



AusDiab: The Australian Diabetes, Obesity and Lifestyle Study

General Questionnaire

INTERVIEWER COPY

1. The place that you're living in now, is it?

(Show prompt card, single response allowed)

- 1) your own house
- 2) your own flat/unit
- 3) a rented house
- 4) a rented flat / unit
- 5) a boarding house
- 6) with family in their house
- 7) resident in hostel
- 8) with friends in their house
- 9) other

2. Which of the following best describes your household type?

(Show prompt card, single response allowed)

- 1) Person living ALONE
- 2) Married or de facto couple ONLY
- 3) Married or de facto couple living with children
- 4) One person living with children
- 5) Shared household
- 6) All other households

3. What is your marital status?

(Show prompt card, single response allowed)

- 1) Married
- 2) De facto
- 3) Separated
- 4) Divorced
- 5) Widowed
- 6) Never Married

4. What language do you usually speak in your household?

(Single response allowed)

- 1) English
- 2) Italian
- 3) Greek
- 4) Cantonese
- 5) Mandarin
- 6) Other

5. What is your highest level of education completed?

(Show prompt card, single response allowed)

- 1) Never attended school
- 2) Primary school
- 3) Some high school
- 4) Completed high school (Yr 12 or equivalent)
- 5) Completed university, TAFE etc.

The next question asks about your family history of diabetes

6. Have any of your immediate relatives (parents, brothers, sisters) ever been diagnosed with diabetes?

Yes (**complete the following table**) No (**go to Q7**)

(Ask about each relative (father, mother, brothers, sisters). If a relative has been diagnosed with diabetes, fill in first column and then ask the age at diagnosis and fill in ONE entry into the age at diagnosis columns.)

	Diabetes?	Age at diagnosis?		
		<30	30+	Don't know
Father				
Mother				
Brother				
Brother				
Brother				
Sister				
Sister				
Sister				

The following questions are about your own health

7. When did you last have your blood pressure measured (apart from today)?

- 1) In the last 3 months (>0 and <3 months)
- 2) In the last 6 months (≥ 3 and <6 months)
- 3) In the last year (≥ 6 and <12 months)
- 4) In the last 3 years (≥ 1 and <3 years)
- 5) More than 3 years ago (≥ 3 years)
- 6) Never measured (**go to Q9**)
- 7) Don't know

8. Have you ever been told by a doctor or nurse that you have high blood pressure or hypertension?

Yes No Don't know

9. Are you currently taking tablets for high blood pressure?

Yes No Don't know

10. Have you ever been told by a doctor or other health professional that your blood cholesterol or triglycerides are high?

Yes No Don't know

11. Are you currently taking tablets to lower your cholesterol/triglycerides?

Yes No Don't know

The following questions are about drinking alcohol

12. In terms of drinking alcohol, which category would you generally put yourself in?

(Read out responses)

- 1) I have never drunk alcohol (**go to Q18**)
- 2) I used to drink but gave it up
- 3) I'm a heavy drinker
- 4) I'm a moderate drinker
- 5) I'm a light drinker

13. Have you ever felt you should cut down on your drinking?

Yes

No

14. Have people ever annoyed you by criticizing your drinking?

Yes

No

15. Have you ever felt bad or guilty about drinking?

Yes

No

16. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?

Yes

No

17. Have you ever been treated for alcoholism or a drinking problem?

Yes

No

I would like to ask you some questions about smoking

18. Do you currently smoke cigarettes, cigars, pipes or any other tobacco products?

1) Daily

2) At least weekly (not daily)

3) Less often than weekly

4) Not at all (**go to Q22**)

I am now going to read out the names of some tobacco products, I want you to tell me whether you smoke each daily, at least weekly, less than weekly or not at all.

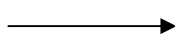
19. Cigarettes? (this includes manufactured and roll your own)

Daily



Number: _____ per day

At least weekly



Number: _____ per week

Less than weekly

Not at all

20. Cigars?

Daily \longrightarrow Number: _____ per day
At least weekly \longrightarrow Number: _____ per week

Less than weekly
Not at all

21. Pipes?

Daily \longrightarrow Number: _____ per day
At least weekly \longrightarrow Number: _____ per week

Less than weekly
Not at all

22. Over your lifetime, would you have smoked at least 100 cigarettes or a similar amount of tobacco?

Yes (**ask Q23**) No (**go to Q26**)

(If person currently smokes DAILY, go to Q26)

23. In the past, have you ever been a daily smoker?

Yes (**ask Q24**) No (**go to Q26**)

24. Did you stop smoking in the last 5 years?

Yes (**ask Q25**) No (**go to Q26**)

25. In what year did you stop smoking?

1999
2000
2001
2002
2003
2004
2005

The next questions are about any physical activities that you may have done in the last week:

Walking

26. 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?

		times
--	--	-------

(If 'none' go to Q28)

27. What do you estimate was the total time that you spent walking in this way in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

		hours			minutes
--	--	-------	--	--	---------

27a.

27b.

Vigorous chores

The next question does not include gardening or yard work.

28. In the last week, how many times did you do vigorous household chores that made you breathe harder or puff and pant?

		times
--	--	-------

(If 'none' go to Q30)

29. What do you estimate was the total time you spent doing these vigorous household chores in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

		hours			minutes
--	--	-------	--	--	---------

29a.

29b.

Vigorous gardening

The next question does not include all household chores.

30. 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?

		times
--	--	-------

(If 'none' go to Q32)

31. What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

		hours			minutes
--	--	-------	--	--	---------

31a.

31b.

Vigorous physical activity

The next question does not include household chores, gardening or yard work.

- 32.** 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. tennis, jogging, cycling, keep fit exercises).

--	--

 times

(If 'none' go to Q34)

- 33.** What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

--	--

 hours

33a.

--	--

 minutes

33b.

Moderate physical activity

The next question does not include household chores, gardening or yard work.

- 34.** In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g. lawn bowls, golf, gentle swimming, etc)

--	--

 times

(If 'none' go to Q36)

- 35.** What do you estimate was the total time that you spent doing these activities in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

--	--

 hours

35a.

--	--

 minutes

35b.

Strength training

36. In the last week, how many times have you done any activities designed to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups?

--	--

 times

(If 'none' go to Q38)

37. What do you estimate was the total time that you spent in these activities in the last week?

(In hours and/or minutes - fill in all circles on answer sheet)

--	--

 hours

--	--

 minutes
37a. 37b.

TV viewing

38. Please estimate the total time during the last week that you spent watching TV or videos. This is when it was the main activity that you were doing; for example you would not include time when the television was switched on and you were preparing a meal.

Monday to Friday **(In hours and/or minutes - fill in all circles on answer sheet)**

--	--

 hours

--	--

 minutes

Saturday and Sunday **(In hours and/or minutes - fill in all circles on answer sheet)**

--	--

 hours

--	--

 minutes

Sitting

39. How many hours did you spend sitting down while doing things like visiting friends, driving, reading, watching television, or working at a desk or computer?

On a typical weekday in the last week? **(In hours and/or minutes - fill in all circles on answer sheet)**

--	--

 hours

--	--

 Minutes
39a. 39b.

On a typical weekend day in the last week? **(In hours and/or minutes - fill in all circles on answer sheet)**

--	--

 hours

--	--

 minutes
39c. 39d.

The next questions are about income and employment

Some health problems are associated with differences in lifestyle patterns. Therefore the answers to these questions are important in understanding the patterns of health in the Australian community.

- 40.** Looking at the card in front of you, which number best describes your total household income **before** tax?

(Note: If participant is sharing a household with someone who is not a partner and they live independently then record participants income only.)

(Show prompt card, single response allowed, read out groups)

- 1)** \$1,500 or more per week (\$78,000 or more per year)
- 2)** \$800 - \$1,499 per week (\$41,600 - \$77,999 per year)
- 3)** \$600 - \$799 per week (\$31,200 - \$41,599 per year)
- 4)** \$400 - \$599 per week (\$20,800 - \$31,199 per year)
- 5)** \$200 - \$399 per week (\$10,400 - \$20,799 per year)
- 6)** \$80 - \$199 per week (\$4,160 - \$10,399 per year)
- 7)** \$1 - \$79 per week (\$52 - \$4,159 per year)
- 8)** no income
- 9)** refused to answer question **(do not read this option)**

- 41.** Are you the main income earner in your household?

(Show prompt card. Note: If participant is sharing a household with someone who is not a partner and they live independently then record as main income earner.)

- Yes
- No
- Joint income earners
- Don't know

- 42.** Do you have a full time or part time job of any kind?

- Yes
- No **(go to Q44)**

43. Which of the following categories best describes your area of employment?

(Show prompt card)

1. MANAGERS AND ADMINISTRATORS
Magistrate, Farm Manager, General Manager, Director of Nursing, School Principal
2. PROFESSIONALS
Scientist, Doctor, Registered Nurse, Allied Health Professional, Teacher, Artist, Engineer, Accountant
3. ASSOCIATE PROFESSIONALS
Technician, Manager, Youth Worker, Police Officer, Program Administrator
4. TRADESPERSONS AND RELATED WORKERS
Hairdresser, Gardener, Florist, Mechanic, Machinist, Cook
5. CLERICAL AND SERVICE WORKERS I
Secretary, Personal Assistant, Flight Attendant, Law Clerk
6. CLERICAL, SALES AND SERVICE WORKERS II
Typist, Word Processing/Data Entry Operator, Receptionist, Child Care Worker, Nursing Assistant, Hospitality Worker, Sales Clerk
7. CLERICAL, SALES AND SERVICE WORKERS III
Filing/Mail Clerk, Parking Inspector, Sales Assistant, Telemarketer, Housekeeper
8. INTERMEDIATE PRODUCTION AND TRANSPORT WORKERS
Sewing Machinist, Machine Operator, Bus Driver
9. LABOURERS AND RELATED WORKERS
Cleaner, Factory Worker, General Farm Hand, Fast Food Cook

44. Which of the following describe your current employment status? You can pick more than one.

(Show prompt card, multiples responses allowed)

- 1) Working full-time (go to Q45b)**
- 2) Working part-time (go to Q45b)**
- 3) Not working (but not retired) (go to Q45b)**
- 4) Home duties (go to Q45b)**
- 5) Full-time student (go to Q45b)**
- 6) Part-time student (go to Q45b)**
- 7) Retired (go to Q45)**
- 8) Permanently unable to work / ill (go to Q45b)**
- 9) Other (go to Q45b)**

45. If retired, what kind of work did you do just before you retired? (this question refers to paid work)

(Show prompt card)

1. MANAGERS AND ADMINISTRATORS
Magistrate, Farm Manager, General Manager, Director of Nursing, School Principal
2. PROFESSIONALS
Scientist, Doctor, Registered Nurse, Allied Health Professional, Teacher, Artist, Engineer, Accountant
3. ASSOCIATE PROFESSIONALS
Technician, Manager, Youth Worker, Police Officer, Program Administrator
4. TRADESPERSONS AND RELATED WORKERS
Hairdresser, Gardener, Florist, Mechanic, Machinist, Cook
5. CLERICAL AND SERVICE WORKERS I
Secretary, Personal Assistant, Flight Attendant, Law Clerk
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8. INTERMEDIATE PRODUCTION AND TRANSPORT WORKERS
Sewing Machinist, Machine Operator, Bus Driver
9. LABOURERS AND RELATED WORKERS
Cleaner, Factory Worker, General Farm Hand, Fast Food Cook

45b) Sex: Male or Female?

FEMALE participants – continue on to Q46
MALE participants – Questionnaire completed

The next section is about women's health

46. Have you ever taken the oral contraceptive pill?

Yes

No (**go to Q49**)

47. For how long altogether have you taken the oral contraceptive pill?
(please estimate the total of all periods of use)

(Probe for response)

Less than 6 months (<6 months)

Between 6 months & 2 years (≥ 6 months and <2 years)

Between 2 and 5 years (≥ 2 years and <5 years)

Between 5 and 10 years (≥ 5 years and <10 years)

More than 10 years (≥ 10 years)

48. Are you currently taking the oral contraceptive pill?

Yes

No

Don't know

49. Are you under the age of 60 years?

Yes (**go to Q50**)

No (**go to Q57**)

50. Have you had a hysterectomy, that is an operation to remove the uterus?

Yes

No (**go to Q53**)

Don't know (**go to Q53**)

51. What age were you when you had the hysterectomy?

_____ years

52. Were the ovaries removed as well?

(Probe for response)

Yes, both ovaries removed

Yes, only one ovary removed

No

Don't know

The next few questions are about menopause, or what some women refer to as the "change of life". Menopause is when periods have stopped for more than 6 months and is often accompanied by symptoms such as hot flushes, irritability and palpitations.

53. Have you gone through or are you now going through menopause?

(Probe for response)

Yes, have gone through menopause

Yes, now going through menopause

No **(go to Q55)**

Not sure **(go to Q55)**

54. At what age did symptoms of the menopause begin?

_____ years

55. Have you been pregnant in the last 5 years?

Yes

No **(go to Q57)**

Don't know **(go to Q57)**

56. How many children have you had over the last five years (since you were last surveyed by us)?

0

1

2

3

4

5

57. Other than birth control pills, has your doctor ever prescribed estrogen pills or hormone replacement therapy for you?

Yes

No **(finish here)**

Don't know **(finish here)**

58. Are you currently taking estrogen pills or hormone replacement therapy?

Yes

No

Don't know