

# Adult Health & Lifestyle Questionnaire



## Contents

<b>S1</b>	Birth Order	2	<b>S16</b>	Extrasensory perception (ESP)	5
<b>S2</b>	Peas-in-a-Pod questionnaire	2	<b>S17</b>	Twin bond	5
<b>S3</b>	Zygoty knowledge	2	<b>S18</b>	General Health	5
<b>S4</b>	Zygoty importance	2	<b>S19–22</b>	Cancer (1–4)	6
<b>S5</b>	Family	2	<b>S23–32</b>	Medical conditions (1–10)	7–8
<b>S6</b>	Weight	3	<b>S33</b>	Accident and injury	8
<b>S7</b>	Height	3	<b>S34</b>	Other health conditions	8
<b>S8</b>	Handedness	3	<b>S35–36</b>	Screening (1–3)	8
<b>S9</b>	Living arrangements	3	<b>S37</b>	Vision	8
<b>S10</b>	Communication	3	<b>S38</b>	Hearing	9
<b>S11–12</b>	Education (1–2)	4	<b>S39</b>	Speech	9
<b>S13</b>	Income, employment & Marital status	4	<b>S40</b>	Psychological distress scale	9
<b>S14</b>	Country of birth	5	<b>S41–43</b>	Tobacco use (1–3)	9–10
<b>S15</b>	Language & Aboriginal and/or Torres Strait Islander status	5	<b>S44–45</b>	Alcohol consumption (1–2)	10
			<b>S46</b>	General comments	10

### Please note:

The content in this document reflects the content of the TRA Adult Health and Lifestyle Questionnaire. Differences between this version and the online version available to twin participants include:

- Layout of the online questionnaire.
- Sections of this document represent pages of the online questionnaire.
- Section headings and question numbers in this document are not visible to online participants.
- Conditional logic which is written in this document is automated in the online questionnaire.
- Study PLS, consent and instructions on how to use the online survey are not included in this document.
- Country list used for section 14 is not included in this document.
- Asterisks indicate mandatory questions.

## S1: Birth order

### 1.1 \*Who was the first born twin?

Please choose only one of the following:

- Me  My twin  Don't know/Prefer not to answer

## S2: Peas-in-a-Pod questionnaire

The following questions ask how alike you and your twin were in your childhood.

### 2.1 Were you and your twin "as alike as two peas in a pod"?

Please choose only one of the following:

- As alike as two peas in a pod  
 Usual sibling similarity  
 Quite different

## S3: Zygosity knowledge

### 3.1 Do you think you and your twin are identical or non-identical? Please choose only one of the following:

- Identical (monozygotic)  Non-identical (dizygotic)

*Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike that people often mistake one for the other, especially during their childhood.*

### 3.2 Why do you think you and your twin are identical or non-identical? Please choose all that apply:

- Advice from doctor →Q3.4  
 Parents told us →Q3.4  
 Zygosity test (DNA)  
 Same placenta →Q3.4  
 We do not look identical →Q3.4  
 Other: \_\_\_\_\_ →Q3.4

## S4: Zygosity importance

### 4.1 \*How important is it for you to know whether or not you and your twin are genetically identical or not? Please

choose only one of the following:

- Extremely important  
 Somewhat important  
 Not important  
 Don't know / Prefer not to answer

## S5: Family

### 5.1 \*Are there any other twins in your family?

Please choose all that apply:

- Yes, my immediate family (e.g. brothers, sisters, parents, children)  
 Yes, my extended family (e.g. grandparents, aunts, uncles, cousins)  
 No  
 Don't know / Prefer not to answer

### 1.2 \*Are you and your twin the same sex?

Please choose only one of the following:

- Yes  No →S5  
 Don't know / Prefer not to answer →S5

### 2.2 Were you and your twin mixed up as children?

Please choose only one of the following:

- Yes, very often  Now and then  
 Never

### 2.3 By whom were you mixed up?

Please choose all that apply:

- Parents  Teachers  
 Others  Nobody

### 3.3 \*What was the result of the DNA test?

Please choose only one of the following:

- Identical (one egg, monozygotic)  
 Non-identical (two eggs, dizygotic)  
 Undeterminable  
 I have not received the result yet

### 3.4 When you and your twin were born, was the placenta(s) shared or separate?

Please choose only one of the following:

- Shared  Separate  
 Separate but they were joined  
 Don't know / Prefer not to answer

### 4.2 Why do you feel this way?

Please write your answer here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This refers to the importance you place on knowing whether you and your twin are identical or not.*

### 5.2 How many biological children do you have?

Please write your answer(s) here:

Children: \_\_\_\_\_

### 5.3 Apart from your twin, how many biological brothers and sisters do you have?

Please write your answer(s) here:

Biological brothers: \_\_\_\_\_

Biological sisters: \_\_\_\_\_

## S6: Weight

### 6.1 \*We would like to ask about your weight at birth.

#### Which unit would you prefer to use?

Please choose only one of the following:

- Grams →Q6.2 then →Q6.4  
 Pounds & ounces →Q6.3 then →Q6.4  
 I don't know my weight at birth →Q6.4

### 6.2 How much did you weigh at birth?

Please write your answer(s) here:

Grams: \_\_\_\_\_

*If you are unsure, please enter an approximate weight as this is still useful information.*

### 6.3 How much did you weigh at birth?

Please write your answer(s) here:

Pounds: \_\_\_\_\_ Ounces: \_\_\_\_\_

*If you are unsure, please enter an approximate weight as this is still useful information.*

### 6.4 \*We would like to ask about your current weight.

#### Which unit would you prefer to use?

Please choose only one of the following:

- Kilograms →Q6.5 then →S7  
 Stones and pounds →Q6.6 then →S7  
 Don't know / Prefer not to answer →S7

### 6.5 How much do you weigh now?

Please write your answer(s) here:

Kilograms: \_\_\_\_\_

*If you are unsure, please enter an approximate weight as this is still useful information.*

### 6.6 How much do you weigh now?

Please write your answer(s) here:

Stones: \_\_\_\_\_ Pounds: \_\_\_\_\_

*If you are unsure, please enter an approximate weight as this is still useful information.*

## S7: Height

### 7.1 \*We would like to ask about your current height.

#### Which unit would you prefer to use?

Please choose only one of the following:

- Centimetres →Q7.2 then →S8  
 Feet and inches →Q7.3 then →S8  
 Don't know / Prefer not to answer →S8

### 7.2 How tall are you now?

Please write your answer(s) here:

Centimetres: \_\_\_\_\_

*If you are unsure, please enter an approximate height as this is still useful information.*

### 7.3 How tall are you now?

Please write your answer(s) here:

Feet: \_\_\_\_\_ Inches: \_\_\_\_\_

*If you are unsure, please enter an approximate height as this is still useful information.*

## S8: Handedness

### 8.1 \*With which hand do you usually do the following things? Please choose the appropriate response for each item:

	Left	Either	Right
Write	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throw a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brush your teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S9: Living arrangements

### 9.1 How many years in total have you and your twin lived together?

Please write your answer(s) here: Years: \_\_\_\_\_

### 9.2 \*Do you and your twin currently live together?

Please choose only one of the following:

- Yes →Q9.4       No  
 Don't know / Prefer not to answer →Q9.4

### 9.3 At what age did you first live apart?

Please write your answer(s) here: Years old: \_\_\_\_\_

### 9.4 \*Where has your twin lived, relative to you, in the last 12 months?

Please choose only one of the following:

- Within the same suburb/town  
 Within the same state/territory  
 In a different state/territory of Australia  
 Overseas       Don't know/Prefer not to answer

## S10: Communication

### 10.1 \*On average, how often do you communicate with your twin? Please choose only one of the following:

- Daily       Every couple of days       Weekly       Monthly       Every few months  
 At least yearly       Less than yearly       Not at all       Don't know / Prefer not to answer

### S11: Education 1

**11.1 How old were you when you started school?** Please write your answer(s) here: Years old: \_\_\_\_\_

**11.2 \*Were you and your twin in the same classroom when you were in the following grades?**

**If you or your twin have not completed any of the grades please mark these as Not Applicable (N/A).**

Please choose the appropriate response for each item:

	Yes	No	N/A
1 <sup>st</sup> year of primary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	N/A
Grade 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 7 / Form 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 8 / Form 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 9 / Form 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 10 / Form 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 11 / Form 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 12 / Form 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### S12: Education 2

**12.1 What were you and your parents' highest completed grade level at school?**

Please choose the appropriate response for each:

	You	Mother	Father
Did not go to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 8 or below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 9 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 10 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 11 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 12 or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know/Prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If educated overseas, select the Australian equivalent.*

**12.2 \*What post school qualifications did you complete?**

Please choose all that apply:

- No post-school qualifications
- VET certificate I or II
- VET certificate III or IV or trade certificate
- VET Diploma or advanced diploma
- Bachelor degree
- Graduate diploma or graduate certificate
- Postgraduate degree (masters / PHD)
- Don't know / Prefer not to answer

*If educated overseas, select the Australian equivalent.*

**12.3 \*What post school qualifications did your mother complete?** Please choose all that apply:

- No post-school qualifications
- VET certificate I or II
- VET certificate III or IV
- VET Diploma or advanced diploma
- Bachelor degree
- Graduate diploma or grad certificate
- Postgraduate degree (masters / PHD)
- Don't know / Prefer not to answer

*If educated overseas, select the Australian equivalent.*

**12.4 \*What post school qualifications did your father complete?** Please choose all that apply:

- No post-school qualifications
- VET certificate I or II
- VET certificate III or IV
- VET Diploma or advanced diploma
- Bachelor degree
- Graduate diploma or grad certificate
- Postgraduate degree (masters / PHD)
- Don't know / Prefer not to answer

*If educated overseas, select the Australian equivalent.*

### S13: Income and marital status

**13.1 \*What is your current annual income before tax?**

Please choose only one of the following:

- None
- \$1 - \$15,600
- \$15,601 - \$31,200
- \$31,200 - \$52,000
- \$52,001 - \$78,000
- \$78,001 - \$104,000
- \$104,001 - \$126,000
- \$126,000 and over
- Don't know / Prefer not to answer

**13.2 \*What is currently your main activity?**

Please choose only one of the following:

- Working full-time
- Working part-time
- Studying
- Looking for work
- Studying and working
- Not doing paid work and not looking for work
- Don't know / Prefer not to answer
- Other: \_\_\_\_\_

**13.3 If you are working now or have previously worked, what is your usual occupation?**

Please write your answer here:

\_\_\_\_\_

**13.4 \*What is your present marital status?**

Please choose only one of the following:

- Never married
- Widowed
- Divorced
- Separated but not divorced
- Married/de facto
- Don't know/Prefer not to answer

### S14: Country of birth

#### 14.1 \*In which country were you born?

If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose only one of the following:

- [List of countries] If "Australia" → Q14.3  
 Don't know / Prefer not to answer  
 Other: \_\_\_\_\_

#### 14.2 How old were you when you came to live in Australia?

Please write your answer(s) here:

Years old: \_\_\_\_\_

#### 14.3 \*In which country was your mother born?

If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose only one of the following:

- [List of countries]  Don't know/Prefer not to answer  
 Other: \_\_\_\_\_

#### 14.4 \*In which country was your father born?

If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose only one of the following:

- [List of countries]  Don't know/Prefer not to answer  
 Other: \_\_\_\_\_

### S15: Language and Aboriginal and/or Torres Strait Islander status

#### 15.1 \*Do you speak a language other than English at home? Please choose only one of the following:

- Yes  No → Q15.4  
 Don't know / Prefer not to answer → Q15.4

#### 15.2 \*What language other than English do you speak at home? Please choose all that apply:

- Italian  Greek  Cantonese  
 Arabic  Mandarin  Vietnamese  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

#### 15.3 \*Which is the main language you speak at home (that is, the one you speak most of the time)? Please choose only one of the following:

- English  Italian  Greek  Cantonese  
 Arabic  Mandarin  Vietnamese  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

#### 15.4 \*Are you of Aboriginal and / or Torres Strait Islander origin? Please choose only one of the following:

- Aboriginal  Torres Strait Islander  
 Aboriginal and Torres Strait Islander  
 No  Don't know/Prefer not to answer

### S16: Extrasensory perception (ESP)

#### 16.1 \*Have you ever felt that you could pick up your twin's thoughts when you were not together?

Please choose only one of the following:

- Yes  No → Q16.3  
 Don't know / Prefer not to answer → Q16.3

#### 16.2 \*Was what you felt correct?

Please choose only one of the following:

- Yes  No  Don't know/Prefer not to answer

#### 16.3 \*Have you ever felt you knew what your twin was experiencing when you were apart and there was no logical way you could know this?

Please choose only one of the following:

- Always  Mostly  Half the time  Rarely  
 Never  Don't know/Prefer not to answer

### S17: Twin bond

#### 17.1 On a scale of 1 to 5, when you and your twin are together, how much do you enjoy each other's company?

Please choose the appropriate response for each item:  
 1 indicates you do not enjoy each other's company at all, 5 indicates that you both enjoy each other's company a lot.

Do not enjoy at all				Enjoy a lot
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

#### 17.2 On a scale of 1 to 5, when you experience a need for emotional support, how often do you contact your twin for assistance?

Please choose the appropriate response for each item:  
 1 indicates you have no contact at all, 5 indicates you have a lot of contact.

No contact at all				A lot of contact
1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

### S18: General health

#### 18.1 \*In general, how would you describe your health?

Please choose only one of the following:

- Excellent  Very Good  Good  Fair  
 Poor  Don't know/Prefer not to answer

*The next section will ask you about aspects of your medical history including medical conditions, diseases and health indicators.*

---

**S19: Cancer 1****19.1 \*Has a doctor ever diagnosed you with cancer, leukaemia or a malignant tumour (excluding non-malignant skin cancers)?**

Please choose only one of the following:

- Yes  No → S23  
 Don't know / Prefer not to answer → S23

**19.2 \*Where in the body did the cancer begin?**

Please choose only one of the following:

- Bowel  Breast  Kidney  Lung  
 Melanoma  Prostate  Thyroid  Pancreas  
 Non-Hodgkin lymphoma  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

*If you have had more than one cancer please tell us about the first cancer here.*

---

**S20: Cancer 2****20.1 \*Where in the body did the cancer begin?**

Please choose only one of the following:

- Bowel  Breast  Kidney  Lung  
 Melanoma  Prostate  Thyroid  Pancreas  
 Non-Hodgkin lymphoma  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

*Please tell us about your second cancer here.*

---

**S21: Cancer 3****21.1 \*Where in the body did the cancer begin?**

Please choose only one of the following:

- Bowel  Breast  Kidney  Lung  
 Melanoma  Prostate  Thyroid  Pancreas  
 Non-Hodgkin lymphoma  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

*Please tell us about your third cancer here.*

---

**S22: Cancer 4****22.1 \*Where in the body did the cancer begin?**

Please choose only one of the following:

- Bowel  Breast  Kidney  Lung  
 Melanoma  Prostate  Thyroid  Pancreas  
 Non-Hodgkin lymphoma  
 Don't know/Prefer not to answer  Other: \_\_\_\_\_

*Please tell us about your fourth cancer here.*

**19.3 How old were you when you were diagnosed with this cancer?** Please write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**19.4 \*Has a doctor ever diagnosed you with another cancer, leukaemia or a malignant tumour (excluding non-malignant skin cancers)?**

Please choose only one of the following:

- Yes  No → S23  
 Don't know / Prefer not to answer → S23

*This question asks about new cancers, not recurrences of a previous cancer.*

**20.2 How old were you when you were diagnosed with this cancer?** Please write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**20.3 \*Has a doctor ever diagnosed you with another cancer, leukaemia or a malignant tumour (excluding non-malignant skin cancers)?**

Please choose only one of the following:

- Yes  No → S23  
 Don't know / Prefer not to answer → S23

*This question asks about new cancers, not recurrences of a previous cancer.*

**21.2 How old were you when you were diagnosed with this cancer?** Please write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**21.3 \*Has a doctor ever diagnosed you with another cancer, leukaemia or a malignant tumour (excluding non-malignant skin cancers)?**

Please choose only one of the following:

- Yes  No → S23  
 Don't know / Prefer not to answer → S23

*This question asks about new cancers, not recurrences of a previous cancer.*

**22.2 How old were you when you were diagnosed with this cancer?** Please write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**22.3 \*Has a doctor ever diagnosed you with another cancer, leukaemia or a malignant tumour (excluding non-malignant skin cancers)?**

Please choose only one of the following:

- Yes  No  Don't know/Prefer not to answer  
*This question asks about new cancers, not recurrences of a previous cancer.*

---

**S23: Medical conditions 1****23.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Asthma     Food allergy (anaphylactic)     Food allergy (non-anaphylactic)     Skin allergy     Drug allergy  
 Hayfever     Animal or plant allergy     Chronic eczema     Psoriasis     None of the above

---

**S24: Medical conditions 2****24.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Migraine     Epilepsy     Multiple sclerosis     Restless legs syndrome  
 Glaucoma     Macular degeneration     Alzheimer's disease     Parkinson's disease     None of the above

---

**S25: Medical conditions 3****25.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Crohn's disease     Ulcerative colitis     Gastric ulcer     Irritable bowel syndrome (IBS)     None of the above

---

**S26: Medical conditions 4****26.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Stroke     Heart attack     Heart failure     Angina     Mitral valve prolapse     Blood clot  
 Rapid or irregular heartbeats/tachycardia/palpitations     Emphysema     Varicose veins  
 High blood pressure     Low blood pressure     High cholesterol     Sleep apnoea  
 Respiratory disease     Rheumatic heart disease     None of the above

---

**S27: Medical conditions 5****27.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Hypothyroidism     Hyperthyroidism     Diabetes Type 1 (Insulin dependent/juvenile)  
 Diabetes Type 2 (Insulin independent)     Liver disease     Kidney disease  
 Endometriosis confirmed by laparoscopy     None of the above

---

**S28: Medical conditions 6****28.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Gout     Rheumatoid arthritis     Osteoarthritis     Ankylosing spondylitis  
 Scoliosis     Lupus     None of the above

---

**S29: Medical conditions 7****29.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Panic disorder     Bipolar disorder     Psychosis     Schizophrenia  
 Generalised anxiety disorder     Obsessive compulsive disorder     Post-traumatic stress disorder  
 Depression     Eating disorder     None of the above

---

**S30: Medical conditions 8****29.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Congenital heart problem     Cerebral palsy     Muscular dystrophy     Cleft palate / Harelip  
 Down's syndrome     Deafness     Spina bifida     None of the above

---

**S31: Medical conditions 9****30.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Autism spectrum disorder/Asperger's syndrome     ADHD (Attention deficit hyperactivity disorder)  
 Learning disabilities     Speech disorder     None of the above
-

**S32: Medical conditions 10**

**33.1 \*Has a doctor ever diagnosed you with any of the following conditions?** Please choose all that apply:

- Back pain / back problems  
 Back – slipped disc or other disc problems  
 Osteoporosis                       Fibromyalgia  
 Carpal tunnel syndrome        None of the above

**33.2 \*Have you ever had a bone fracture?**

- Please choose only one of the following:  
 Yes     No → S33  
 Don't know / Prefer not to answer → S33

**33.3 \*Which bones have you fractured?**

- Please choose all that apply:  
 Spine        Hip                       Forearm  
 Leg                       Other: \_\_\_\_\_

**S33: Accident and injury**

**32.1 Have you ever had an accident or injury which led to limitations or restrictions in what you are able to do in everyday life that lasted for six months or more?**

- Choose only one of the following:  
 Yes     No → S33B  
 Don't know / Prefer not to answer → S33B

**32.2 \*Which areas of your life have been affected by the accident or injury?** Please choose all that apply:

- Cognition (understanding & communicating)  
 Mobility (moving & getting around)  
 Self-care (hygiene, dressing, eating & staying alone)  
 Getting along (interacting with people)  
 Everyday activities (domestic responsibilities, leisure, work & school)  
 Participation (joining in community activities)  
 Don't know / Prefer not to answer  
 Other: \_\_\_\_\_

**S33B: Other health conditions**

**33B.1 Have you ever been told by a doctor that you have any other health conditions that we have not asked about?**  
Please tell us about them here:

**S34: Screening 1 – females**

**34.3 Have you ever had a mammogram?**

- Please choose only one of the following:  
 Yes     No     Don't know / Prefer not to answer

**34.4 Have you ever had a pap smear?**

- Please choose only one of the following:  
 Yes     No     Don't know / Prefer not to answer

**34.5 Have you had a period in the last 12 months?**

- Please choose only one of the following:  
 Yes → S35     No  
 Don't know / Prefer not to answer → S35

**34.6 How long ago was your last period?**

- Please write your answer(s) here:  
 Years: \_\_\_\_\_

**S35: Screening 2 – males**

**35.1 Have you ever had a blood test for prostate cancer?**

- Please choose only one of the following:  
 Yes     No     Don't know / Prefer not to answer  
*This is sometimes called a PSA test, or a prostate specific antigen test.*

**S36: Screening 3**

**36.1 \*Have you ever had a colonoscopy?**

- Please choose only one of the following:  
 Yes     No     Don't know/Prefer not to answer

**S37: Vision**

**37.1 \*Are you colour blind?**

- Please choose only one of the following:  
 Yes     No     Don't know / Prefer not to answer

**37.2 \*Do you currently wear glasses or contact lenses to correct or partially correct your eyesight?**

- Please choose only one of the following:  
 Yes     No → S38  
 Don't know / Prefer not to answer → S38

**37.3 What sight problems do your glasses or contact lenses correct or partially correct?**

- Please choose all that apply:  
 Astigmatism     Macular degeneration  
 Short-sightedness / myopia / difficulty seeing objects in the distance        Long-sightedness / hyperopia / difficulty seeing objects close up  
 Other age related sight problems / presbyopia  
 Don't know/Prefer not to answer  
 Other: \_\_\_\_\_

### S38: Hearing

**38.1 \*Do you have any hearing problems or problems with your ears that have lasted, or are expected to last, for 6 months or more?**

Please choose only one of the following:

- Yes  No →S39  
 Don't know / Prefer not to answer →S39

### 38.2 What hearing or ear problems do you have?

Please choose all that apply:

- Total deafness  Deaf in one ear  
 Hearing loss / partially deaf  Tinnitus  
 Meniere's Disease  
 Otitis Media (middle ear infection)  
 Don't know / Prefer not to answer  
 Other: \_\_\_\_\_

### S39: Speech

**39.1 \*Have you ever had significant difficulties with any of the following conditions?**

Please choose all that apply:

- Speech difficulties (problems saying speech sounds)  
 Language difficulties (problems understanding or producing words or sentences)  
 Stuttering  Reading or literacy difficulties  
 None of the above →S40  
 Don't know / prefer not to answer →S40

### 39.2 \*Was this condition ever diagnosed by a speech therapist?

Please choose only one of the following:

- Yes  No  Don't know/Prefer not to answer

### S40: Psychological distress scale

**40.1 \*During the last 30 days, about how often did you feel the following?** Choose the appropriate response for each item:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Nervous	<input type="radio"/>				
Hopeless	<input type="radio"/>				
Restless or fidgety	<input type="radio"/>				
So depressed that nothing could cheer you up	<input type="radio"/>				
That everything was an effort	<input type="radio"/>				
Worthless	<input type="radio"/>				

### S41: Tobacco use 1

**41.1 \*Has there ever been a time when you have smoked cigarettes regularly? That is, at least one cigarette per day for 3 months or longer.**

Please choose only one of the following:

- Yes  No →S43  
 Don't know / Prefer not to answer →S43

**41.2 How old were you when you first started smoking cigarettes regularly?** Write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**41.3 In total, for how many years have you smoked cigarettes regularly?**

Please write your answer(s) here:

Years: \_\_\_\_\_

**41.4 Over the time you smoked regularly, how many cigarettes on average did you smoke per day?**

Please write your answer(s) here:

Cigarettes per day: \_\_\_\_\_

### S42: Tobacco use 2

**42.1 Are you currently smoking cigarettes regularly?**

Please choose only one of the following:

- Yes →Q42.3  No  
 Don't know / Prefer not to answer →Q42.3

**42.2 How old were you when you stopped smoking cigarettes regularly?** Please write your answer(s) here:

Years old: \_\_\_\_\_ *If you are unsure, please enter an approximate age as this is still useful information.*

**42.3 Over the last year, how many cigarettes on average did you smoke per day?** Write your answer here:

Cigarettes per day: \_\_\_\_\_

### S43: Tobacco use 3

**43.1 \*Does anyone else in your household smoke cigarettes, that is, at least one per day?**

Please choose only one of the following:

- Yes  No →S44  
 Don't know / Prefer not to answer →S44

### S44: Alcohol consumption 1

**44.1 \*Have you had an alcoholic drink in the last 12 months?** Please choose only one of the following:

- Yes  No → S46  
 Don't know / Prefer not to answer → S46

### S45: Alcohol consumption 2

The image below shows the approximate number of standard drinks for some alcoholic drinks. Use this image to answer the questions below.



These are only an approximate number of standard drinks.  
Always read the container for the exact number of standard drinks.

**43.2 How many other people in your household smoke at least one cigarette per day?**

Please write your answer(s) here: People: \_\_\_\_\_

**44.2 \*In the last 12 months, how often did you have an alcoholic drink of any kind?** Choose only one of the following:

- Every day  5-6 days per week  
 3-4 days per week  1-2 days per week  
 2-3 days per month  About 1 day per month  
 Less often  Don't know/Prefer not to answer

**45.1 On a day that you have an alcoholic drink, how many standard drinks do you usually have?**

Please choose only one of the following:

- More than 10 drinks  7-10 drinks  
 5-6 drinks  3-4 drinks  
 1-2 drinks  Don't know / Prefer not to answer

**45.2 In the past 12 months, how often have you had more than 4 standard drinks in a day?**

Please choose only one of the following:

- Every day  5-6 days per week  
 3-4 days per week  1-2 days per week  
 2-3 days per month  1 day per month or less  
 Never →S46  
 Don't know/Prefer not to answer →S46

**45.3 When you have more than 4 standard drinks, how many do you have?**

Please write your answer(s) here:

Standard Drinks: \_\_\_\_\_

### S46: General comments

**46.1 Do you have any comments or are there questions you think we should have asked about?**

Please write your answer here:

---



---



---