

Section C - General Health

C1. In general, would you say your health is. . . ?
(Mark one response only)



- Excellent
- Very good
- Good
- Fair
- Poor

C2. When was the last time you consulted a doctor about any illness or injury?
(Mark one response only)



- Within the last 3 months
- More than 3, but within the last 6 months
- More than 6, but within the last 12 months
- More than 12 months ago
- Have never consulted a doctor

C3. Not counting any times you just went to the outpatients or casualty, how many times have you been admitted to a hospital in the last 12 months?

(Write in the number of times in whole numbers (e.g. 1,3,10) or mark the box "Not admitted" ... as appropriate)



Number of times admitted to hospital in the last 12 months

Not admitted to hospital in the last 12 months

C4. Have you ever used someone else's medication when you were feeling unwell? (e.g. you used medications originally prescribed or recommended by a health professional for someone else, when you had similar symptoms)



Yes (Continue) No (Skip to C6)

C5. Which medications originally prescribed or recommended for someone else have you used in the last 12 months when you were feeling unwell?
(Mark all that apply)



- Pain killers/Analgesics
- Antibiotics
- Anti-depressants
- Tranquillisers/Sleeping pills
- Asthma medications
- Herbal and alternative medicines, vitamin and mineral supplements, etc.
- Others
- None in the last 12 Months

ALL PLEASE ANSWER

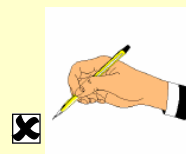
C6. In the last 12 months have you been diagnosed or treated for. . . ?

(Mark relevant boxes for each condition)

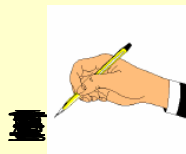


	No	Yes Diagnosed	Yes Treated
Insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low iron (iron deficiency or anaemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other form of psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sexually transmitted infection (e.g. chlamydia, genital herpes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (Please write in type)			
1 <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other major illness (Please write in type)			
2 <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

OFFICE USE ONLY

<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
1	2



C7. In the past 4 weeks, about how often did you feel tired out for no good reason?
(Mark one response only)



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

C12. In the past 4 weeks, about how often did you feel so restless you could not sit still?
(Mark one response only)



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

C8. In the past 4 weeks, about how often did you feel nervous?
(Mark one response only)



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

C13. In the past 4 weeks, about how often did you feel depressed?
(Mark one response only)



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

C9. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
(Mark one response only)



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

C14. In the past 4 weeks, about how often did you feel that everything was an effort?
(Mark one response only)



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

C10. In the past 4 weeks, about how often did you feel hopeless?
(Mark one response only)



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

C15. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?
(Mark one response only)



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

C11. In the past 4 weeks, about how often did you feel restless or fidgety?
(Mark one response only)



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

C16. In the past 4 weeks, about how often did you feel worthless?
(Mark one response only)



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



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THE FOLLOWING SECTIONS CONTAIN QUESTIONS WHICH DEAL WITH ACTIVITIES WHICH MAY BE AGAINST THE LAW.

We remind you that only our survey team have access to your form, and once the survey data is compiled, your form will be destroyed.

Your name and address will never be linked with any of the information you provide.

Answers are completely confidential.

You may telephone 1800 443 182 (a free call) to speak to an officer from the Australian Institute of Health and Welfare, who will confirm the data process for you.

If you do not wish to answer any question for whatever reason, you do not have to. Participation in this survey is entirely voluntary.

Just as a reminder, this survey is conducted under the *AIHW Act*, which prohibits the release of information about individuals collected from this survey. The information you provide in the following sections may appear to be self-incriminating, however, your individual information cannot be revealed — not even to the Police or to the Courts — and you will not be identified from the responses you provide.

**THANK YOU FOR YOUR PATIENCE AND YOUR
HELP WITH THIS SURVEY**