) yes
   e) no

88. Which method(s) of using cannabis has been most appropriate for you (circle all that apply) during your first year of use?

   a) smoking
   b) eating
   c) other: _____

89.Which method(s) of using cannabis have been most appropriate for you during your period of heaviest use.

   a) smoking
   b) eating
   c) other: _____

90.Which method(s) of using cannabis has been most appropriate for you during the last year.

   a) smoking
   b) eating
   c) other: _____

91. Which method(s) of using cannabis has been most appropriate for you during the last three months.

   d) smoking
   e) eating
   f) other: _____

92.How long was it between your first and next use of cannabis?

   _____ years
   _____months
   _____ weeks
   _____ days

93.How old were you when you started to use cannabis regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

   _____ years old

94.i) How old were you when you used the most cannabis?

   a) _____ years

ii) How long was this period?

   a) _____ months
   b) less than one month
   c) less than one week

95.Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried cannabis but gradually decreased since then.
b) *Pattern 2* My cannabis use has gradually increased over the years.
c) *Pattern 3* I started using cannabis at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4*My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using cannabis many times.
f) *Pattern 6* My use pattern has varied considerably over the years

Ecstasy

96.How old were you when you first used ecstasy?

____ years (write '0' if never used)

97.With whom did you use your first ecstasy?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

98.Where did you first use ecstasy?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

99.How did you first use ecstasy?

a) eating
b) snorting
c) injecting
d) other: _____

100.When you first used ecstasy, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)

b) asked for it (got it free)
c) bought it myself

These questions are about the way you used ecstasy during four periods, namely

a) the first year of ecstasy use
b) your period of heaviest ecstasy use
c) last year
d) the last three months

101.During your first year of use, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

102.During your period of heaviest use, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

103.During the last year, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

104.During the last three months, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

105.i) Do you think you will use ecstasy in the future?

f) yes, definitely
g) possibly
h) no, definitely not

ii) Do you consider yourself as someone who has stopped using ecstasy?

a) yes
b) no

106. Which method(s) of using ecstasy has been most appropriate for you (circle all that apply) during your first year of use?

a) eating
b) snorting
c) injecting
d) other: _____

107.Which method(s) of using ecstasy have been most appropriate for you during your period of heaviest use.

a) eating
b) snorting
c) injecting
d) other: _____

108.Which method(s) of using ecstasy has been most appropriate for you during the last year.

a) eating
b) snorting
c) injecting
d) other: _____

109. Which method(s) of using ecstasy has been most appropriate for you during the last three months.

e) eating
f) snorting
g) injecting
h) other: _____

110.How long was it between your first and next use of ecstasy?

_____ years
_____months
_____ weeks
_____ days

111.How old were you when you started to use ecstasy regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

112.i) How old were you when you used the most ecstasy?

a) _____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

113.Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

g) *Pattern 1*: I immediately started using large amounts after I first tried ecstasy but gradually decreased since then.
h) *Pattern 2*: My ecstasy use has gradually increased over the years.
i) *Pattern 3*: I started using ecstasy at the same level that I still use, and the amount and frequency have not changed.
j) *Pattern* 4: My use increased gradually until it reached a peak, then it decreased.
k) *Pattern 5*: I have started and stopped using ecstasy many times.
l) Pattern 6: My use pattern has varied considerably over the years.

Amphetamines

114.How old were you when you first used amphetamines?

____ years (write '0' if never used)

115.With whom did you use your first amphetamines?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

116.Where did you first use amphetamines?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

117.How did you first use amphetamines?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption (rubbing on genitals/shafting)
f) other: _____

118.When you first used amphetamines, was it offered to you, did you ask for it or did you buy it?

g) offered (unasked and free)
h) asked for it (got it free)

i) bought it myself

These questions are about the way you used amphetamines during four periods, namely

a) the first year of amphetamines use
b) your period of heaviest amphetamines use
c) last year
d) the last three months

119.During your first year of use, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

120.During your period of heaviest use, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

121.During the last year, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

122.During the last three months, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

123.i) Do you think you will use amphetamines in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using amphetamines?

a) yes
b) no

124. Which method(s) of using amphetamines has been most appropriate for you (circle all that apply) during your first year of use?

a) snorting
b) eating
c) injecting
d) smoking
e) absorbtion (rubbing on genitals/shafting)
f) other: _____

125.Which method(s) of using amphetamines have been most appropriate for you during your period of heaviest use?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

126.Which method(s) of using amphetamines has been most appropriate for you during the last year?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

127. Which method(s) of using amphetamines has been most appropriate for you during the last three months?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

128.How long was it between your first and next use of amphetamines?

_____ years
_____months
_____ weeks
_____ days

129.How old were you when you started to use amphetamines regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

130.i) How old were you when you used the most amphetamines?

_____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

131.Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried amphetamine but gradually decreased since then.
b) *Pattern 2* My amphetamine use has gradually increased over the years.
c) *Pattern 3* I started using amphetamine at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4*My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using amphetamines many times.
f) *Pattern 6* My use pattern has varied considerably over the years.

Heroin

132.How old were you when you first used heroin?

____ years (write '0' if never used)

133.With whom did you use your first heroin?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

134.Where did you first use heroin?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

135.How did you first use heroin?

a) eating
b) injecting

c) smoking
d) absorption (rubbing on genitals/shafting)
e) other: _____

136.When you first used heroin, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)
b) asked for it (got it free)
c) bought it myself

These questions are about the way you used heroin during four periods, namely

a) the first year of heroin use
b) your period of heaviest heroin use
c) last year
d) the last three months

137.During your first year of use, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

138.During your period of heaviest use, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

139.During the last year, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

140.During the last three months, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

141.i) Do you think you will use heroin in the future?

a) yes, definitely

b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using heroin?
a) yes
b) no

142. Which method(s) of using heroin has been most appropriate for you (circle all that apply) during your first year of use?

a) eating
b) injecting
c) smoking
d) absorption (rubbing on genitals/shafting)
g) other: _____

143.Which method(s) of using heroin have been most appropriate for you during your period of heaviest use?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

144.Which method(s) of using heroin has been most appropriate for you during the last year?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

145. Which method(s) of using heroin has been most appropriate for you during the last three months?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

146.How long was it between your first and next use of heroin?

_____ years
_____months
_____ weeks
_____ days

147.How old were you when you started to use heroin regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

148.i) How old were you when you used the most heroin?

_____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

149. Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried heroin but gradually decreased since then.
b) *Pattern 2* My heroin use has gradually increased over the years.
c) *Pattern 3* I started using heroin at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4*My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using heroin many times.
f) *Pattern 6* My use pattern has varied considerably over the years.

*150.How much you have been bothered by the following problem **in the past month**?*	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
a. Repeated, disturbing *memories, thoughts or images* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
b. Repeated, disturbing *dreams* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
c. Suddenly *acting or feeling* as if a stressful experience were happening again (as if you were reliving it)?	☐1	☐2	☐3	☐4	☐5
d. Feeling *very upset* when *something reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
e. Having *physical reactions* (eg heart pounding, trouble breathing, sweating) when *something reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5

*150.How much you have been bothered by the following problem **in the past month**?*	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
f. Avoiding *thinking about* or *talking about* a stressful experience from the past or avoiding *having feelings* related to it?	☐1	☐2	☐3	☐4	☐5
g. Avoiding *activities* or *situations* because *they reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
h. Trouble *remembering important parts* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
i. Loss of *interest* in activities that you used to enjoy?	☐1	☐2	☐3	☐4	☐5
j. Feeling *distant* or *cut off* from other people?	☐1	☐2	☐3	☐4	☐5
k. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	☐1	☐2	☐3	☐4	☐5
l. Feeling as if your *future* somehow will be *cut short*?	☐1	☐2	☐3	☐4	☐5
m. Trouble *falling* or *staying* asleep?	☐1	☐2	☐3	☐4	☐5
n. Feeling *irritable* or having *angry* outbursts?	☐1	☐2	☐3	☐4	☐5
o. Having *difficulty concentrating*?	☐1	☐2	☐3	☐4	☐5
p. Being *"super alert"* or watchful or on guard?	☐1	☐2	☐3	☐4	☐5
q. Feeling *jumpy* or easily startled?	☐1	☐2	☐3	☐4	☐5

	Often	**Sometimes**	**Rarely**	**Never**
r. Do you have a choice in deciding how you do your job?	☐1	☐2	☐3	☐4
s. Do you have a choice in deciding what you do at work?	☐1	☐2	☐3	☐4
t. Other take decisions concerning my work.	☐1	☐2	☐3	☐4
u. I have a good deal of say in decisions about work.	☐1	☐2	☐3	☐4
v. I have a say in my own work speed.	☐1	☐2	☐3	☐4
w. My working time can be flexible.	☐1	☐2	☐3	☐4
x. I can decide when to take a break.	☐1	☐2	☐3	☐4
y. I have a say in choosing with whom I work.	☐1	☐2	☐3	☐4
z. I have a great deal of say in planning my work environment.	☐1	☐2	☐3	☐4
aa. Do you have to do the same thing over	☐1	☐2	☐3	☐4

and over again?				
bb. Does your job provide you with a variety of interesting things?	☐1	☐2	☐3	☐4
cc. Is your job boring?	☐1	☐2	☐3	☐4
dd. Do you have the possibility of learning new things through your work?	☐1	☐2	☐3	☐4
ee. Does your work demand a high level of skill or expertise?	☐1	☐2	☐3	☐4
ff. Does your job require you to take initiative?	☐1	☐2	☐3	☐4
gg. Do you have to work very fast?	☐1	☐2	☐3	☐4
hh. Do you have to work very intensively?	☐1	☐2	☐3	☐4
ii. Do you have enough time to do everything?	☐1	☐2	☐3	☐4
jj. Do different groups at work demand things from you that you think are hard to combine?	☐1	☐2	☐3	☐4

151. How steady is your work in your main job?

Regular and steady	Seasonal	Frequent layoffs	Both seasonal and layoffs	Other	Refuse / don't know
▼	▼	▼	▼	▼	
☐1	☐2	☐3	☐4	☐5	☐6

152. Briefly describe how secure and regular your main job is:

	Not at all secure	Moderate-ly secure	Secure	Extremely secure
	▼	▼	▼	▼
153. How secure do you feel about your job or career future in your current workplace?	☐1	☐2	☐3	☐4

	Not at all difficult	Moderate - ly difficult	Difficult	Extremely difficult
	▼	▼	▼	▼
154. 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)?	☐1	☐2	☐3	☐4

155. During the last year, how often were you in a situation where you faced job loss or layoff?

Never	Faced the possibility once	Faced the possibility more than once	Constantly	Actually laid off	Refuse / don't know

▼ ▼ ▼ ▼ ▼ ▼

☐1 ☐2 ☐3 ☐4 ☐5 ☐6

156. How likely is it that you will lose your present job during the next couple of years?

Not very likely	Somewhat likely	Very likely	Refuse / don't know
▼	▼	▼	▼
☐1	☐2	☐3	☐4

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

	Hours

158. 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	Refuse / don't know
▼	▼	▼
☐1	☐2	☐3

159. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)?

A		days (Paid sick leave)
B		days (unpaid sick leave)

160.How well does your partner meet your needs?

Poorly 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Extremely well

161.How good is your relationship compared to most?

Poor 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Excellent

162.How often do you wish you hadn't married or lived together?

Never 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Very often

163.To what extent has your marriage or relationship met your original expectations?

Hardly at all	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Completely

164.How much do you love your partner?

Not much	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Very, very much

165.How many problems are there in your relationship?

Very few	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Very many

166.Which best describes the degree of happiness, all things considered, in your relationship?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfectly happy

Now there are some questions about being a parent. These are for you to fill out yourself. Don't spend too long thinking about answers because often your first thoughts are the best. Check one box for each question.

167. Overall, as a parent, do you feel that you are:

☐1 Not very good at being a parent.

☐2 A person who has some trouble being a parent

☐3 An average parent

☐4 A better than average parent

☐5 A very good parent

168. It is important that parents know where their child is and what he/she is doing all the time. Do you:

☐1 Strongly disagree

☐2 Disagree

☐3 Neither agree nor disagree

☐4 Agree

☐5 Strongly agree

Sometimes parents need help or support of various kinds. The next questions are about your most useful sources of help (NOT including your present partner).

169. (Apart from your partner) What are your 3 most important sources of information bout parenting or caring for child? MARK UP TO 3

☐1 Family members not living with you

☐2 Friends

☐3 Neighbours

☐4 Priests or religious leaders

☐5 Teachers

☐6 Doctors

☐7 Other professionals

☐8 Government, community or welfare organisations

☐9 Telephone services

☐10 Books, newspapers or magazines

☐11 Television or videos

☐12 Internet

☐13 Other family members living with you (not partner)

☐14 Other

☐15 No one

☐16 Do not need

170. What are your 3 most important sources of practical help (such as gardening, house maintenance, sick care, help with children, moving house and so on)? MARK UP TO 3

☐1 Family members not living with you

☐2 Friends

☐3 Neighbours

☐4 Priests or religious leaders

☐5 Teachers

☐6 Doctors

☐7 Other professionals

☐8 Government, community or welfare organisations

☐9 Telephone services

☐10 Books, newspapers or magazines

☐11 Television or videos

☐12 Internet

☐13 Other family members living with you (not partner)

☐14 Other

☐15 No one

☐16 Do not need

171. *What are 3 of your most important sources of emotional support or advice (such as sharing feelings, advice on dealing with problems and so on)? MARK UP TO 3*

☐1 Family members not living with you

☐2 Friends

☐3 Neighbours

☐4 Priests or religious leaders

☐5 Teachers

☐6 Doctors

☐7 Other professionals

☐8 Government, community or welfare organisations

☐9 Telephone services

☐10 Books, newspapers or magazines

☐11 Television or videos

☐12 Internet

☐13 Other family members living with you (not partner)

☐14 Other

☐15 No one

☐16 Do not need

172. What are your 3 most important sources of financial assistance or advice (such as loans, gifts, help paying bills, financial advice and so on)? MARK UP TO 3

☐1 Family members not living with you

☐2 Friends

☐3 Neighbours

☐4 Priests or religious leaders

☐5 Teachers

☐6 Doctors

☐7 Other professionals

☐8 Government, community or welfare organisations

☐9 Telephone services

☐10 Books, newspapers or magazines

☐11 Television or videos

☐12 Internet

☐13 Other family members living with you (not partner)

☐14 Other

☐15 No one

☐16 Do not need

For each item, fill in the check box that best describes you style of parenting during the past two months with your child.

173. When my child misbehaves…

I do something right away	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I do something about it later

174. Before I do something about a problem…

I give my child several reminders or warnings	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I use only one reminder or warning.

175. When I'm upset or under stress…

I am picky and on my child's back	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I am no more picky than usual

176. When I tell my child not to do something…

I say very little	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I say a lot.

177. When my child pesters me…

I can ignore the pestering	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I can't ignore the pestering

178. When my child misbehaves…

I usually get into a long argument with my child	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I don't get into an argument.

179. I threaten to do things that…

I am sure I can carry out.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I know I won't actually do.

180. I am the kind of parent that…

Set limits on what my child is allowed to do.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	Lets my child do whatever he/she wants.

181. When my child misbehaves…

I give my child a long lecture	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I keep my talks short and do the point.

182. When my child misbehaves…

I raise my voice and yell.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I speak to my child calmly.

183. If saying "No" doesn't work right away…

I take some other kind of action.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I keep talking and try to get through to my child.

184. When I want my child to stop doing something…

I firmly tell my child to stop.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I coax or beg my child to stop.

185. When my child is out of my sight…

I often don't know what my child is doing.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I always have a good idea of what my child is doing.

186 After there's been a problem with my child…

I often hold a grudge.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	Things get back to normal quickly.

187. When we're not at home…

I handle my child the way I do at home.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I let my child get away with a lot more.

188. When my child does something I don't like…

I do something about it every time it happens.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I often let it go.

189. When there is a problem with my child…

Things build up and I do things I don't mean to do.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	Things don't get out of hand.

190. When my child misbehaves, I spank, slap, grab, or hit my child…

Never or rarely.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	Most of the time.

191.. When my child doesn't do what I ask…

I often let it go or end up doing it myself.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I take some other action.

192. When I give a fair threat or warning…

I often don't carry it out.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I always do what I said.

193. If saying "No" doesn't work…

I take some other kind of action	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I offer my child something nice so he/she will behave.

194. When my child misbehaves…

I handle it without getting upset.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I get so frustrated or angry that my child can see I'm upset.

195. When my child misbehaves…

I make my child tell me why he/she did it.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I say "no" or take some other action.

196. If my child misbehaves and the acts sorry…

I handle the problem like I usually would.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I let it go that time.

197. When my child misbehaves…

I rarely use bad language or curse	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I almost always use bad language

198. When I say my child can't do something…

I let my child do it anyway.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I stick to what I said.

199. When I have to handle a problem…

I tell my child I'm sorry about it.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I don't say I'm sorry.

200. When my child does something I don't like, I insult my child, say mean things, or call my child names…

Never or rarely.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	Most of the time.

201. If my child talks back or complains when I handle a problem…

I ignore the complaining and stick to what I said.	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I give my child a talk about not complaining.

202.. If my child gets upset when I say "No"…

I back down and give in to my child	☐1	☐2	☐3	☐4	☐5	☐6	☐7	I stick to what I said.

203. I come from a close family ☐ True ☐ False

204. I used to get shouted at a lot at home ☐ True ☐ False

205. I often used to play truant from school ☐ True ☐ False

206. I felt valued by my family ☐ True ☐ False

207. I regularly used to see or hear physical fighting or verbal abuse between my parents ☐ True ☐ False

208. In my family there was at least one member I could talk to about things that were important to me ☐ True ☐ False

209. I used to be hit / hurt by a parent or caregiver regularly
☐ True ☐ False

210. One or more of my parents had problems with drugs or alcohol
☐ True ☐ False

211. My family used to do things together
☐ True ☐ False

212. I spent some time (any time) in Local Authority Care / Social Services
☐ True ☐ False

213. I had one special teacher / youth worker / family friend who looked out for me
☐ True ☐ False

214. I often used to get into physical fights at school
☐ True ☐ False

215. There was at least one thing / activity that I did that made me feel special or proud
☐ True ☐ False

216. I was suspended / expelled from school (ever)
☐ True ☐ False

217. I had problems with reading or writing at school and needed extra help
☐ True ☐ False

218. I did things that should have got me (or did get me) into trouble with the police
☐ True ☐ False

219.How often does your partner physically hurt you?

Never	Rarely	Sometimes	Fairly often	Frequently
□	□	□	□	□

220.How often does your partners insult or talk down to you?

Never	Rarely	Sometimes	Fairly often	Frequently
□	□	□	□	□

221.How often does your partner threaten you with harm?

Never	Rarely	Sometimes	Fairly often	Frequently
□	□	□	□	□

222.How often does your partner physically scream or curse at you?

Never	Rarely	Sometimes	Fairly often	Frequently
□	□	□	□	□

223.MOTHER FORM

This questionnaire lists various attitudes and behaviours of parents. As you remember your MOTHER in your first 16 years would you place a tick in the most appropriate box next to each question.

	Very like	Moderately like	Moderately unlike	Very unlike
a. Spoke to me in a warm and friendly voice	☐1	☐2	☐3	☐4
b. Did not help me as much as I needed	☐1	☐2	☐3	☐4
c. Let me do those things I liked doing	☐1	☐2	☐3	☐4
d. Seemed emotionally cold to me	☐1	☐2	☐3	☐4
e. Appeared to understand my problems and worries	☐1	☐2	☐3	☐4
f. Was affectionate to me	☐1	☐2	☐3	☐4
g. Liked me to make my own decisions	☐1	☐2	☐3	☐4
h. Did not want me to grow up	☐1	☐2	☐3	☐4
i. Tried to control everything I did	☐1	☐2	☐3	☐4
j. Invaded my privacy	☐1	☐2	☐3	☐4
k. Enjoyed talking things over with me	☐1	☐2	☐3	☐4
l. Frequently smiled at me	☐1	☐2	☐3	☐4
m. Tended to baby me	☐1	☐2	☐3	☐4
n. Did not seem to understand what I needed or wanted	☐1	☐2	☐3	☐4
o. Let me decide things for myself	☐1	☐2	☐3	☐4
p. Made me feel I wasn't wanted	☐1	☐2	☐3	☐4
q. Could make me feel better when I was upset	☐1	☐2	☐3	☐4
r. Did not talk with me very much	☐1	☐2	☐3	☐4
s. Tried to make me feel dependent on her/him	☐1	☐2	☐3	☐4
t. Felt I could not look after myself unless she/he was around	☐1	☐2	☐3	☐4
u. Gave me as much freedom as I wanted	☐1	☐2	☐3	☐4
v. Let me go out as often as I wanted	☐1	☐2	☐3	☐4
w. Was overprotective of me	☐1	☐2	☐3	☐4
x. Did not praise me	☐1	☐2	☐3	☐4
y. Let me dress in any way I pleased	☐1	☐2	☐3	☐4

224.FATHER FORM

This questionnaire lists various attitudes and behaviours of parents. As you remember your FATHER in your first 16 years would you place a tick in the most appropriate box next to each question.

	Very like	Moderately like	Moderately unlike	Very unlike
a. Spoke to me in a warm and friendly voice	☐1	☐2	☐3	☐4
b. Did not help me as much as I needed	☐1	☐2	☐3	☐4
c. Let me do those things I liked doing	☐1	☐2	☐3	☐4
d. Seemed emotionally cold to me	☐1	☐2	☐3	☐4
e. Appeared to understand my problems and worries	☐1	☐2	☐3	☐4
f. Was affectionate to me	☐1	☐2	☐3	☐4
g. Liked me to make my own decisions	☐1	☐2	☐3	☐4
h. Did not want me to grow up	☐1	☐2	☐3	☐4
i. Tried to control everything I did	☐1	☐2	☐3	☐4
j. Invaded my privacy	☐1	☐2	☐3	☐4
k. Enjoyed talking things over with me	☐1	☐2	☐3	☐4
l. Frequently smiled at me	☐1	☐2	☐3	☐4
m. Tended to baby me	☐1	☐2	☐3	☐4
n. Did not seem to understand what I needed or wanted	☐1	☐2	☐3	☐4
o. Let me decide things for myself	☐1	☐2	☐3	☐4
p. Made me feel I wasn't wanted	☐1	☐2	☐3	☐4
q. Could make me feel better when I was upset	☐1	☐2	☐3	☐4
r. Did not talk with me very much	☐1	☐2	☐3	☐4
s. Tried to make me feel dependent on her/him	☐1	☐2	☐3	☐4
t. Felt I could not look after myself unless she/he was around	☐1	☐2	☐3	☐4
u. Gave me as much freedom as I wanted	☐1	☐2	☐3	☐4
v. Let me go out as often as I wanted	☐1	☐2	☐3	☐4
w. Was overprotective of me	☐1	☐2	☐3	☐4
x. Did not praise me	☐1	☐2	☐3	☐4
y. Let me dress in any way I pleased	☐1	☐2	☐3	☐4

225. People who give Personal Support
(A supportive person is one who is helpful, will listen to you or who will back you up when you are in trouble).

Instructions: Please look at the following list and decide how much each person (or group of persons) is supportive for you at this time in your life. Check you answer.

A. Family Members - How supportive are these people now:

	None	Some	A lot	There is no such person
a. Your wife, husband or significant other person.	☐1	☐2	☐3	☐4
b. Your children or grandchildren.	☐1	☐2	☐3	☐4
c. Your parents or grandparents.	☐1	☐2	☐3	☐4
d. Your brothers or sisters.	☐1	☐2	☐3	☐4
e. Your other blood relatives.	☐1	☐2	☐3	☐4
f. Your relatives by marriage (for example: in-laws, ex-wife, ex-husband).	☐1	☐2	☐3	☐4

B. Non-Family Members

	None	Some	A lot	There is no such person
a. Your neighbours.	☐1	☐2	☐3	☐4
b. Your co-workers.	☐1	☐2	☐3	☐4
c. Your church members.	☐1	☐2	☐3	☐4
d. Your other friends.	☐1	☐2	☐3	☐4

C. Special Supportive Person

226.. Do you have one particular person whom you trust and to whom you can go with personal difficulties?

☐1 Yes ☐2 No

227. If you answered "yes", which of the above types of person is he or she? (for example: child, parent, neighbour)

228. People who cause personal stress
(A person who *stresses* you is one who causes problems for you or makes your life more difficult.)
Instructions: Please look at the following list and decide how much each person (or group of persons) is a stress for you at this time in your life. Check your answer.

A. Family Members - How stressed do you feel by these people now:

	None	Some	A lot	There is no such person
a. Your wife, husband or significant other person.	☐1	☐2	☐3	☐4
b. Your children or grandchildren.	☐1	☐2	☐3	☐4
c. Your parents or grandparents.	☐1	☐2	☐3	☐4
d. Your brothers or sisters.	☐1	☐2	☐3	☐4
e. Your other blood relatives.	☐1	☐2	☐3	☐4
f. Your relatives by marriage (for example: in-laws, ex-wife, ex-husband).	☐1	☐2	☐3	☐4

B. Non-Family Members

	None	Some	A lot	There is no such person
a. Your neighbours.	☐1	☐2	☐3	☐4
b. Your co-workers.	☐1	☐2	☐3	☐4
c. Your church members.	☐1	☐2	☐3	☐4
d. Your other friends.	☐1	☐2	☐3	☐4

C. Most Stressful Person

229. Is there one particular person who is causing you the most personal stress now?

☐1 Yes ☐2 No

230. If you answered "yes", which of the above types of person is he or she? (for example: child, parent, neighbour)

231. In the past 12 months, which of the following major life events have taken place in your life? Tick next to each event that you have experienced this year

Death of Spouse	☐1
Divorce	☐1
Marital Separation	☐1
Jail Term	☐1
Death of close family member	☐1
Personal injury or illness	☐1
Marriage	☐1
Fired from work	☐1
Marital reconciliation	☐1
Retirement	☐1
Change in family member's health	☐1
Pregnancy	☐1
Sex difficulties	☐1
Addition to family	☐1
Business readjustment	☐1
Change in financial status	☐1
Death of close friend	☐1
Change to a different line of work	☐1
Change in number of marital arguments	☐1
Mortgage or loan over $10,000	☐1
Foreclosure of mortgage or loan	☐1
Change in work responsibilities	☐1
Trouble with inlaws	☐1
Outstanding personal achievement	☐1
Spouse begins or stops work	☐1
Starting or finishing school	☐1
Change in living conditions	☐1
Revision of personal habits	☐1
Trouble with boss	☐1
Change in work hours, conditions	☐1
Change in residence	☐1
Change in schools	☐1
Change in recreational habits	☐1
Change in church activities	☐1
Change in social activities	☐1
Mortgage or loan under $10,000	☐1
Change in sleeping habits	☐1
Change in number of family gatherings	☐1
Change in eating habits	☐1
Vacation	☐1
Christmas season	☐1
Minor violation of the law	☐1

"The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box."

232.THE PROACTIVE COPING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. I am a "take charge" person.	☐1	☐2	☐3
b. I try to let things work out on their own. (-)	☐1	☐2	☐3
c. After attaining a goal, I look for another, more challenging one.	☐1	☐2	☐3
d. I like challenges and beating the odds.	☐1	☐2	☐3
e. I visualise my dreams and try to achieve them.	☐1	☐2	☐3
f. Despite numerous setbacks, I usually succeed in getting what I want.	☐1	☐2	☐3
g. I try to pinpoint what I need to succeed.	☐1	☐2	☐3
h. I always try to find a way to work around obstacles; nothing really stops me.	☐1	☐2	☐3
i. I often see myself failing so I don't get my hopes up too high. (-)	☐1	☐2	☐3
j. When I apply for a position, I imagine myself filling it.	☐1	☐2	☐3
k. I turn obstacles into positive experiences.	☐1	☐2	☐3
l. If someone tells me I can't do something, you can be sure I will do it.	☐1	☐2	☐3
m. When I experience a problem, I take the initiative in resolving it.	☐1	☐2	☐3
n. When I have a problem, I usually see myself in a no-win situation. (-)	☐1	☐2	☐3

233.REFLECTIVE COPING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. I imagine myself solving difficult problems	☐1	☐2	☐3
b. Rather than acting impulsively, I usually think of various ways to solve a problem.	☐1	☐2	☐3
c. In my mind I go through many different scenarios in order to prepare myself for different outcomes.	☐1	☐2	☐3
d. I tackle a problem by thinking about realistic alternatives.	☐1	☐2	☐3
e. When I have a problem with my co-workers, friends, or family, I imagine beforehand how I will deal with them successfully.	☐1	☐2	☐3
f. Before tackling a difficult task I imagine success scenarios.	☐1	☐2	☐3
g. I take action only after thinking carefully about a problem.	☐1	☐2	☐3
h. I imagine myself solving a difficult problem before I actually have to face it.	☐1	☐2	☐3
i. I address a problem from various angles until I find the appropriate action.	☐1	☐2	☐3
j. When there are serious misunderstandings with co-workers, family members or friends, I practice before how I will deal with them.	☐1	☐2	☐3
k. I think about every possible outcome to a problem before tackling it.	☐1	☐2	☐3

234. STRATEGIC PLANNING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. I often find ways to break down difficult problems into manageable components.	☐1	☐2	☐3
b. I make a plan and follow it.	☐1	☐2	☐3
c. I break down a problem into smaller parts and do one part at a time.	☐1	☐2	☐3
d. I make lists and try to focus on the most important things first.	☐1	☐2	☐3

235.PREVENTIVE COPING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. I plan for future eventualities.	☐1	☐2	☐3
b. Rather than spending every cent I make, I like to save for a rainy day.	☐1	☐2	☐3
c. I prepare for adverse events.	☐1	☐2	☐3
d. Before disaster strikes I am well-prepared for its consequences.	☐1	☐2	☐3
e. I plan my strategies to change a situation before I act.	☐1	☐2	☐3
f. I develop my job skills to protect myself against unemployment.	☐1	☐2	☐3
g. I make sure my family is well taken care of to protect them from adversity in the future.	☐1	☐2	☐3
h. I think ahead to avoid dangerous situations.	☐1	☐2	☐3

i. I plan strategies for what I hope will be the best possible outcome.	☐1	☐2	☐3
j. I try to manage my money well in order to avoid being destitute in old age.	☐1	☐2	☐3

236.INSTRUMENTAL SUPPORT SEEKING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. When solving my own problems other people's advice can be helpful.	☐1	☐2	☐3
b. I try to talk and explain my stress in order to get feedback from my friends.	☐1	☐2	☐3
c. Information I get from others has often helped me deal with my problems.	☐1	☐2	☐3
d. I can usually identify people who can help me develop my own solutions to problems.	☐1	☐2	☐3
e. I ask others what they would do in my situation.	☐1	☐2	☐3
f. Talking to others can be really useful because it provides another perspective on the problem.	☐1	☐2	☐3
g. Before getting messed up with a problem I'll call a friend to talk about it.	☐1	☐2	☐3
h. When I am in trouble I can usually work out something with the help of others.	☐1	☐2	☐3

237.EMOTIONAL SUPPORT SEEKING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. If I am depressed I know who I can call to help me feel better.	☐1	☐2	☐3
b. Others help me feel cared for.	☐1	☐2	☐3
c. I know who can be counted on when the chips are down.	☐1	☐2	☐3
d. When I'm depressed I get out and talk to others.	☐1	☐2	☐3

e. I confide my feelings in others to build up and maintain close relationships.	☐1	☐2	☐3

238.AVOIDANCE COPING SUBSCALE

	Not at all true	Barely true	Somewhat true
a. When I have a problem I like to sleep on it.	☐1	☐2	☐3
b. If I find a problem too difficult sometimes I put it aside until I'm ready to deal with it.	☐1	☐2	☐3
c. When I have a problem I usually let it simmer on the back burner for a while.	☐1	☐2	☐3

Demographic data

239. Are you male or female? □ Male □ Female

240. What is your date birth? __ __ / __ __ / 1 9 __ __ (day/ month/ year)

241. In which country were you born?

□ Australia
□ New Zealand
□ United Kingdom
□ Republic of Ireland
□ Italy
□ Germany, Federal Republic of
□ Greece
□ India
□ Canada
□ Lebanon
□ Malaysia
□ Malta
□ Philippines
□ Poland
□ South Africa
□ USA
□ Vietnam
□ China
□ Netherlands
□ Vietnam
□ Yugoslavia (Former) NFD
□ Other , please specify_____

242. Do you regard yourself as being of Aboriginal or Torres Strait Islander origin?
(If you are both Aboriginal and Torres Strait Islander origin, mark both "yes" boxes).

- NO
- YES - Aboriginal
- YES – Torres Strait Islander

243. Do you usually speak English in your household?

- YES
- NO

244. What is your current marital status? Choose one.

- Married
- De facto relationship
- Separated
- Divorced
- Widowed
- Single, never married
- Other, please specify _____

245. Which category best describes the highest educational qualification you have completed? Choose one.

- Primary school
- Secondary school up to grade 10
- Secondary school grades 11-12
- Certificate (trade, apprenticeship, technicians etc)
- Diploma (associate, undergraduate)
- Bachelor degree
- Post-graduate qualification
- Other

246. What is your current occupational status?

- Paid employment full-time
- Paid employed part-time/casual
- Volunteer/community work
- Student
- Home duties
- Retired
- Not working due to ill-health / TPI
- Unemployed
- Other, please specify _____

247. How many hours per week do you normally work? _____

248. What is your <u>main</u> source of income now? Choose one

- Wage or salary
- Own business or share in a partnership
- Age Service pension

- Invalidity Service Pension
- Compensation benefit
  Under the VEA SRCA MRCA
- Other government pension / allowance / benefit
- Child allowance
- Superannuation / annuity
- Dividends / interest / income from investments
- Other _____ please

249. Are you in receipt of any type of pension?

 YES NO

250. Before income tax is taken out, what is your present yearly income (for you and your partner combined)?

INCLUDE PENSIONS AND ALLOWANCES BEFORE TAX, SUPERANNUATION OR HEALTH INSURANCE

You and partner <u>combined</u>

BEFORE TAX

- $2400 or more per week ($124,800 or more per year)
- $2200-$2399 per week ($114.400-$114,399 per year)
- $2000-$2199 per week ($104,000-$114,399 per year)
- $1500-$1999 per week ($78,000 - $103,999 per year)
- $1000-$1499 per week ($52,000 - $77,999 per year)
- $800-$999 per week ($41,600-$$51,999 per year)
- $700-$799 per week ($36,400-$41,599 per year)
- $600-$699 per week ($31,200 - $36,399 per year)
- $500-$599 per week ($26,000-$31,199 per year)
- $400-$499 per week ($20,800 - $25,999 per year)
- $300-$399 per week ($15,600-$20,799 per year)
- $200-$299 per week ($10,400-$15,599 per year)
- $100-$199 per week ($5,200 - $10,399 per year)
- $50-$99 per week ($2,600 - $5,199 per year)
- $1-$49 per week ($1-$2,599 per year)
- Nil income
- Negative income
- Don't know
- Refused

251. Given your current needs and financial responsibilities, how would you say you and your family are getting on?

INCLUDES PARTNER AND CHILDREN LIVING AT HOME

- Prosperous

- Very comfortable
- Reasonably comfortable
- Just getting along
- Poor
- Very poor
- Don't know
- Refused

Over the last 12 months, due to shortage of money, have any of the following happened?

252. You have not been able to pay gas, electricity or telephone bills on time?

- Yes
- No
- Don't know
- Refused

253. You could not pay the mortgage or rent on time?

- Yes
- No
- Don't know
- Refused

254. Adults or children have gone without meals?

- Yes
- No
- Don't know
- Refused

255. You have been unable to heat or cool your home?

- Yes
- No
- Don't know
- Refused

256. You have pawned or sold something?

- Yes
- No
- Don't know
- Refused

257. You have sought assistance from a welfare or community organisation?

- Yes
- No
- Don’t know
- Refused

258. You had financial limits on the type of food you could buy?

- Yes
- No
- Don’t know
- Refused

Thank you for completing this questionnaire. Your participation is appreciated.