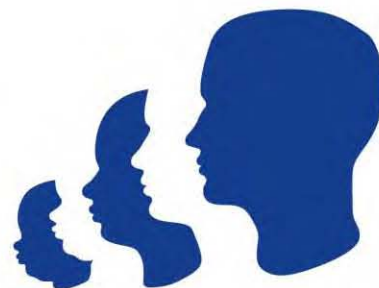


Dunedin Multidisciplinary
Health & Development
Study

DMHDS



DMHDS DATA DIRECTORY

AGE 21 ASSESSMENT PHASE

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DUNEDIN MULTIDISCIPLINARY HEALTH & DEVELOPMENT STUDY - PHASE XXI

INTRODUCTION

Interviews for Phase XXI began in early April 1993 and concluded in May 1994. There were eight interview sessions per day, with four 50-minute sessions in the morning and four 45-minute sessions in the afternoon (see assessment programme daily schedule over). Blood was taken at the end of the day from those Study members who consented to this being done (around 82%). A full list of interviewers and the interviews they gave can be obtained from the Dunedin Multidisciplinary Health and Development Research Unit's 1997 Handbook.

DATA STORAGE AND RETRIEVAL

Data from each phase of the Dunedin Multidisciplinary Health and Development Study are stored on the Unit Biostatistician's computer in two forms: ASCII and SPSS for Windows. The ASCII data files for Phase XXI (and all other phases) can be found in the directory: **c:\biostats\data\archive**; and the SPSS for Windows files for Phase XXI are stored in **c:\csm22\phase21**.

Investigators are able to link up specific questions from the interview forms with columns in the main phase ASCII files by using the appropriate Data Directory in conjunction with another book (retained by the Unit Biostatistician), the Variable Column Numbers Book. Now that all data are also stored in SPSS for Windows format, investigators can access variables by simply referring to the variable names in each data directory. When requesting variables from the Unit, it is necessary to inform the Unit biostatistician of:

1. The appropriate phase;
2. The names of the variables (as given in the data directory); and
3. The type of output file required.

ACKNOWLEDGEMENTS

The main source of funding for the Dunedin Multidisciplinary Health and Development Research Unit is grants from the Health Research Council of New Zealand and the United States National Institutes of Mental Health.

Special thanks to Michelle McCann, DMHDRU, and HonaLee Harrington, University of Wisconsin, Madison, USA, for their assistance in reproducing the questionnaires for this document.

RESEARCH AREAS AND PRINCIPAL INVESTIGATORS FOR PHASE XXI

RESEARCH AREA	PRINCIPAL INVESTIGATORS
Alcohol	Associate Professor S. Casswell, Ms C. Maskill
Antisocial Behaviour	Professor T.E. Moffitt
Assault	Associate Professor J.D. Langley, Professor T.E. Moffitt
Educational & Occupational Development	Dr P.A. Silva, Professor T.E. Moffitt, Professor A. Caspi
Injuries & Safety	Associate Professor J.D. Langley, Ms D. Begg
Group A Streptococcus	Dr D. Martin
Helicobacter Pylori	Dr P. Fawcett, Professor G. Barbezat
Mental Health	Professor T.E. Moffitt, Professor A. Caspi
Partner Relations	Professor A. Caspi
Respiratory Health	Professor M.R. Sears, Associate Professor M.D.H. Holdaway, Dr D.R. Taylor, Ms E. Flannery
Sexual Behaviour & Reproductive Health	Dr N. Dickson, Associate Professor C. Paul
Substance Dependence	Dr P.A. Silva, Dr W. Stanton, Dr R.O. McGee, Professor T.E. Moffitt

STUDY MEMBERS ASSESSED AT PHASES XVIII AND XXI

Study Members surviving	PHASE XVIII		PHASE XXI	
	1027		1020	
	N	% of 1027	N	% of 1020
Seen at the Unit	879	85.6	950	93.1
Short Interview	62	6.0	11	1.1
Telephone Interview	47	4.6	31	3.0
Observed (Handicapped)	5	0.5	-	-
Total Assessments	993	96.7	992	97.3
Refusals	13	-	19	-
Missing	4	-	9	-

PHASE XXI ASSESSMENT PROGRAMME DAILY SCHEDULE

MORNING PROGRAMME (4 x 50-MINUTE ASSESSMENT PERIODS COMMENCING 8.45 A.M.; 15-MINUTE TEABREAK; FINISHING 12.30 P.M.)

1. **Update of Education, Occupation, Life History and Events** - Principal Investigators: Dr Phil Silva, Professor Temi Moffitt, Professor Avshalom Caspi
Interviewer: Mr Jim Amell
2. **Emotional Wellbeing and Behaviour (Includes Substance Dependence)** - Principal Investigator: Professor Temi Moffitt
Interviewers: Ms Heidi Douglas, Ms Shyamala Nada Raja
3. **Illegal Behaviour (Includes Gambling)** - Principal Investigator: Professor Temi Moffitt
Interviewers: Mr Jim Amell, Ms Carol Adler-Morgan, Ms Rachael Fairweather
4. **Partner Relations (Includes Social Networks)** - Principal Investigator: Professor Avshalom Caspi
Interviewers: Ms Janet Gafford, Ms Marguerite McLelland

Lunch: 12.30 p.m. - 1.10 p.m.

AFTERNOON PROGRAMME (4 x 45-MINUTE ASSESSMENT PERIODS, FINISHING AT 4.15 P.M.)

1. **Respiratory Health** - Principal Investigators: Professor Malcolm Sears, Associate Professor David Holdaway, Ms Erin Flannery, Dr Robin Taylor.
Blood Pressure Assessment - Principal Investigator: Dr Ian St. George, Dr Duncan Macfarlane
Technicians: Ms Erin Flannery, Ms Jan Cowan
2. (a) **Sexual Behaviour and Reproductive Health** - Principal Investigators: Dr Nigel Dickson, Associate Professor Charlotte Paul (20 minutes)
(b) **Alcohol Use** - Principal Investigators: Associate professor Sally Casswell, Mr Gary Connolly (20 minutes)
(c) **Biomedical Studies Questionnaire** - Principal Investigator: Dr Paul Fawcett (5 minutes)
Interviewers: Ms Denise Powell, Ms Louise Garrett
3. (a) **Tobacco Use** - Principal Investigators: Dr Warren Stanton, Dr Rob McGee, Dr Phil Silva (22 minutes)
(b) **Assault** - Principal Investigators: Associate Professor John Langley, Professor Temi Moffitt (22 minutes)
Interviewers: Ms Maria Hutchinson-Cervantes, Ms Judy Clark
4. **Injuries and Safety** - Principal Investigators: Associate Professor John Langley, Ms Dot Begg
Interviewers: Mr Tony Reeder, Ms Maria Hutchinson-Cervantes, Ms Dot Begg

AT END OF DAY: Blood Collection [Co-ordinator: Dr Paul Fawcett]

1. **Respiratory Health Study** - Professor Malcolm Sears, Associate Professor David Holdaway, Ms Erin Flannery, Dr Robin Taylor.
2. **Group A Streptococcus Study** - Dr Diana Martin
3. **Helicobacter Pylori Study** - Dr Paul Fawcett, Professor Gil Barbezat
4. **Establishment of a Serum Bank** - Dr Paul Fawcett, Dr Phil Silva

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BACKGROUND AND OCCUPATIONAL INFORMATION

DRS PHIL SILVA, TEMI MOFFITT & AVSHALOM CASPI

PHASE XXI: BACKGROUND AND OCCUPATIONAL INFORMATION

ID No. (1-4) D1

Instructions: *Introduce yourself, greet and thank them for coming in.*
Preface interview by:

“Now, I would like to ask you a little bit about what you are doing at the moment, and about your educational and job history. Many of the questions are similar to those asked in the last New Zealand census so that we can compare the Dunedin results with the rest of the country. Remember that everything you say is confidential and you need not answer any question you don't want to.”

7 = Don't Know
 8 = Not applicable
 9 = Missing

Sex: Male (2) Female (1)

(5) 1180

1. Who do you currently live with: that is, who are the persons that live in the same dwelling as you? (Note a "1" for all that apply; otherwise code as "0").

- | | |
|---|---------|
| _____ My father/mother | (6) A1 |
| _____ My husband/wife | (7) A2 |
| _____ My partner (such as de facto spouse, boy/girl friend) | (8) A3 |
| _____ My children | (9) A4 |
| _____ My brothers/sisters | (10) A5 |
| _____ Other (ie flatmates) | (11) A6 |
| _____ Alone | (12) A6 |

2. What is your main the current activity?

(13) A8

- Are you:
- a. Unemployed (1)
 - b. Employed (2)
 - c. Training scheme (3)
 - d. Student (4)
 - e. Homemaker (5)

If the subject is currently a student, ask Q3. If not a student, code Q3 as 00.

3. Are you currently enrolled at university, polytechnic, or teachers' college?
 IF YES: What is the name of the institution?

(14-15) B1

- | | |
|---------------------|----------------------------------|
| 00 Not enrolled | 06 Waikato Univ |
| 01 Otago Univ. | 07 Auckland Univ |
| 02 Canterbury Univ. | 09 Otago Polytechnic |
| 03 Lincoln Univ. | 10 Dunedin Teachers' College |
| 04 Victoria Univ. | 11 Other Polytechnic |
| 05 Massey Univ | 12 Other Teachers' College |
| | 13 Overseas Tertiary Institution |

4. What is your highest school qualification? (*Show card LHC1*) (16-17) B2
- 01 = No school qualification
 02 = School certificate in one or more subjects
 03 = Sixth form certificate or University entrance in one or more subjects
 04 = Higher school certificate or Higher learning certificate
 05 = University Bursary or scholarship
 06 = Overseas qualification (*such as United Kingdom GCE*)
 07 = Other school qualification _____
5. What educational or job qualifications have you obtained since leaving school? (*Show card LHC2*) (18-19) B3
- 01 = No qualifications since leaving school
 02 = Still at school
 03 = Trade certificate or Advanced trade certificate
 04 = Nursing certificate
 05 = New Zealand certificate or diploma
 06 = Technicians certificate
 07 = Teachers certificate of diploma
 08 = University certificate or diploma below bachelor level
 09 = Bachelors degree
 10 = Postgraduate degree
 11 = Other qualifications (*such as ACA, Local Polytechnic Certificate or Diploma*)

FINANCES

6. Which types of income support have you received during the last 12 months?
- | | | | |
|---|----------------|------|-----|
| 01 = Family benefit | YES (1) NO (0) | (20) | A9 |
| 02 = Family support | YES (1) NO (0) | (21) | A10 |
| 03 = Accident compensation weekly payments | YES (1) NO (0) | (22) | A11 |
| 04 = Domestic purposes benefit | YES (1) NO (0) | (23) | A12 |
| 05 = Unemployment benefit | YES (1) NO (0) | (24) | A13 |
| 06 = Youth or student allowance | YES (1) NO (0) | (25) | A14 |
| 07 = Sickness or Invalid's benefit | YES (1) NO (0) | (26) | A15 |
| 08 = Other (<i>such as maintenance from former partner, disability allowance</i>) | YES (1) NO (0) | (27) | A16 |

7. What was your total income, including income support, before taxes for the year ending 31 March? (*Show card LHC3*)

(28-29) B4

- 01 Nil income or less
- 02 \$2,500 or less per year
(less than \$48 per week)
- 03 \$2,501 - \$5,000 per year
(\$48 and less than \$96 per week)
- 04 \$5,001 - \$7,500 per year
(\$96 and less than \$144 per week)
- 05 \$7,501 - \$10,000 per year
(\$144 and less than \$192 per week)
- 06 \$10,001 - \$15,000 per year
(\$192 and less than \$288 per week)
- 07 \$15,001 - \$20,000 per year
(\$288 and less than \$385 per week)
- 08 \$20,001 - \$25,000 per year
(\$385 and less than \$481 per week)
- 09 \$25,001 - \$30,000 per year
(\$481 and less than \$577 per week)
- 10 \$30,001 - \$40,000 per year
(\$577 and less than \$769 per week)
- 11 \$40,001 - \$50,000 per year
(\$769 and less than \$962 per week)
- 12 \$50,001 - \$70,000 per year
(\$962 and less than \$1,346 per week)
- 13 \$70,000 and over per year
(\$1,346 and over per week)

8. How difficult is it for you to support yourself / your family financially, at the moment.
Would you say it is:

(30) A17

- 1 = Very difficult
- 2 = Somewhat difficult
- 3 = Not difficult

At this point, begin the Life History Calendar.

Continue coding on
Occupation form ...

LIFE HISTORY CALENDAR

DRS PHIL SILVA, TEMI MOFFITT & AVSHALOM CASPI

Name: _____ ID number

--	--	--	--

[illegible]

PHASE XXI: LIFE HISTORY CALENDAR

We are going to be using this chart to fill in information about what you have been doing since your 15th birthday. Specifically we are interested in where you have lived, your work and school activities, and whether you have started your own family. I will be asking you questions and together we will record the information on the chart. These colored lines (**SHOW**) mark the month of your birthday. Across the top of the calendar we have labeled both the year and how old you were.

Highlight the subject's birth month before starting session or start by asking when they were born and highlight at that time.

RESIDENCES

1. To start with, I need to know each of the places you have lived since your 15th birthday, and how long you lived there.

- A. Where were you living when you turned 15? *Code location & size.*

Location:

- 1 = Dunedin
- 2 = The South Island
- 3 = The North Island
- 4 = Australia
- 5 = Pacific Islands
- 6 = Other country

Community Size

- 1 = > 100,000
- 2 = 50,000 - 100,000
- 3 = 10,000 - 50,000
- 4 = 2,000 - 10,000
- 5 = < 2,000
- 6 = Rural, farm

* Must have lived in a residence for a month or more.

Record number code on the "LOCATION" and "COMMUNITY SIZE" rows. Ask about community size if necessary.

- B. Until what date did you live at that SAME ADDRESS?

Place and X in the "WHEN" row to indicate the month when they moved.

- C. Then where did you live? *Code location & size.*

Record number code on the "LOCATION" and "COMMUNITY SIZE" row.

Repeat B and C until all residences are recorded.

2. When did you first stop living with your parents?

If subject is currently living with parents ask:

- a. Has there ever been a period when you did not live with your parents?
IF YES: When did you move out?
When did you move back in with them?

Code on "LIVED WITH PARENTS" row. Use X--X to code duration of stays with parents.

- A. Did you ever move back in with them for a month or more?

- If YES: When was that?
When did you move out after that?
Were there any other times when you moved back in with your parents for a month or more?

3. Were there times when you were living alone, that is, you were the only person at that address? (*For a month or more*)

If YES: When was that?

Code on "LIVED ALONE" row.
Use X---X to code duration.

4. Were there times when you traveled for a month or more?

If YES: When was that?

Code on the "TRAVELING" row. Use X---X to code duration. If traveling, do not code location or community size.

5. At any time were you taken in by friends or relatives because you had no place to stay? (*For a month or more*)

If YES: When was that?

Code on "TAKEN IN" row.
Use X---X to code duration.

If "traveling" or "taken in" but returned to same place do NOT code as a move on "WHEN" row.

6. At any time, were you homeless? By this we mean that you had no private place to stay, your's or anyone else's, and you had to sleep in a homeless shelter, an abandoned building, outdoors, or some other unconventional place? (*For a month or more*)

If YES: When was that?

Code on the "HOMELESS" row. Use X---X to code duration.

MARRIAGES

7. Have you ever been married? (If **NO**, skip to **PARTNERS** section)
 How many times?
 (TWO or more, skip to **TWO OR MORE MARRIAGES** section)

ONE MARRIAGE:

When were you married?

Are you still married?

If YES:

- c) Have there been any periods when you and your spouse were living apart (separate addresses) for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

If YES:

- d) When did this occur?
 e) How long did you live apart?
 f) Were you separated due to marital difficulty (**S**) or because one of you was away (**A**)?
 g) Did you get back together?
 When was that?
 h) Were there any other periods when you lived apart?

Repeat as necessary.

If NO:

Continue with questions about partners. (Q8)

If NO:

- a) When did you stop being married?
 b) Was that due to divorce (**D**), annulment (**C**), or widowhood (**W**)?
 c) While you were married, were there any periods when you and your spouse were living apart for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

If YES:

- d) When did this occur?
 e) How long did you live apart?
 f) Were you separated due to marital difficulty (**S**) or because one of you was away (**A**)?
 g) Did you get back together?
 When was that?
 h) Were there any other periods when you lived apart?

Repeat as necessary.

If NO:

Continue with questions about partners. (Q8)

Record no. of marriages in box.

Put "1" in proper month on "MARRIAGE EVENT" row. Put X below on "LIVING WITH SPOUSE" row.

Put a D, C, or W on "MARRIAGE EVENT" row in the month when it happened.

Put S or A on "MARRIAGE EVENT" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH SPOUSE" row to indicate when they were living together. (X--X).

Connect the X's on "LIVING WITH SPOUSE" row to indicate when they were living together. (X--X).

ONE MARRIAGE: PARTNER QUESTIONS

8. Did you live with your spouse prior to getting married?

IF YES:

- a) When did you start living with him/her?
- b) Did you live with them until you got married?

If **8b** is NO;

When did you live apart?

Were you separated due to difficulty in your relationship (S) or because one of you was away (A)?

IF NO: Skip to question 9.

9. Have you ever lived together as a partner in an intimate relationship with someone whom you NEVER married?

IF NO: Skip to *CHILDREN* section.

IF YES: With how many partners have you done this?

- a) When did you live with your first partner?
(Starting when, ending when?)
- b) Were there any periods during this time when you and your partner were living apart for a month or more because you were not getting along or for some other reason? (e.g., because you had jobs in different places).

IF NO: Ask about the next partner.

IF YES:

- c) When did this occur?
- d) How long did you live apart?
- e) Were you separated because you weren't getting along (S) or because one of you was away (A)?
- f) Did you get back together? When?
- g) Were there any other periods when you lived apart?
Repeat as necessary.

When did you live with your next partner? **REPEAT b - g as necessary.**

Continue to the CHILDREN section

Put spousal number (1) in proper month on "PARTNER" row. Put X below on "LIVING WITH PARTNER" row.

Put S or A on "PARTNER" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH PARTNER" row to indicate when they were living together. (X--X).

Record number of cohabitations in PARTNER box.

If currently or previously married, code additional partners as one more than the spouse number used. (If married once, the first partner would be coded as 2). Place number in proper month on "PARTNER" row. Put X below on "LIVING WITH PARTNER" row.

Put S or A on "PARTNER" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH PARTNER" row to indicate when they were living together. (X--X).

Code each partner with a new number.

TWO OR MORE MARRIAGES

FIRST SPOUSE:

- a) When did you first get married?
- b) When did you first stop being married?
- c) Was that due to divorce (D), annulment (C), or widowhood (W)?
- d) While you were married, were there any periods when you and your spouse were living apart (separate addresses) for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

IF YES:

- 1) Were you separated due to marital difficulty (S) or because one of you was away, (A)?
- 2) When did this occur?
- 3) Did you get back together?
- 4) Were there any other periods when you lived apart?

IF NO: Ask about next spouse.

If they have been married MORE than 2 times, ask Qa-d about earlier spouses.

*For their **CURRENT** or **MOST RECENT** spouse, continue on next page.*

Put "1" in proper month on "MARRIAGE EVENT" row. Put X below on "LIVING WITH SPOUSE" row.

Put a D, C, or W on "MARRIAGE EVENT" row in the month when it happened.

Put S or A on "MARRIAGE EVENT" row. Fill in all the months of living apart with Ss or As.

Connect X's (X--X) to indicate when they were living together.

Repeat as necessary.

Code each spouse with a new number, (Second spouse = 2).

TWO OR MORE MARRIAGES

Ask about CURRENT or MORE RECENT spouse:

When were you married this last time?

Are you still married?

If YES:

- c) Have there been any periods when you and your spouse were living apart (separate addresses) for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

If YES:

- d) When did this occur?
- e) How long did you live apart?
- f) Were you separated due to marital difficulty (S) or because one of you was away (A)?
- g) Did you get back together?
When was that?
- h) Were there any other periods when you lived apart?

Repeat as necessary.

If NO:

Continue with questions about partners. (Q8)

If NO:

- a) When did you stop being married?
- b) Was that due to divorce (D), annulment (C), or widowhood (W)?
- c) While you were married, were there any periods when you and your spouse were living apart for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

If YES:

- d) When did this occur?
- e) How long did you live apart?
- f) Were you separated due to marital difficulty (S) or because one of you was away (A)?
- g) Did you get back together?
When was that?
- h) Were there any other periods when you lived apart?

Repeat as necessary.

If NO:

Continue with questions about partners. (Q8)

Put number in proper month on "MARRIAGE EVENT" row. Put X below on "LIVING WITH SPOUSE" row.

Put a D, C, or W on "MARRIAGE EVENT" row in the month when it happened.

Put S or A on "MARRIAGE EVENT" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH SPOUSE" row to indicate when they were living together. (X--X).

Connect the X's on "LIVING WITH SPOUSE" row to indicate when they were living together. (X--X).

MULTIPLE MARRIAGES: PARTNER QUESTIONS

8. Did you live with your first spouse prior to getting married?

IF YES:

- a) When did you start living with him/her?
- b) Did you live with them until you got married?

If **8b** is NO;

When did you live apart?

Were you separated due to difficulty in your relationship (**S**) or because one of you was away (**A**)?

IF NO: Did you live with your second spouse prior to getting married? REPEAT 8a & b for all spouses.

9. Have you ever lived together for a month or more (at the same address) in an intimate relationship with someone whom you NEVER married?

IF NO: Skip to *CHILDREN* section.

IF YES: With how many partners have you done this?

- a) When did you live with your first partner?
(Starting when, ending when?)
- b) Were there any periods during this time when you and your partner were living apart for a month or more because you were not getting along or for some other reason? (e.g., because you had jobs in different places).

If NO: Ask about the next partner.

If YES:

- c) When did this occur?
- d) How long did you live apart?
- e) Were you separated because you weren't getting along (**S**) or because one of you was away (**A**)?
- f) Did you get back together? When?
- g) Were there any other periods when you lived apart?
Repeat as necessary.

When did you live with your next partner? **REPEAT b - g as necessary.**

Continue to the CHILDREN section

Put spousal number (1) in proper month on "PARTNER" row. Put X below on "LIVING WITH PARTNER" row.

Put S or A on "PARTNER" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH PARTNER" row to indicate when they were living together. (X--X).

Record number of cohabitations in PARTNER box.

If currently or previously married, code additional partners as one more than the spouse number used. (If married once, the first partner would be coded as 2). Place number in proper month on "PARTNER" row. Put X below on "LIVING WITH PARTNER" row.

Put S or A on "PARTNER" row and fill in all months of living apart with Ss or As.

Connect the X's on "LIVING WITH PARTNER" row to indicate when they were living together. (X--X).

Code each partner with a new number.

PARTNER QUESTIONS for those who NEVER MARRIED

9. Have you ever lived together for a month or more (at the same address) in an intimate relationship with someone whom you never married?

IF NO: *Skip to CHILDREN section.*

IF YES: With how many partners have you done this?

- A) When did you live with your first partner?
(*Starting when, ending when*)

- B) Were there any periods during this time when you and your partner were living apart for a month or more because you were not getting along or for some other reason, for example, because you had jobs in different places?

IF NO: Ask about next partner.

IF YES:

- C) When did this occur?

- D) How long did you live apart?

- E) Were you separated because you weren't getting along (S) or because one of you was away (A)?

- F) Did you get back together? When?

- G) Were there any other periods when you lived apart for a month or more?

Repeat as necessary.

When did you live with your next partner?

Repeat B - G as necessary.

Record number of cohabitations in PARTNER box.

Code each partner with a new number. First partner = 1, etc.

Place number in proper month on "PARTNER" row. Put X below on "LIVING WITH PARTNER" row.

Connect the X's on "LIVING with PARTNER" row to indicate when they were living together. (X--X).

Put S or A on "PARTNER" row and fill in all months of living apart as Ss or As.

Connect the X's on "LIVING with PARTNER" row to indicate when they were living together. (X--X).

Code each partner with a new number.

CHILDREN

10. A. Have you (given birth/fathered) a live child?
Are you expecting a child? (Fill out EXPECTING form).
IF NO: skip to Q11.

- B. How many children have you had (not counting stillbirths).
C. When was your first child born?
D. Was it a boy or girl?

ASK OF FIRST CHILD ONLY:

Was he/she the result of a planned pregnancy?

- E. Is he/she currently living with you?

IF NO: When did he/she last live with you?

Where is the child now?

- | | |
|--------------------|--------------------------|
| 1 = Other parent | 5 = Social services |
| 2 = Grandparents | 6 = Hospital/institution |
| 3 = Other relative | 7 = Other |
| 4 = Away at school | 8 = Died |

If child is still living: How long has she/he been there?

Were there any earlier periods of a month or more when he/she didn't live with you?

When was that?

Where was he/she during that time?

IF YES: Were there any periods of a month or more when he/she didn't live with you?

When?

Where was he/she living during that time?

- | | |
|--------------------|--------------------------|
| 1 = Other parent | 5 = Social services |
| 2 = Grandparents | 6 = Hospital/institution |
| 3 = Other relative | 7 = Other |
| 4 = Away at school | 8 = Died |

When was your second child born? (*Repeat D & E*)

REPEAT as necessary.

11. Have you had other children living with you for whom you served as parent. For example, stepchildren, foster-children, and adopted child, or a younger sibling for whom you served as guardian? (Do not include being a nanny).

When did they live with you?

Record number of children born in box.

Place an X in birth month of "FIRST" row.

Circle "boy" or "girl".

Circle "P" if child was planned.

Place X in last month the child lived with them.

Place code for where the child is in first month they stopped living with parent. If the child NEVER lived with them, enter the number code in birth month. Fill in number code for each month the child lived apart from respondent (e.g., living at grandparents would be 2--2).

Fill in the number code for each month the child lived apart from respondent. (e.g., living at grandparents would be 2--2).

Connect the X's (X--X) to indicate when they were living together.

Code on "SECOND" row.

We are only interested in when they served as parents, not how many children.

Place Xs on "Other Parenting" row to indicate when they had children living with them.

EDUCATION

12. Were you enrolled in any school or educational programme after your 15th birthday?

IF NO: skip to Q13 (training schemes)

If sample member does NOT report any education, place an "X" in full-time education for the month of their 15th birthday.

IF YES:

- a) Starting at age 15, when were you enrolled in school, polytech, university or teachers college full-time? Please tell me when you had breaks of a month or more for vacations or because you had stopped your schooling, (e.g., a Christmas holiday counts as a break).

Do not include polytech block courses UNLESS they were for a month or more.

- b) Aside from full-time, did you attend school, polytech, university or teachers college part-time, enrolling in a course of study or working towards a degree. (*Do not include "fun" or "interest" courses.*) Please tell me when you had breaks of a month or more for vacations or because you had stopped your schooling, (e.g., a Christmas holiday counts as a break).

13. Have you done a training scheme since turning 15?

When was that?

(Community task force is not a training scheme).

Code on "FULL TIME" row, using X--X to indicate when they were enrolled. Be sure to leave vacation time blank.

Code on "PART TIME" row, using X--X to indicate when they were enrolled.

For part-time, do not count "fun" classes such as pottery unless they were working towards a degree or certification.

Code on "TRAINING SCHEME" row, use X--X to show duration.

WORK

Next we want to look at your work experiences. I'd like you to think about those periods when you worked and those periods when you did not work.

14. Aside from home chores, did you have a regular job either full- or part-time after you turned 15 which lasted for a month or more?
(*IF NO: skip to Q15*).

Starting when you turned 15, when were you employed?
(*Take them all the way through to the present*)

Point to first employment spell, that is the first X in the "EMPLOYED" row.

Was this job full- or part-time?

Full-time if more than 30 hrs/wk OR two or more jobs totalling 30 hrs/wk

IF PART-TIME: When did your employment status change, either because you switched from part- to full-time or because you stopped working?

** Full-time May, August holiday work = part-time employment for May, August**

IF FULL-TIME: When did your employment status change, either because you switched from full- to part-time or because you stopped working?

If a person is on "leave" for sickness, injury or any form of disability, they should NOT be coded as employed. Code ONLY as a disability

Continue this sequence to account for all months in which the subject was employed. That is, all marked months on "EMPLOYED" row should have corresponding marks on either the PART-TIME or FULL-TIME rows.

15. Were there any periods of a month or more when you were unemployed; that is, when you wanted to work but didn't have a job and were not enrolled full-time in school, polytech, university or a training scheme?

When was that?

16. Now we need to know when you changed employers (not just changing jobs within the same company).

Starting with your first job, how long did you work for that employer?
Take sample member through all jobs.

17. Were you ever enlisted in the armed forces? When was that?

First record any type of employment. Use on the "EMPLOYMENT" row to show duration.

Record periods of part- and full- time employment using X--X on the appropriate rows. Go from first job up to the present.

Record periods of unemployment using X--X on the "UNEMPLOYMENT" row.

Place an X on the "EMPLOYMENT" row for EACH job change.

Code on "MILITARY" row, use X--X to show duration.

OTHER EVENTS

18. Have you ever been arrested by a policeman, even if it did not result in formal charges or conviction?

When was that?

Were there any other times?

19. Have you ever been incarcerated or placed in jail, even if only for one night? **if incarcerated, must have been arrested, also.**

When was that?

Were there any other times?

20. Was there a time when you had an illness, injury, or emotional problem and you were unable to work or carry out your normal activities for a period of a month or more?

When was that?

How long did this period last?

Was this because of an: 3 = *illness*

 4 = *injury*

 5 = *emotional problem*

Were there any other times?

REPEAT follow-ups

Record only disabilities of a month or more, i.e., 6 weeks injury = 1 mth.

21. Have you been the victim of any crime since your 15th birthday?

When did this happen?

Was it: 6 = *a personal crime where you were physically attacked?*

 7 = *a property crime where someone damage or stole your things?*

If both, code as 1.

22. Have there been any deaths in your family or among your close friends since you turned 15?

When did that happen?

Who was it? 8 = *Immediate family*

 9 = *Other family/ close friend*

We're finished with the chart. Please look it over and see if everything appears right.

Go back to the occupation questionnaire.

Place an X on the "ARRESTED" row to indicate EACH occurrence.

Code on "INCARCERATION" row, use X--X to show periods of incarceration. If one month or less, use a single X in the appropriate month.

Code on "DISABILITY" row, use #--# to show periods of disabling illness or injury. We are only interested in problems that seriously interfered with their lives.

Code type of crime with number in the appropriate month on "CRIME VICTIM" row.

Code who died with number in the appropriate month on "DEATHS" row.

OCCUPATION INFORMATION

This page of the interview is to be completed while referring to the sample members' Life History Calendar.

7 = Don't Know 8 = Not applicable 9 = Missing

1. What is respondent's main current activity?

- Circle:
- a. Unemployed (1)
 - b. Employed (2)
 - c. Training scheme (3)
 - d. Student (4)
 - e. Homemaker (5)

2. How about in the past, since leaving school?

- Circle:
- a. Worked since leaving school (1)
 - b. Currently employed, but unemployed in the past (2)
 - c. Currently unemployed, but employed in the past (3)
 - d. Never employed (4)

For subjects who have never worked, and are not students or homemakers ("a" on item 1 and "d" on item 2), ask only the "unemployment" page. Code the remainder of the boxes with 8's.

For subjects who are currently students or homemakers and have never worked in the past ("d" or "e" on item 1 and "d" on item 2), **ask only the shaded items**. Code the remainder of the boxes with 8's.

For subjects who are currently working at a job or training scheme or have worked in the past ("a", "b", or "c" item 2), ask the rest of this questionnaire about current or most recent job.

Missing Value Codes: if boxes are filled with ...

7's = Subject did not know

8's = Question was not applicable to subject

9's = Subject was not interviewed on this section

Note: If the subject has never been unemployed, skip this page and code boxes with 8's.
If the subject has ever been unemployed, ask questions on this page.

*Note: If the subject has **never** been unemployed, skip this page and code boxes with 8's.
If the subject has been unemployed, ask questions on this page.*

PERIODS OF UNEMPLOYMENT

(Ask about current or most recent period)

During the time you were/have been unemployed

3. What was the main reason you were not working?

(Show card LHC4)

- | | |
|-------------------------------|-----|
| a. Poor health | (1) |
| b. Emotional problems | (2) |
| c. Family reasons | (3) |
| d. There were no jobs I liked | (4) |
| e. Could not find work | (5) |
| f. Other _____ | (6) |

4. During this time, what methods did you use to look for paid work? Did you...

(Show card LHC5)

- | | | |
|--|----------------|----------|
| a. Go to NZ employment service | Yes (1) No (0) | (32) A19 |
| b. Contact friends or relatives | Yes (1) No (0) | (33) A20 |
| c. Placed advertisements | Yes (1) No (0) | (34) A21 |
| d. Answered advertisements | Yes (1) No (0) | (35) A22 |
| e. Contact teachers or lecturers for job leads | Yes (1) No (0) | (36) A23 |
| f. Contact possible employer directly | Yes (1) No (0) | (37) A24 |
| g. Anything else _____ | Yes (1) No (0) | (38) A25 |

7 = Don't Know 8 = Not applicable 9 = Missing

Coding continued from
Background form.

CURRENT (OR MOST RECENT) JOB

"Now I would like to find out about your current/most recent job."

(Remind students and homemakers that the questions are about their main activity).

7 = Don't Know 8 = Not applicable 9 = Missing

5. Are you: (1) employed by someone else,
(2) self-employed, or
(3) working without pay in a family business or farm?

(39) A26

6. Is that for: (1) a government agency,
(2) a nonprofit organisation, or
(3) a profit-making business?

(40) A27

7. What is your job called? What kind of work do you do?

8. What are some of your main duties or activities?

9. What kind of business or industry is that in? (What do they make or do?)

To code socio-economic status, use six digits.

The first 3 digits identify the occupation uniquely.

*The second 2 digits identify the major occupational group derived from the
Standard Classification of Occupations, 1990.*

The 6th digit is that assigned by Elley & Irving.

(41-43, 44-45) E1

(46) A28

10. How many hours do you usually work each week on your main job?

(47-48) B5

(Code number, 00 - 76.) _____

"Now I would like to find out more specifically about what you do/did on your job." (*Show card LHC6*).

7 = Don't Know
8 = Not applicable
9 = Missing

11. About how many hours a week do you spend reading, writing, dictating, or dealing with any kind of written materials for your work? Here we would like to include any type of written materials - letters, files, memos, books, working with computers, spread-sheets, word processing, or blue prints.

(Code number, 00 - 76.) _____

(49-50) B6

12. About how many hours a week do you spend working with things? We should like to include everything that involves working with things - using tools, using or repairing machines, operating a dentist's drill, moving furniture, playing the piano, working with plants or animals, cooking or operating a cash register.

(Code number, 00 - 76.) _____

(51-52) B7

13. About how many hours a week does your work require you to spend time dealing with people? Here we do not mean to include passing the time of day, but only interactions necessary for you to do your work: for example, talking to your boss, teaching, supervising, selling to customers, advising clients, caring for patients or children.

(Code number, 00 - 76.) _____

(53-54) B8

14. Which one of these three - working with written materials, working with things, or dealing with people - is most important for doing your work?

(55) A29

- a. Reading & writing (1)
- b. Working with things (2)
- c. Dealing with people (3)

15. Which is second most important?

(56) A30

- a. Reading & writing (1)
- b. Working with things (2)
- c. Dealing with people (3)

16. How long does it take you to get to work each day?

(57-59) C1

_____ (*Code in minutes*)

17. How far is it from where you work to where you live?

(60-62) C2

_____ (*Code in Kilometers*)

JOB SECURITY

If subject is responding about a previous job, ask these questions in the past tense.

“Now, let’s talk about the security of your current/most recent job.”

18. Do you think you can stay on your present job as long as you like? (63) A31

Yes (1) No (0)

19. Do you have any job protection - like seniority rights, contract guarantees, union support, or any other form of job protection? (64) A32

Yes (1) No (0)

20. How much competition is there to keep your job, for advancement, for sales, or for anything else of importance in your current job? Is there ... (65) A33

(2) A lot of competition
(1) some competition, or
(0) not much competition?

(NOTE: If subject is currently unemployed, ask him/her to think back to most recent job to answer these questions)

(Show card LHC7)

21. How likely is it that you will be sacked from this job? (66) A34

Very likely (2) Somewhat likely (1) Not likely (0)

22. How likely is it that you will be made redundant from your job? (67) A35

Very likely (2) Somewhat likely (1) Not likely (0)

23. How likely is it that the place where you work will go out of business? (68) A36

Very likely (2) Somewhat likely (1) Not likely (0)

24. Since you were 18, have you ever been sacked?

IF YES: How many times have you been sacked? _____
NO = 00

(69-70) B9

25. Since you were 18, have you ever quit a job because you didn’t get along with your co-workers or boss?

IF YES: How many times have you quit a job? _____
NO = 00

(71-72) B10

7 = Don’t Know
8 = Not applicable
9 = Missing

BENEFITS

If subject is responding about a previous job, ask questions in the past tense.

"Now, let's talk about the benefits you receive (received) on your job."

26. Do you know what you are paid per hour?

(Record hourly pay rate \$ _____.____)

(73-76) D2

*** *If Ss doesn't know hourly rate, record the pay rate they do know and calculate hourly rate after the interview is completed.*

If S responds "per day": *daily pay / # hrs per day (probe to find number of hours worked per day.)*

If S responds "per week": *weekly pay / # hrs worked per week (Item 10).*

If S responds "per month": *monthly pay / (item 10 x 4).*

If S responds "per year": *yearly pay / (item 10 x 52).*

Blank (77-78)

Card No.

(02) (79-80)

ID No. (1-4)

27. Do you belong to a union?

Yes (1) No (0)

(5) A37

28. Do you get sick leave with full pay?

Yes (1) No (0)

(6) A38

29. Do you get paid annual holidays?

Yes (1) No (0)

(7) A39

30. Do you get a profit-sharing plan or stock, or an employment package - e.g. a car or housing?

Yes (1) No (0)

(8) A40

31. Are you eligible for a pension or super-annuation from your employer when you retire?

Yes (1) No (0)

(9) A41

32. If you wish, can you work overtime for more pay?

Yes (1) No (0)

(10) A42

33. Do you have opportunities through your work for continuing your education if you want?

Yes (1) No (0)

(11) A43

34. Do you get maternity/paternity leave if you have a child?

Yes (1) No (0)

(12) A44

35. How much holiday time do you get each year, apart from public holidays?

(Record number of days _____)

(13-15) C3

7 = Don't Know
8 = Not applicable
9 = Missing

OCCUPATIONAL STRUCTURE

7 = Don't Know 8 = Not applicable 9 = Missing

36. About how many people work for your employer at the location where you work? I mean all types of workers in all areas, departments, and buildings.

Number of people: _____

(16-20) E2

37. Do you have a boss? Yes (1) No (0)
(If "no", go to question 39 and code question 38 as "no").

(21) A45

38. Does your boss have a boss? Yes (1) No (0)

(22) A46

39. Do you supervise the work of other employees? Yes (1) No (0)
(If "no", go to question 42, code question 40 as "no" and 41 as "0").

(23) A47

40. Do any of the people you supervise also supervise the work of other people?
Yes (1) No (0)

(24) A48

41. In all, how many people work under you? _____

(25-27) C4

SUPERVISION / AUTONOMY

42. About how many times a week does a supervisor tell you what work to do?
(Code 0-776) _____

(28-30) C5

43. About how many times a week does a supervisor check your work?
(Code 0-776) _____

(31-33) C6

(Show card LHC8)

YES (2)	SOMETIMES (1)	NO (0)
------------	------------------	-----------

On your current (most recent) job

44. Do you decide what time to come to work and when to leave, either officially or unofficially?

2	1	0
---	---	---

(34) A49

45. Do you decide what kind of work you do?

2	1	0
---	---	---

(35) A50

46. Do you decide how you do it?

2	1	0
---	---	---

(36) A51

47. Do you feel free to disagree with your supervisor?

2	1	0
---	---	---

(37) A52

48. Are you allowed to make decisions on your own?

2	1	0
---	---	---

(38) A53

49. Do you decide what you wear on the job?

2	1	0
---	---	---

(39) A54

50. Are you allowed to receive personal phone calls?

2	1	0
---	---	---

(40) A55

51. Are you allowed to make personal phone calls?

2	1	0
---	---	---

(41) A56

VALIDITY ESTIMATE

- 0 = CERTAINLY invalid
- 1 = POSSIBLY invalid
- 2 = MOSTLY valid
- 3 = SEEMS valid

Interviewer name: _____

Interview given?

Card no.

(42) A57

Blank (43-77)

(78) A58

(03) (79-80)

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT**PHASE XXI**

ID# _____

First Name _____

Please list the children, if any, you are currently looking after.

Full Name	Date of Birth	Sex	Biological/Adopted/ Stepchild/Other?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

MENTAL HEALTH

DRS TEMI MOFFITT & AVSHALOM CASPI

PHASE XXI: MENTAL HEALTH INTERVIEW

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

1. First Name: _____

ID no. (1-4)

First of all, I would like to ask you about how you spend your time.

2. At present, what are you doing? Are you at polytech, varsity, or do you have a job?...
3. Do you belong to any organised clubs, groups or activities? (These can be cultural, recreational, social or political.)
4. What kind of activities do you do in your spare time, e.g. hobbies and recreation?

I would now like to find out more about your family and friends.

Show card 1 - circle

5. Suppose this circle represents the family you grew up with. The closer you move to the center, the more you feel involved with and attached to your family. The further out you move, the less involved and attached you feel.

Which circle best indicates your involvement and attachment to your family?

(5) A59

1 2 3 4 5

6. Now, I'd like you to do the same thing, but imagine the circle represents your friends.

Which circle best indicates how attached you feel to your friends?

(6) A60

1 2 3 4 5 {Code no friends as 6}

7. Last, pretend the circle represents your place of employment or education.

Which circle best indicates how attached you feel to your place of employment or education?

(7) A61

1 2 3 4 5 {Code unemployed as 6}

8. Some people have one person in their life that they feel they can totally depend on, not only in times of need, but every day of their lives -- someone who they trust completely and who they know will always be there.

Is there anyone in your life who is like that? Yes (2) No (0)

(8) A62

9. Looking back to around the time of your 18th birthday, do you think you had any significant emotional or behavioural problems at that time?

Yes (2) No (0)

(9) A63

Now I want to ask you some questions about how things have been for you **IN THE LAST YEAR** and how they are going for you now.

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

PAD

- 10) In the last year, have you had a spell or attack when all of a SUDDEN you felt frightened, anxious, or very uneasy? Yes (2) No (0) (10) A64
- b) IF YES: Was that in situations when MOST PEOPLE WOULD NOT be afraid or anxious, that is, when you were not in danger, or the centre of attention, or had not had 10 cups of coffee? 0 1 2 (11) A65

If YES continue, else skip to Q15 (AGPH).

- c) Could you tell me about your worst spell or attack like that.
-

- 11) During one of your worst spells of suddenly feeling frightened or anxious or uneasy, have you had any of the following problems, problems that could not be explained by a physical illness or any medications, drugs, or alcohol you had taken? (**SHOW CARD 2 - PAD**, and repeat "during this spell" as necessary.)
- | | | | | | |
|--|---|---|---|------|-----|
| a) were you short of breath - having trouble catching your breath? | 0 | 1 | 2 | (12) | A66 |
| b) did your heart pound? | 0 | 1 | 2 | (13) | A67 |
| c) were you dizzy or lightheaded? | 0 | 1 | 2 | (14) | A68 |
| d) did you have tightness or pain in your chest? | 0 | 1 | 2 | (15) | A69 |
| e) did your fingers or feet tingle? | 0 | 1 | 2 | (16) | A70 |
| f) did you feel like you were choking? | 0 | 1 | 2 | (17) | A71 |
| g) did you feel faint? | 0 | 1 | 2 | (18) | A72 |
| h) did you sweat? | 0 | 1 | 2 | (19) | A73 |
| I) did you tremble or shake? | 0 | 1 | 2 | (20) | A74 |
| j) did you have hot flushes or chills? | 0 | 1 | 2 | (21) | A75 |
| k) did you or things around you seem unreal? | 0 | 1 | 2 | (22) | A76 |
| l) were you afraid that you might die? | 0 | 1 | 2 | (23) | A77 |
| m) were you afraid that you might act in a crazy way? | 0 | 1 | 2 | (24) | A78 |

- | | | | | | |
|--|---|---|---|------|-----|
| n) did you have nausea? | 0 | 1 | 2 | (25) | A79 |
| o) did you have stomach pain? | 0 | 1 | 2 | (26) | A80 |
| p) did you feel like you were being smothered? | 0 | 1 | 2 | (27) | A81 |

IF 4+ symptoms, continue, else skip to Q15 (AGPH).

- | | | | | | |
|---|---|---|---|------|-----|
| 12) During at least several of your attacks of feeling frightened or anxious, have some of these problems such as (<i>list up to 4 symptoms</i>) begun suddenly, and become worse within the first few minutes of the attack? | 0 | 1 | 2 | (28) | A82 |
| 13. Have you had four spells or attacks within a four week period? | 0 | 1 | 2 | (29) | A83 |
| 14. After having an attack, have you had a month or more when you were afraid that you might have another attack? | 0 | 1 | 2 | (30) | A84 |

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

AGPH

15) Some people have such an UNREASONABLY strong fear of certain situations that they ALWAYS get very upset in such a situation or avoid it altogether. In the past year have any of the following situations always frightened you badly?

- | | | | | | |
|---|---|---|---|------|-----|
| a) being in a crowd or standing in line? | 0 | 1 | 2 | (31) | A85 |
| b) being alone away from home? | 0 | 1 | 2 | (32) | A86 |
| c) riding on trains or buses, planes or in a car? | 0 | 1 | 2 | (33) | A87 |
| d) crossing a bridge? | 0 | 1 | 2 | (34) | A88 |
| e) any other situations like these? | 0 | 1 | 2 | (35) | A89 |
- Specify: _____

If any of a-e = YES, continue; else skip to Q21 (GAD)

- | | | | | | |
|--|---|---|---|------|------|
| 16) Have you avoided any of these situations because of your strong unreasonable fear? | 0 | 1 | 2 | (36) | A90 |
| 17) Have you been unable to travel some place you wanted to go because of any of these fears? | 0 | 1 | 2 | (37) | A91 |
| 18) Have you been unable to leave your home for an entire day because of these fears? | 0 | 1 | 2 | (38) | A92 |
| 19) When you are in that/those situation(s) (list Q15) have you had any of these problems? (SHOW CARD 3 - AGPH) | | | | | |
| a) get sweaty? | 0 | 1 | 2 | (39) | A93 |
| b) tremble? | 0 | 1 | 2 | (40) | A94 |
| c) have dry mouth? | 0 | 1 | 2 | (41) | A95 |
| d) feel dizzy like you might fall? | 0 | 1 | 2 | (42) | A96 |
| e) feel your heart pound? | 0 | 1 | 2 | (43) | A97 |
| f) get nauseated or vomit? | 0 | 1 | 2 | (44) | A98 |
| g) feel like you couldn't control your bodily functions? | 0 | 1 | 2 | (45) | A99 |
| h) feel tightness or pain in your chest or stomach? | 0 | 1 | 2 | (46) | A100 |
| i) feel you or things around you seemed unreal? | 0 | 1 | 2 | (47) | A101 |

CHECK: *If the respondent previously reported panic attacks, (4 or more symptoms in Q11) continue, else skip to Q21 (GAD).*

- | | | | | |
|---|---------|--------|------|------|
| 20) Earlier you mentioned having spells when you felt suddenly anxious or uneasy and had other problems e.g., (examples Q11). Did those spells occur ONLY when you were in (list Q15 situations)? | Yes (2) | No (0) | (48) | A102 |
|---|---------|--------|------|------|

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

GAD

21. Next, I want to ask you about periods in the last year when MOST OF THE TIME you have felt worried and anxious. Have you felt worried and anxious for a month or more in the last year?

Yes (2) No (0)

(49) A103

If YES continue, else skip to Q29 (SOP/SIP).

22. During that period, have you worried about things that are UNLIKELY to happen?

0 1 2

(50) A104

23. Have you worried a great deal about things that are not really serious?

0 1 2

(51) A105

24. During that period, have you worried about different things at the same time?

0 1 2

(52) A106

25. What sort of things have you worried about?
(probe for 2+ life circumstances, code 1 or 2)

1 2

(53) A107

Specify: _____

26. You've described a period(s) worrying about (*examples*) in the last year. Are you still worrying about these things?

0 1 2

(54) A108

27. How long had/have you been worrying like that? _____ Code months, max = 12.

(55-56) B11

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

GAD continued

28. I'd like to ask you about other problems you might have when you get worried and anxious, problems that could not be entirely explained by a physical illness or any medication, drugs or alcohol you had taken. (*SHOW CARD 4 - GAD*). When you're worried and anxious about _____ circumstances, have you had any of the problems on this list?

a) easily tired?	0	1	2	(57)	A109
b) easily startled?	0	1	2	(58)	A110
c) trembly or shaky?	0	1	2	(59)	A111
d) restless?	0	1	2	(60)	A112
e) bothered by tense, sore or aching muscles?	0	1	2	(61)	A113
f) having a lot of trouble keeping your mind on what you were doing? .	0	1	2	(62)	A114
g) keyed up or on edge?	0	1	2	(63)	A115
h) particularly irritable?	0	1	2	(64)	A116
i) sweating a lot?	0	1	2	(65)	A117
j) aware of your heart pounding or racing?	0	1	2	(66)	A118
k) having cold or clammy hands?	0	1	2	(67)	A119
l) feeling dizzy or lightheaded?	0	1	2	(68)	A120
m) having a dry mouth?	0	1	2	(69)	A121
n) having nausea or diarrhoea?	0	1	2	(70)	A122
o) having to urinate too frequently?	0	1	2	(71)	A123
p) having hot flashes or chills?	0	1	2	(72)	A124
q) short of breath or feeling that you were being smothered?	0	1	2	(73)	A125
r) having trouble swallowing?	0	1	2	(74)	A126
s) having trouble falling or staying asleep?	0	1	2	(75)	A127

blank (76-78)

Card no.

(10) (79-80)

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

SOP / SIP

29a) There are other things that make some people so UNREASONABLY afraid that they try to AVOID those things, or feel EXTREMELY UNCOMFORTABLE or uneasy about doing them. In the last year have you had a strong, unreasonable fear of any of the following? (*Show card 5 SOP-SIP*).

SOP

- | | | | | | |
|--|---|---|---|-----|------|
| a) Speaking in public? | 0 | 1 | 2 | (5) | A128 |
| b) Using public toilets? | 0 | 1 | 2 | (6) | A129 |
| c) Eating or drinking in public? | 0 | 1 | 2 | (7) | A130 |
| d) Talking to people because you might have nothing to say or because you might sound foolish? | 0 | 1 | 2 | (8) | A131 |
| e) Doing things (e.g., writing) while someone watches you? | 0 | 1 | 2 | (9) | A132 |

If any of a-e = YES, continue. Else skip to SIP.

- | | | | | | |
|---|---|---|---|------|------|
| 30a) Have you had any of these fears for months or even years? | 0 | 1 | 2 | (10) | A133 |
| 31a) Have you been very upset with yourself for having that fear of ... (list fears from Q29) | 0 | 1 | 2 | (11) | A134 |
| 32a) Has an unreasonable fear of (<i>list fears</i>) interfered with your ability to do your work? | 0 | 1 | 2 | (12) | A135 |
| 33a) When you have to (<i>describe fearful situation in Q29</i>) does it almost always make you extremely nervous or panicky? | 0 | 1 | 2 | (13) | A136 |
| 34a) Has the unreasonable fear of (<i>list fears in Q29</i>) kept you from going to a party, social event or meeting? | 0 | 1 | 2 | (14) | A137 |

CHECK: *if the respondent previously reported panic attacks, (4 or more symptoms in Q11) continue, else skip to SIP.*

- | | | | | |
|--|---------|--------|------|------|
| 35a) Earlier you mentioned having spells when you felt suddenly anxious or uneasy and had other problems e.g., (<i>examples Q11</i>). Did those spells occur ONLY when you were in (<i>list Q29 situations</i>)? | Yes (2) | No (0) | (15) | A138 |
|--|---------|--------|------|------|

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

SIP

29b) In the past year have you had a strong, unreasonable fear of any of the following?
(Show card 5 - SOP/SIP)

- | | | | | | |
|---|---|---|---|------|------|
| f) Heights? | 0 | 1 | 2 | (16) | A139 |
| g) Flying? | 0 | 1 | 2 | (17) | A140 |
| h) Seeing blood? | 0 | 1 | 2 | (18) | A141 |
| I) Any kind of insect? | 0 | 1 | 2 | (19) | A142 |
| j) Snakes, dogs, birds, rats, or other animals? | 0 | 1 | 2 | (20) | A143 |
| k) Storms, thunder or lightning? | 0 | 1 | 2 | (21) | A144 |
| l) Getting an injection or going to the dentist? | 0 | 1 | 2 | (22) | A145 |
| m) Being in an open space? | 0 | 1 | 2 | (23) | A146 |
| n) Being in water (e.g., in a swimming pool or lake)? | 0 | 1 | 2 | (24) | A147 |
| o) Anything else? | 0 | 1 | 2 | (25) | A148 |

If any of f-o = YES continue, else skip to Q36 (OBS).

- | | | | | | |
|--|---|---|---|------|------|
| 30b) Have you had any of these fears for months or even years? | 0 | 1 | 2 | (26) | A149 |
| 31b) Have you been very upset with yourself for having that fear of ...
(list fears from Q29b) | 0 | 1 | 2 | (27) | A150 |
| 32b) Has an unreasonable fear of (list fears) interfered with your ability
to do your work? | 0 | 1 | 2 | (28) | A151 |
| 33b) When you have to (describe fearful situation in Q29b) does it
almost always make you extremely nervous or panicky? | 0 | 1 | 2 | (29) | A152 |
| 34b) Has the unreasonable fear of (list fears in Q29b) kept you from
going to a party, social event or meeting? | 0 | 1 | 2 | (30) | A153 |

CHECK: if the respondent previously reported panic attacks, (4 or more symptoms in Q11) continue, else skip to Q36 (OBS).

- | | | | | |
|---|---------|--------|------|------|
| 35b) Earlier you mentioned having spells when you felt suddenly
anxious or uneasy and had other problems e.g., (examples Q11).
Did those spells occur ONLY when you were in (list Q29 b
situations)? | Yes (2) | No (0) | (31) | A154 |
|---|---------|--------|------|------|

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

OBS

- 36) I want to ask you next about whether, in the last year, you have been bothered by having certain unpleasant thoughts all the time. (*Show card 6 - OBS*). In the last year, have you been bothered by these or any other unpleasant and persistent thoughts?
- | | | | | | |
|--|---|---|---|------|------|
| a. Persistent idea that your hands are dirty, or have germs on them, no matter how much you wash them. | 0 | 1 | 2 | (32) | A155 |
| b. Relatives who are away have been hurt or killed. | 0 | 1 | 2 | (33) | A156 |
| c. You might harm or cause the death of someone you loved, even though you really didn't want to. | 0 | 1 | 2 | (34) | A157 |
| d. You have accidentally done something that harmed or endangered someone. | 0 | 1 | 2 | (35) | A158 |
| e. Having thoughts you were ashamed of, but couldn't keep out of your mind. | 0 | 1 | 2 | (36) | A159 |
| f. Any other thoughts or impulses that bothered you? | 0 | 1 | 2 | (37) | A160 |
-

If Q36 = YES, continue. Else skip to Q42 (COM).

- 37) Has this been only for a short time, or have these thoughts been coming into your mind over a period of at least two weeks?
- | | | | | | |
|--|---|---|---|---------|-----|
| | 0 | 1 | 2 | (38-39) | B12 |
|--|---|---|---|---------|-----|
- Number of weeks _____ (max = 52)
- 38) Have these unpleasant thoughts keep coming back into your mind again and again, no matter how hard you tried to get rid of them?
- | | | | | | |
|--|---|---|---|------|------|
| | 0 | 1 | 2 | (40) | A161 |
|--|---|---|---|------|------|
- 39) Have these thoughts often bothered you for more than an hour at a time?
- | | | | | | |
|--|---|---|---|------|------|
| | 0 | 1 | 2 | (41) | A162 |
|--|---|---|---|------|------|
- 40) Has thinking about these ideas interfered with your life or work, or caused you difficulties with your relatives or friends, or upset you a great deal?
- | | | | | | |
|--|---|---|---|------|------|
| | 0 | 1 | 2 | (42) | A163 |
|--|---|---|---|------|------|
- 41) How long have you had these thoughts and ideas? Number of months _____ (max =12)
- | | | | | | |
|--|--|--|--|---------|-----|
| | | | | (43-44) | B13 |
|--|--|--|--|---------|-----|
-
-

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

COM

- 42) Some people have the unpleasant feeling that they HAVE TO DO SOMETHING OVER AND OVER again even though they know it is really foolish, but they can't resist doing it. Things like washing their hands again and again, or going back several times to be sure they've locked a door or turned off a stove.

In the last year have you had to do something like that over and over? 0 1 2 (45) A164
Specify : _____

- 43) In the last year, have you felt like you had to DO SOMETHING in a CERTAIN ORDER, like getting dressed perhaps, and had to start all over again if you did it in the wrong order?

0 1 2 (46) A165

Specify : _____

- 44) In the last year, have you felt you had to COUNT SOMETHING, like the squares in a tile floor, or always touch a particular thing, and couldn't resist doing it even if you tried to?

0 1 2 (47) A166

Specify : _____

If any Q42-44 = YES, continue. Else skip to Q49.

- 45) Have you done (list Q42-44) to prevent something dreadful happening?

0 1 2 (48) A167

- 46) When you do (list Q42-44) does it often take you more than an hour a day?

0 1 2 (49) A168

- 47) When you do (list Q42-44) does it interfere with your life or work, or cause you difficulty with your relatives or friends, or upset you a great deal?

0 1 2 (50) A169

- 48) How long have you had these feelings?

Number of months _____ (max = 12)

(51-52) B14

If respondent previously reported anxiety symptoms (Q10 - Q48 = Yes) continue, else skip to Q50 (ALC).

- 49) You've described problems of (anxiety as above). (Show card 7 - INTERFERENCE). Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities?

(53) A170

1	2	3	4	5
Very little				Very much

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

ALC

Now I'm going to ask you some questions about your use of alcohol.

50) During the last year, have you had any wine, beer, or other drinks containing alcohol at least once a month? 0 2 (54)

IF YES: Was that for six months or more? 0 2 (55)

If Q50 = YES, continue. Else skip to Q69 (DRUGS).

51) About how many day per month do you drink alcohol? _____ (56-57)

52) How many times during the past year did you have 5 or more drinks on an occasion? _____ (58-60)

If Q52 > 1, continue. Else skip to Q69 (DRUGS).

53) Have you been tolerant to alcohol, that is you needed to drink a lot more in order to get an effect, or found that you could no longer get the same effect on the amount you used to drink? 0 1 2 (61)

54) Have there been many days when you drank much more than you expected to when you began? Or, have you often continued drinking for more days in a row than you intended? 0 1 2 (62)

55) Have you wanted to quit or cut down on your drinking? 0 1 2 (63)

b) have you tried to quit or cut down on drinking? 0 1 2 (64)

IF YES: Were you unable to quit or cut down? 0 1 2 (65)

56) Does your drinking or being hungover often lead you to neglect some of your usual responsibilities at work, education, home, or caring for children? 0 1 2 (66)

57) Some people try to control their drinking by making rules, like not drinking before 5 o'clock, or not drinking alone. Do you have any rules like that for yourself? 0 1 2 (67)

58) In the last year, has there been a period when you spent so much time drinking alcohol or getting over its effects that you had little time for anything else? 0 1 2 (68)

59) Have you given up or greatly reduced important activities IN ORDER to drink - like sports, work, or associating with friends or relatives? 0 1 2 (69)

If ANY Q56 - 59 = YES, continue. Else skip to Q61.

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

ALC cont.

- 60) You describe how drinking caused you some problems (*list Q56 - 59*).
Have any of these problems gone on for a month or longer, or kept coming back over the last year? 0 1 2 (70)
- 61) In the past year, have there been objections about your drinking from (*circle*) your family, friends, GP, minister, employer or people at work/school, etc. 0 1 2 (71)
- IF YES:** Did you continue to drink (more than once) when you knew there were objections? 0 1 2 (72)
- 62) Have you had any of the following problems when you stopped or cut down after drinking for a considerable time:
(*circle*) the shakes (hands tremble), being unable to sleep, feeling anxious or depressed, sweating, heart beating fast, seeing or hearing things that aren't really there,
[anything else: _____] 0 1 2 (73)
- 63) Have you taken a drink to keep from having a hangover (*or the shakes, etc., as above*) or taken a drink to make them go away? 0 1 2 (74)
- IF YES:** Have you done this several times? 0 2 (75)
- 64) Have you been affected by drinking several times in a situation where it increased your chances of getting hurt - for instance, when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming? 0 1 2 (76)
Specify: _____

- 65) Have you accidentally injured yourself when you had been drinking, for example, had a bad fall or cut yourself badly? 0 1 2 (77)

Blank (78)

Card no.

(11) (79-80)

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

ALC cont.

ID no. (1-4)

66) Has your drinking caused you any health problems? 0 1 2 (5) A190
Specify: _____

If Q65 or Q66 = YES, continue. Else skip to Q67.

b) Have you continued to drink (more than once) knowing that drinking caused you to have a health problem or injury, or made a health problem worse? 0 1 2 (6) A191

67) Has alcohol caused you emotional or psychological problems, such as (*circle*) feeling uninterested in things, depressed, suspicious of others, getting into fights, or given you strange ideas? 0 1 2 (7) A192

IF YES: have you continued to drink (more than once) after knowing that drinking caused you (*as above*) or made it worse? 0 1 2 (8) A193

On a typical drinking occasion, what makes you stop drinking?

68) In the last year, have the police (or MOT) stopped or arrested you because of drinking? (e.g., fighting, drunk driving, detoxification, etc.) 0 1 2 (9) A194

IF YES: Has this happened more than once? 0 2 (10) A195

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

DRUGS

Now I'd like to ask about your experiences with drugs and other substances.
(Show card 8 - Substances)

69a) In the last year, have you used any of the drugs on this list to get high, or for any other mental effects? 0 2 (11) A196

69b) **IF NO:** Did you use any of these drugs more than was prescribed, or for longer than the doctor wanted you to? 0 2 (12) A197

If YES (Q69a or Q69b), continue. Else skip to Q81 (Interference).

69c) How often have you used (drug) in the last year?

Coding: 0 = not used
1 = Less than 6 times
2 = 6 or more times

- | | | | | | |
|------------------------|---|---|---|------|------|
| 1. Marijuana | 0 | 1 | 2 | (13) | A198 |
| 2. Stimulants | 0 | 1 | 2 | (14) | A199 |
| 3. Sedatives | 0 | 1 | 2 | (15) | A200 |
| 4. Additional Classes: | | | | | |
| a) Cocaine | 0 | 1 | 2 | (16) | A201 |
| b) Heroin | 0 | 1 | 2 | (17) | A202 |
| c) Opiates | 0 | 1 | 2 | (18) | A203 |
| d) PCP / MDA | 0 | 1 | 2 | (19) | A204 |
| e) Psychedelics | 0 | 1 | 2 | (20) | A205 |
| f) Inhalants | 0 | 1 | 2 | (21) | A206 |
| g) Other: _____ | 0 | 1 | 2 | (22) | A207 |

Resume coding:

[0 = NO; 1 = YES sometimes; 2 = YES definitely; 7 = Don't Know; 8 = N/A; 9 = Missing]

69d) Have you ever thought that you might be dependent on a drug, or addicted to it? 0 1 2 (23) A208
Specify: _____

If Q69c(1) "Marijuana" = 2, continue. Else skip to Q81 (Interference).

70) In the last year, have you spent a great deal of your time using marijuana, getting it, or getting over its effects? 0 1 2 (24) A209

71) Have you often used much larger amounts of marijuana than you intended to, or for more days in a row than you intended to? 0 1 2 (25) A210

72) In the last year, have you found you were unable to keep from using marijuana? 0 1 2 (26) A211

IF YES: Was this for a month or more? 0 1 2 (27) A212

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

DRUGS cont.

- | | | | | | |
|---|---|---|---|------|------|
| 73) In the last year, have you tried to cut down on it but found you couldn't? | 0 | 1 | 2 | (28) | A213 |
| IF YES: Was this for a month or more? | 0 | 1 | 2 | (29) | A214 |
| 74) Have you been tolerant of marijuana, that is you needed to use a lot more in order to get an effect, or found that you could no longer get the same effect on the amount you used to use? | 0 | 1 | 2 | (30) | A215 |
| 75) Have you had any health problems as a result of using marijuana? (e.g., respiratory problems, burns or other injury) | 0 | 1 | 2 | (31) | A216 |
| IF YES: Have you used it on more than one occasion knowing it caused you a health problem? | 0 | | 2 | (32) | A217 |
| 76) Has your using marijuana often led you to neglect some of your usual responsibilities? | 0 | 1 | 2 | (33) | A218 |
| 77) Has your using marijuana caused you considerable problems with your family, children, friends, with work, or with the police? | 0 | 1 | 2 | (34) | A219 |
| IF YES: Have you used it on more than one occasion knowing it caused you these problems? | 0 | | 2 | (35) | A220 |
| 78) Has using marijuana caused you any emotional or psychological problems (e.g., feeling uninterested in things, depressed, suspicious of others, fighting others, or giving you strange ideas)? | 0 | 1 | 2 | (36) | A221 |
| IF YES: Have you used it on more than one occasion knowing it caused you these problems? | 0 | | 2 | (37) | A222 |
| 79) Have you given up or greatly reduced important activities in order to use marijuana; like sports, work, or associating with friends or relatives? | 0 | 1 | 2 | (38) | A223 |
| IF YES: Have you done this for a month or more, (or several times)? | 0 | | 2 | (39) | A224 |
| 80) Have you been under the effects of marijuana in a situation where it increased your chances of getting hurt? (e.g., when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming)? | 0 | 1 | 2 | (40) | A225 |
| IF YES: Have you done this several times? | 0 | | 2 | (41) | A226 |

If Yes to ALC symptoms (Q53 - 68) or Yes to other drug use (Q69), continue. Else skip to Q82 (MDE).

- | | | | | | | | |
|---|-------------|---|---|---|-----------|------|------|
| 81) You've described problems of (alcohol or substance use/abuse).
(Show card 7 - INTERFERENCE) Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities? | | | | | | (42) | A227 |
| | 1 | 2 | 3 | 4 | 5 | | |
| | very little | | | | very much | | |

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

MDE

Now I'd like to ask you some questions about how you've been feeling in the last 12 months.

- 82) In the last year, have there been TWO WEEKS or more when
NEARLY EVERY DAY you felt sad, blue and depressed? 0 2 (43) A228
- b) How about moody and irritable? 0 2 (44) A229
- 83) In the last year, have there been TWO WEEKS or more when you
lost all interest in things like work or hobbies, or things you
usually like to do for fun? 0 2 (45) A230

*If YES to Q82 **OR** Q83, continue. Else skip to Q97 (SUI).*

- 84) Have you been feeling like this over the last few weeks, or was it
earlier in the year and you don't feel like that now?
[CODE: Current = 1, Past = 2, Multiple episodes = 3] 1 2 3 (46) A231

Why have you (felt) been feeling like that? _____

- FOR WOMEN:** was this in response to the birth of a child? 0 1 2 (47) A232

*If more than one episode code for **WORST**.*

- 85) During those weeks was your appetite less than normal? 0 1 2 (48) A233
- 86) Did you LOSE weight without trying to? How much? _____ code kg. (49-50) B16

If Q85 = NO, continue. Else skip to Q89.

- 87) During those weeks did you have an increase in appetite nearly
every day? 0 1 2 (51) A234
- 88) Did you GAIN weight without trying to? How much? _____ code kg. (53-54) B16

- 89) Did you have trouble falling asleep nearly every night? 0 1 2 (54) A235
- b) how about staying asleep? 0 1 2 (55) A236
- c) waking up too early nearly every morning? 0 1 2 (56) A237
- d) sleeping too much nearly every day? 0 1 2 (57) A238
- 90) Did you lack energy or feel TIRED OUT ALL THE TIME even
when you had not been working very hard? 0 1 2 (58) A239

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

MDE cont.

- | | | | | | |
|---|---|---|---|------|------|
| 91) During those weeks, nearly every day did you TALK OR MOVE MORE SLOWLY than is normal for you? | 0 | 1 | 2 | (59) | A240 |
| <i>IF NO:</i> Nearly every day did you have to be MOVING ALL THE TIME, that is you couldn't sit still and paced up and down. | | | | | |
| | 0 | 1 | 2 | (60) | A241 |
| 92) During those weeks, did you nearly every day lose all interest in work or hobbies or things that you normally did for fun? | 0 | 1 | 2 | (61) | A242 |
| 93) During those weeks, nearly every day did you feel WORTHLESS, SINFUL, or GUILTY? | 0 | 1 | 2 | (62) | A243 |
| 94) Nearly every day, did you have a lot MORE TROUBLE CONCENTRATING than was normal for you? | 0 | 1 | 2 | (63) | A244 |
| 95) Did your thoughts come MUCH SLOWER than usual or seem MIXED UP? | 0 | 1 | 2 | (64) | A245 |
| 96) Nearly everyday were you UNABLE TO MAKE UP YOUR MIND about things you ordinarily have no trouble deciding about? | 0 | 1 | 2 | (65) | A246 |
| During those weeks, did you think about committing suicide OR think a lot about death? | 0 | 1 | 2 | (66) | A247 |
| You have described problems of depression. Did these problems happen soon after the death of someone close to you? [CODE:
0 = NO; 1 = YES but less than 6 months; 2 = More than 6 mths duration] | 0 | 1 | 2 | (67) | A248 |

SUI

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

- 97) During the last year have you THOUGHT a lot about DEATH, (your own, someone else's or death in general)? 0 1 2 (68) A249
- 98) Have you felt like you wanted to die? 0 1 2 (69) A250
- 99) Have you felt so low that you THOUGHT about committing suicide? 0 1 2 (70) A251
- IF YES:** Have you ATTEMPTED suicide? 0 2 (71) A252

If subject has attempted suicide, continue. Else skip to Q105 (DYS).

blank (72-78)

Card no.

(12) (79-80)

ID no. (1-4)

100) How did you try to hurt yourself? **CODE BELOW**

101) How many times did you do that in the past year?

102) Did you require medical treatment? Code YES (1) NO (0)

103) Did you try to hurt yourself any other way? (Repeat to complete chart)

	Number of times	Medical Treatment
Cut or stabbed yourself	(5-6) B18	(7) A253
Overdosed on pills	(8-9) B19	(10) A254
Took some poison	(11-12) B20	(13) A255
Tried to gas yourself	(14-15) B21	(16) A256
Tried to hang yourself	(17-18) B22	(19) A257
Shot yourself	(20-21) B23	(22) A258
Tried to drown yourself	(23-24) B24	(25) A259
Jumped from a high place	(26-27) B25	(28) A260
Crashed a car	(29-30) B26	(31) A261
Burnt yourself	(32-33) B27	(34) A262
Used some other method	(35-36) B28	(37) A263

IF YES TO MDE (Q82 or Q83) SYMPTOMS:

- 104) Did you attempt suicide during those weeks when you felt sad, blue, or depressed? YES (2) NO (0) (38) A264

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

DYS

105) In the past year, have you felt depressed or sad MOST days, even if you felt ok sometimes? 0 2 (39) A265

b) How about moody or irritable MOST days? 0 2 (40) A266

If Q105 (a OR b) = Yes:

106) Over the year, has there been a period when, for two months or more, you DID NOT feel depressed (sad, moody, or irritable) on most days? 0 1 2 (41) A267

IF Q105 = YES & Q106 = NO, continue. OTHERWISE

If YES to MDE (Q82 or 83) or SUI (Q97-99), skip to Q116.

If NO to MDE, SUI, & DYS, skip to Q117 (MAN).

107) When you have felt (depressed, sad, moody or irritable) was your appetite less than normal? 0 2 (42) A268

If NO: Was your appetite more than normal? 0 2 (43) A269

108) When you felt (depressed, sad, moody, irritable) have you had trouble falling asleep? 0 1 2 (44) A270

b) how about staying asleep? 0 1 2 (45) A271

c) waking up too early nearly every morning? 0 1 2 (46) A272

d) sleeping too much nearly every day? 0 1 2 (47) A273

109) Have you lacked energy or felt TIRED OUT ALL THE TIME even when you had not been working very hard? 0 1 2 (48) A274

110) When you felt (depressed, sad, moody, or irritable) have you felt you were not as good as other people or INFERIOR? 0 1 2 (49) A275

111) Have you had so little self-confidence you wouldn't try to have your say about anything? 0 1 2 (50) A276

112) When you felt (depressed, sad, moody, or irritable) have you had a lot more trouble concentrating than is normal for you? 0 1 2 (51) A277

113) Have you been unable to make up your mind about things you ordinarily have no trouble deciding about? 0 1 2 (52) A278

114) When you felt (depressed, sad, moody or irritable) have you felt that your situation was HOPELESS and things wouldn't get better for you? 0 1 2 (53) A279

115) You've said that during the last year you have felt depressed, sad, moody, or irritable most days; and (*list symptoms Q107 - 114*). How many years have you been like this? Code years: _____ (54-55) B29

If Yes to MDE, SUI, or DYS symptoms, continue. Else skip to MAN (Q117).

116) You've described problems of (*MDE, SUI, DYS as above*). (*Show card 7 - INTERFERENCE*) Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities?

1	2	3	4	5
very little				very much

(56) A280

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

MAN

- | | | | | | |
|--|---|---|---|------|------|
| 117) In the last year, has there been a period of days when you were so <u>happy or excited or high</u> that you got into trouble, or your family or friends worried about it, or a doctor said you were manic? | 0 | 1 | 2 | (57) | A281 |
| 118) In the last year, has there been a period of several days when you <u>couldn't sit still and paced up and down</u> ? | 0 | 1 | 2 | (58) | A282 |
| 119) In the last year, has there been a period when you went on <u>spending sprees</u> -- spending so much money that it caused you or your family some financial trouble, or had a period when you made foolish decisions about money? | 0 | 1 | 2 | (59) | A283 |
| 120) In the last year, have you had a period when your <u>interest in sex was so much stronger than is typical for you</u> that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in? | 0 | 1 | 2 | (60) | A284 |
| 121) In the last year, have you had a period when you <u>talked so fast</u> that people said they <u>couldn't understand you</u> or you had to keep talking all the time? | 0 | 1 | 2 | (61) | A285 |
| 122) In the last year, have you had a period when <u>thoughts raced</u> through your head so fast the you couldn't keep track of them? | 0 | 1 | 2 | (62) | A286 |
| 123) In the last year, have you had a period when you felt that <u>you had special creative powers</u> to do things others couldn't do or that you were a specially important person? | 0 | 1 | 2 | (63) | A287 |
| 124) In the last year, have you had a period when you <u>hardly slept</u> at all <u>but</u> still <u>didn't feel tired</u> or sleepy? | 0 | 1 | 2 | (64) | A288 |
| 125) In the last year, have you had a period when you were <u>easily distracted</u> , so that any little interruption could get you off the track? | 0 | 1 | 2 | (65) | A289 |

If YES to 3+ on Q117-125, continue. Else skip to Q127 (SCH).

- | | | | | | |
|--|---|---|---|------|------|
| 126) You said you've had times when (<i>list symptoms from Q117-125</i>). Was there a period in the last year when some of these feelings or experiences occur together? | 0 | 1 | 2 | (66) | A290 |
| IF YES: When you were feeling that way, were you unusually irritable or likely to fight or argue? | 0 | 1 | 2 | (67) | A291 |

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

SCH

- 127) In the last year, have you more than once had the experience of hearing things other people couldn't hear, such as a voice? 0 1 2 (68) A292
- 128) In the last year, have you ever had unusual feelings inside or on your body - like being touched when nothing was there or feeling something moving inside your body? 0 1 2 (69) A293
- 129) In the last year, have you ever believed that you were being sent special messages through television or the radio, or that a radio or television programme had been arranged especially for you? 0 1 2 (70) A294
- 130) Now I want to ask about some ideas you might have had about other people. In the last year, have you ever believed people were watching you, spying on you or following you? 0 1 2 (71) A295
- 131) In the last year, have you ever believed that someone was plotting against you or trying to hurt you or poison you? 0 1 2 (72) A296
- 132) In the last year, have you ever believed that others were controlling how you moved or what you thought against your will? 0 1 2 (73) A297
- 133) In the last year, have you ever felt that someone or something could put strange thoughts directly into your mind or could take or steal you thoughts out of your mind? 0 1 2 (74) A298
- 134) In the last year, have you ever believed you could actually hear what another person was thinking, even though they were not speaking, or believed that other could hear your thoughts? (75) A299

If YES to any Q127-134 (SCH) continue.

If YES to any Q117-125 (MAN), skip to Q136.

If NO to both MAN & SCH, skip to Q137 (ANRx).

- 135 a) You said you've had times when (*list symptoms from Q127-134*). Did these things happen ONLY when you were under the influence of alcohol or drugs? 0 2 (76) A300
- b) Did these things happen ONLY when you were very depressed? 0 2 (77) A301
(Code 2 ONLY if MDE present)

If Yes to ANY MAN or SCH symptoms, continue. Else skip to ANRx (Q137).

136) You've described problems of (*MAN or SCH, as above*).

(*Show card 7 - INTERFERENCE*). Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities?

1	2	3	4	5
very little				very much

(78) A302

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

EAT: ANRx

ID No. (1-4)

137) Now, I'd like to ask you about problems you might have had with your weight in the last year. HAVE YOU WORRIED A LOT about eating too much, gaining too much weight, or being too fat? 0 1 2 (5)

138) Have you thought you were overweight when other people such as your parents or friends said you had become too thin? 0 1 2 (6)

IF Q137 and 138 = YES, continue. Else skip to Q141 (BUL).

139) In the last year have you lost weight either by dieting or without meaning to (not by having a baby or operation)? 0 1 2 (7)

IF YES: How much weight have you lost in the last year? _____ Code kg. (8-9)

140) What is the lowest weight you have dropped to in the last year? _____ Code kg. (10-12)

FOR WOMEN WHO HAVE LOST WEIGHT:

Have you missed 3 menstrual periods in a row around the time you were losing weight? 0 2 (13)

IF NO: Were you taking birth-control pills at the time you were losing weight? (*If Yes, code as 2*).

Coding: 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

EAT: BUL

- 141) In the past year, has there been a time when you would eat abnormally large amounts of food within a few hours - that is, binge eating? (*Rule out binges after smoking marijuana*)
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (14) A307

IF YES, continue. Else skip to Q147.

- b) how often have you gone on eating binges? (times per week) _____ (15-16) B31
- c) how long have you done this? (Code months, max = 12) _____ (17-18) B32
- 142) In the last year, have you been afraid that you might not be able to stop one of these eating binges?
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (19) A308
- 143) In the past year, have you eaten large amounts of food throughout the day with no planned mealtimes?
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (20) A309
- 144) When you ate these large amounts, did you eat fattening foods, like biscuits, ice cream, pizza or chips?
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (21) A310
- 145) When you ate these large amounts, did you try to eat in private so that others wouldn't see?
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (22) A311
- 146) In the past year, have you felt disgusted, depressed, or guilty after overeating?
- | | | | | | |
|--|---|---|---|--|--|
| | 0 | 1 | 2 | | |
|--|---|---|---|--|--|
- (23) A312
- 147) Have you done anything REGULARLY in the last year in order to keep from gaining weight - things like:
- | | | | | | |
|--|---|---|---|--|--|
| a) exercising a lot | 0 | 1 | 2 | | |
| b) staying on a strict diet | 0 | 1 | 2 | | |
| c) taking water pills or diuretics | 0 | 1 | 2 | | |
| d) taking laxatives or enemas | 0 | 1 | 2 | | |
| e) making yourself vomit | 0 | 1 | 2 | | |
| f) fasting | 0 | 1 | 2 | | |
- (24) A313
(25) A314
(26) A315
(27) A316
(28) A317
(29) A318

If Yes to EAT symptoms (Q137-147), continue. Else skip to USE section.

- 148) You've described problems of (*eating/weight, as above*).
(*Show card 7 - INTERFERENCE*). Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities?
- | | | | | |
|-------------|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| very little | | | | very much |

(30) A319

<i>Coding:</i> 0 = NO	7 = Don't Know
1 = YES sometimes	8 = N/A
2 = YES definitely	9 = Missing

USE OF SERVICES

1) **INTERVIEWER:** *did the interview elicit symptoms?* No (0) Yes (2) (31) A320

2) **IF YES:** From what you've told me, you've had some problems in the last year relating to (*summarise from interview*). Have you gone to a doctor or other health professional, for example: GP, psychiatrist, psychologist or counseling centre, about any of those problems during the last year? No = 0 Yes = 1

OR IF NO: Have you gone to a doctor or other health professional, for example: GP, psychiatrist, psychologist or counseling centre, about any mental health problem during the last year? No = 0 Yes = 1
[Code either part of question "2" here] (32) A321

Circle service used: a) Medical practitioner: GP, Doctor, etc.
b) Psychiatrist
c) Emergency services: EPS, A&E, etc.
e) Psychologist/ Counselor
f) Other

If YES to Q2, continue. Else skip to Q3.

2 b) Did you spend any time in hospital? No (0) Yes (2) (33) A322
(record total # of days) _____ (34-36) C9

3) Have you taken any medication because of any of these problems? 0 1 2 (37) A323

IF YES: Was this more than once? 0 2 (38) A324
Specify medication (source, duration, current usage):

4) Have you gone to anyone else, for example, self-help group, minister, telephone counseling, social welfare, about:
IF Q1 = YES: any of these problems in the last year? **OR**
IF Q1 = NO: any mental health problem in the last year? 0 1 2 (39) A325

- a) **Education based service:** Lecturer, guidance counselor, etc.
- b) **Government Dept:** Social Welfare, Justice, Police, etc.
- c) **Telephone counseling**
- d) **Self-help group:** Agoraphobia support, AA, etc.
- e) **Religious service:** Minister, Priest, etc.
- f) **Other**

5) Have you discussed these problems [any mental health problems] with any of your family members? 0 1 2 (40) A326

6) Have you discussed these problems [any mental health problems] with any of your friends? 0 1 2 (41) A327

7) Some people don't see a doctor or other health professional about emotional or mental problems, or problems with drugs or alcohol, when perhaps they should. Was there a time in the last year when you DIDN'T go to a doctor or other health professional when your family, friends or you, yourself, thought you should? 0 1 2 (42) A328

***If time permits, give subject attitude survey.
DO interview evaluation on next page.***

INTERVIEW EVALUATION

1. Interviewer: _____

(43) A329

2. Comments: (Code 0 = none, 2 = Yes)

0

2

(44) A330

4. Interviewer to contact supervisor about referral for help?

0

2

(45) A331

Details:

Date of interview:

Day _____

(46-47) B33

Month _____

(48-49) B34

Year _____

(50-51) B35

Place of interview: 1. Unit
 2. Home
 3. Workplace
 4. Other: _____

(52) A332

Validity estimate: 0 = Certainly invalid
 1 = possibly invalid
 2 = mostly valid
 3 = seems valid

(53) A333

blanks (54-77)

Interview given?

(78) A334

Card No.

(14) (79-80)

PHASE XXI:**FORM TO DESCRIBE DUNEDIN SAMPLE MEMBER**

I.D. No. (1-4)

1. Are you (tick): Male? ☐ Female? ☐ (5) A335

2. What is your age in Years? _____ years (6-7) B36

3. What is your relationship to ? (8) A336
(Please tick)

- ☐ Parent
☐ Brother / Sister
☐ Other relative
☐ Spouse / Partner
☐ Close friend
☐ Other (Specify) _____

4. How well do you know ? (tick) (9) A337

- ☐ Not very well
☐ Moderately well
☐ Very well

5. How close are you to ? (tick) (10) A338

- ☐ Not very close
☐ Moderately close
☐ Very close

NOTE: This form (pp. 50-52) was mailed to a person nominated by the sample member as being able to comment on how they had been feeling in the past year.

Here is a list of mental health problems which 21-year-olds might experience.

To the BEST OF YOUR KNOWLEDGE, has had any of these problems over the LAST 12 MONTHS?

After each problem, there are three columns.

If has definitely shown the behaviour described by the statement, place a tick in the box under "Yes, certainly applies".

If has shown the behaviour to a lesser degree or less often, place a tick in the box under "Yes, applies somewhat".

If, AS FAR AS YOU ARE AWARE, has not shown the behaviour, place a tick in the box under "No, doesn't apply".

Please put on tick against each statement.	No doesn't apply	Yes, applies Somewhat	Yes, certainly applies	
6. Problems with aggression, such as fighting or controlling anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) A339
7. Talking about death or dying, or of Being better off dead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) A340
8. Attempting to take their own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13) A341
9. Problems with impulsivity, such as rushing into things without thinking about what might happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(14) A342
10. Feeling depressed, miserable, sad or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(15) A343
11. Doing things against the law, such as stealing or vandalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(16) A344
12. Problems with fears or worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(17) A345
13. Problems with eating, either too much or too little.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(18) A346
14. Problems related to the use of alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(19) A347
15. Problems related to the use of Marijuana or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(20) A348
16. Problems with concentration, such as difficulty in keeping mind on work and other important things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(21) A349
17. Problems with sleep, such as getting to sleep or waking during the night or early in the morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(22) A350
18. Any other problems? (Please write here) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(23) A351

Now, we would like you to think about special strengths. Below is a list of words or phrases describing qualities 21-year-olds may show. Please put a tick in the appropriate box against each word or phrase.

	No doesn't apply	Yes, applies Somewhat	Yes, certainly applies		
19. Kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(24)	A352
20. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(25)	A353
21. Easy-going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(26)	A354
22. Lots of interests, hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(27)	A355
23. Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(28)	A356
24. Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(29)	A357
25. Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(30)	A358
26. Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(31)	A359
27. Good sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(32)	A360
28. Good at sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(33)	A361
29. Popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(34)	A362
30. Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(35)	A363
31. Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(36)	A364
32. Lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(37)	A365
33. Attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(38)	A366
34. Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(39)	A367
35. Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(40)	A368
36. Lots of common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(41)	A369
37. Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(42)	A370
38. Careful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(43)	A371
39. Good at music /art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(44)	A372
40. Is regarded as a "good citizen"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(45)	A373

Blank (46-77)

THANK YOU VERY MUCH FOR YOUR HELP

Interview given?

(78) A374

Card No.

17 (79-70)

WORK CONDITIONS

DRS TEMI MOFFITT & AVSHALOM CASPI

PHASE XXI: WORK CONDITIONS

First Name: _____

Have you already discussed your work in another session?

In another session, we ask about the type of work you do. In this session, I'd like to ask about the conditions of your work, and about your work satisfaction.

Do you currently have a job? ***If YES, code as 1 and ask subject to keep that work in mind for the remainder of the questions.***

Specify job: _____

If NO: Have you had a job since you left school?

If YES, code as 2 and ask subject to keep their last job in mind for the remainder of the questions.

Specify last job: _____

If NO: Are you a student? ***If YES, code as 3 and ask subject to think about his/her studies as work for the remainder of the questions.***

If NO: Are you a homemaker?

If YES, code as 4 and ask subject to think about his/her work in the home for the remainder of the questions.

Code the type of work that is being described.

(5) A375

- 1 = current job
- 2 = past job
- 3 = student
- 4 = homemaker
- 5 = never worked (*skip to Q77*)

This interview is about the current or most recent job. Only if they have never worked at all do you allow them to complete the interview describing studies or homemaking activities.

7 = Don't Know
8 = N/A
9 = Missing

JOB DEMANDS

If subject is responding about a previous job, ask these questions in the past tense.

“Now, I’d like to ask you about different aspects of your job. I’ll read you some questions, and I’d like you to answer yes, no, or sometimes, to each one.”

Show subject card WRK1.

	YES (2)	Sometimes (1)	NO (0)		
1. Do you sweat daily from physical effort?	2	1	0	(6)	A376
2. Is the work tiring?	2	1	0	(7)	A377
3. Do you get dirty?	2	1	0	(8)	A378
4. Are you exposed to very loud noise, excessive heat, or cold?	2	1	0	(9)	A379
5. Do you have to be careful to avoid an accident or injury?	2	1	0	(10)	A380
6. Do you have to work under the pressure of time?	2	1	0	(11)	A381
7. Are you asked to work overtime?	2	1	0	(12)	A382
8. Do you work with dangerous machinery, chemicals, paints, or poisons?	2	1	0	(13)	A383
9. Are you held responsible for things that are really out of your control?	2	1	0	(14)	A384
10. Does your shift change from week to week?	2	1	0	(15)	A385
11. Do you have too much work to do everything well?	2	1	0	(16)	A386
12. Do you feel drained of energy when you get off work?	2	1	0	(17)	A387
13. Do you have to upset some people to satisfy others?	2	1	0	(18)	A388
14. Are you ever unclear about what you have to do?	2	1	0	(19)	A389

If subject is responding about a previous job, ask these questions in the past tense.

7 = Don't Know 8 = N/A 9 = Missing
--

	YES (2)	Sometimes (1)	NO (0)		
15. Do you work out of doors?	2	1	0	(20)	A390
16. Do you work in a room by yourself?	2	1	0	(21)	A391
17. Do you work in a group of 5 or more people?	2	1	0	(22)	A392
18. Do you have to deal with the public?	2	1	0	(23)	A393
19. Do you have to travel?	2	1	0	(24)	A394
20. Does your job description change unpredictably?	2	1	0	(25)	A395
21. Is your work boring?	2	1	0	(26)	A396
22. Do you have personality conflict with people at work?	2	1	0	(27)	A397
23. Are you responsible for large amounts of money?	2	1	0	(28)	A398
24. Do you ever work a night shift?	2	1	0	(29)	A399
25. Can you predict what kinds of things are going to happen on any given day?	2	1	0	(30)	A400
26. Do you wear a uniform?	2	1	0	(31)	A401
27. Do you have to dress up?	2	1	0	(32)	A402
28. Do you write a lot?	2	1	0	(33)	A403
29. Do you have to convince other people to buy things?	2	1	0	(34)	A404
30. Do you have to work very hard?	2	1	0	(35)	A405

If subject is responding about a previous job, ask these questions in the past tense.

7 = Don't Know
8 = N/A
9 = Missing

	YES (2)	Sometimes (1)	NO (0)		
31. Do you do the same thing over and over?	2	1	0	(36)	A406
32. Do you do a lot of different things?	2	1	0	(37)	A407
33. Do you have to keep learning new things?	2	1	0	(38)	A408
34. Do you have to be creative and artistic?	2	1	0	(39)	A409
35. Do you have to sit for long stretches of time?	2	1	0	(40)	A410
36. Do you have to stand for long stretches of time?	2	1	0	(41)	A411
37. Do you have to walk for long stretches of time?	2	1	0	(42)	A412
38. Do you have to speak before groups of people?	2	1	0	(43)	A413
39. Do you have to make a good impression on others?	2	1	0	(44)	A414
40. Do you have to have a good memory?	2	1	0	(45)	A415
41. Do you have to think quick?	2	1	0	(46)	A416
42. Do you have to organize things systematically?	2	1	0	(47)	A417
43. Do you have to think up new ways of doing things?	2	1	0	(48)	A418
44. Do you have to plan ahead?	2	1	0	(49)	A419
45. Do you have to handle people well?	2	1	0	(50)	A420
46. Do you have to obey the rules in order to do well?	2	1	0	(51)	A421
47. Do you have to stick to a job until it is finished?	2	1	0	(52)	A422
48. Do you have to work accurately?	2	1	0	(53)	A423
49. Do you have to communicate clearly?	2	1	0	(54)	A424
50. Do you have to meet deadlines?	2	1	0	(55)	A425
51. Do you have to work quickly?	2	1	0	(56)	A426
52. Do you get feedback about your performance?	2	1	0	(57)	A427
53. Does your work require intense concentration or attention to detail?	2	1	0	(58)	A428

HOW WELL DOES YOUR JOB FIT YOU?

If subject is responding about a previous job, ask these questions in the past tense.

7 = Don't Know 8 = N/A 9 = Missing
--

54. At this point in your life, do you feel that this is the right work for you? (59) A429

Yes (1) No (0)

55. Would you like your work to be: (60) A430

(2) more challenging,
(0) less challenging,
(1) or the same?

56. Do you feel you have: (61) A431

(2) too much education,
(1) the right amount of education,
(0) or not enough education, to do your work well?

57. Compared to other people in your type of work, would you say your own abilities for doing this work are: (62) A432

(2) above average,
(1) about average,
(0) or below average?

58. When you are working at a challenging part of your work, how confident are you that you can succeed? Are you (63) A433

(2) very confident,
(1) somewhat confident,
(0) or not confident?

59. When you are working at a challenging part of your work, how often do you succeed? Would you say; (64) A434

(2) often,
(1) sometimes, or
(0) never?

JOB COMMITMENT

"Now I would like to find out how you feel about your work. Just tell me if you think each of these statement are true or false."

7 = Don't Know
8 = N/A
9 = Missing

If subject is responding about a previous job, ask these questions in the past tense.

Don't read Q61 & Q62 to student or homemakers. Code as 8.

	TRUE (1)	FALSE (0)		
60. When I meet new people, one of the first things I tell them about myself is the sort of work I do.	T	F	(65)	A435
61. I often think about my job outside of work.	T	F	(66)	A436
62. I would keep this job even if I didn't need the money	T	F	(67)	A437
63. I want to have more authority and responsibility in my work as time goes on.			(68)	A438
64. I often think of quitting.	T	F	(69)	A439
65. I put this work ahead of family.	T	F	(70)	A440
66. When I'm out for the evening, I enjoy talking about my work.	T	F	(71)	A441
67. How I'm doing in my work is important for my self-esteem.	T	F	(72)	A442
68. If I had it to do over again, I would go into the same kind of work.	T	F	(73)	A443
69. I voluntarily put in extra hours at my work.	T	F	(74)	A444

Blank (75-78)

Card no. (20) (79-80)

OPPORTUNITIES FOR PERSONAL DEVELOPMENT

ID no. (1-4)

70. In my work, I learn new things that could lead to a better job or to a promotion.	T	F	(5)	A445
71. I learn things in my work that will be useful to me later in life.	T	F	(6)	A446
72. My work gives me a chance to develop my special abilities.	T	F	(7)	A447
73. I feel my work is important.	T	F	(8)	A448
74. My work gives me a feeling of accomplishment.	T	F	(9)	A449

SATISFACTION

75. Now I would like to find out how satisfied you are with the following aspects of your present (or most recent) work. Would you say you are very satisfied, somewhat satisfied, or not satisfied with ... *Show card WRK2.*

7 = Don't Know
8 = N/A
9 = Missing

	VERY SATISFIED (2)	SOMEWHAT SATISFIED (1)	NOT SATISFIED (0)		
A. The pay?	2	1	0	(10)	A450
B. The fringe benefits?	2	1	0	(11)	A451
C. How interesting the work is?	2	1	0	(12)	A452
D. The supervisors?	2	1	0	(13)	A453
E. Your co-workers?	2	1	0	(14)	A454
F. How clean the work is?	2	1	0	(15)	A455
G. How tiring the work is?	2	1	0	(16)	A456
I. Job security?	2	1	0	(17)	A457
J. The amount of freedom you have?	2	1	0	(18)	A458
K. The chance to help people?	2	1	0	(19)	A459
L. The amount of pressure?	2	1	0	(20)	A460
M. The chance to get ahead?	2	1	0	(21)	A461
N. The chance to use your abilities?	2	1	0	(22)	A462
O. How safe the work is?	2	1	0	(23)	A463
P. The number of hours worked?	2	1	0	(24)	A464
Q. The amount of variety in the work?	2	1	0	(25)	A465
R. The work schedule?	2	1	0	(26)	A466
76. All in all, how satisfied are you with your work?	2	1	0	(27)	A467

EXPECTATIONS FOR THE FUTURE

“Now, I would like to find out about your hopes and expectations for the future.”

7 = Don't Know 8 = N/A 9 = Missing
--

77. What kind of work would you like to be doing when you are 25 years old?

78. What kind of business or industry would that be in?

79. Would that be, (1) working for someone else,
(2) working for yourself, or
(3) working without pay in a family business or farm?

(28) A468

To code socio-economic status, use six digits.

The first three digits identify the occupation uniquely.

*The second two digits identify the major occupational group derived from the
Standard Classification of Occupations, 1990.*

The sixth digit is that assigned by Elley & Irving.

(29-31) (32-33) E3

(34) A469

80. Do you have any plans for further education or training before you are 25 years old?

(35) A470

- 0 = no plans
- 1 = Don't plan to get more education
- 2 = College of Education (Teacher's College)
- 3 = Polytech
- 4 = University
- 5 = Other

The next questions ask about how you feel about your opportunities to get ahead.
Please tell me if you agree or disagree with these 10 statements.

7 = Don't Know
8 = N/A
9 = Missing

	AGREE	DON'T KNOW	DISAGREE		
81. You probably won't be able to do the kind of work that you want to do because you won't have enough education.	2	1	0	(36)	A471
82. A person like you has a pretty good chance of finishing up a polytech or varsity degree.	2	1	0	(37)	A472
83. You'll never have as much opportunity to succeed as some people.	2	1	0	(38)	A473
84. The job market is usually good to people like you.	2	1	0	(39)	A474
85. Unless you can afford to move away, you won't get ahead very fast.	2	1	0	(40)	A475
86. There is a good chance that you will make lots of money.	2	1	0	(41)	A476
87. Your family can't give you the opportunities that most people have.	2	1	0	(42)	A477
88. There isn't much chance that a person with your background will ever get ahead.	2	1	0	(43)	A478
89. If a person like you works hard, they can get ahead.	2	1	0	(44)	A479
90. As you get older, things will get better.	2	1	0	(45)	A480

Blanks (46-77)

Interview given?

(78) A481

Card No.

(21) (79-80)

SELF-REPORTED DELINQUENCY QUESTIONNAIRE

DR TEMI MOFFITT

PHASE XXI: SELF-REPORTED DELINQUENCY QUESTIONNAIRE

INSTRUCTIONS for the young person:

This interview asks about behavior that people sometimes get into trouble for. Remember that all your answers are confidential. No one except our research staff will ever see them. Specifically, your answers can never be seen by police, the courts, or your parents. Our records are protected, and this questionnaire is never linked with your name.

I am going to describe some behaviors to you. Try to recall how many times you have done the thing during the last year, that is, since your 20th birthday. Please give me your best estimate of the exact number of times you've done each thing since your 20th birthday. *Examiner: if the interview is not taking place about one year after the subject's 20th birthday, use some other "marker" that helps the sample member to understand during the last 12 months.*

CODING:

"HOW MANY TIMES THIS YEAR...": RECORD A SINGLE NUMBER,
NOT A RANGE, UP TO 700.

THREE COLUMNS.

000 = RESPONDENT DID NOT ENGAGE IN BEHAVIOR IN THE PAST YEAR.

777 = DON'T KNOW

888 = NOT APPLICABLE

999 = MISSING

FOLLOW-UP CODING:

ONE COLUMN.

7 = DON'T KNOW

8 = NOT APPLICABLE

9 = MISSING

First name: _____

INTERVIEWER: *Ask all questions above the horizontal black line first. At the end of the interview, return to ask follow-up questions below the black line. Only ask follow-up questions for acts that the subject says he/she committed in the past 12 months.*

777 = Don't Know
888 = Not applicable
999 = Missing

001. How many times in the last year did you run away from your home and stay away overnight? (Number of times)

(5-7) C10

YOU HAVE INDICATED YOU RAN AWAY DURING THE PAST YEAR.
NOW I'D LIKE TO ASK YOU SOME DETAILS ABOUT THE MOST
SERIOUS TIME YOU RAN AWAY THIS YEAR.

001. Thinking of the **most serious** time you ran away, where most serious means the longest time gone from home:

A. Were you alone or with others?

(8) A482

1 = alone 2 = with others

B. Had you been drinking or taking drugs 2 hours before the incident?

(9) A483

1 = Yes 2 = No

777 = Don't Know
888 = Not applicable
999 = Missing

002. How many times in the last year did you carry a hidden weapon?

(10-12) C11

YOU HAVE INDICATED THAT YOU HAD CARRIED A HIDDEN
WEAPON IN THE PAST YEAR.

002. Thinking of the **most serious** time you did this, where most serious means
the most dangerous weapon carried:

A. What kind of weapon was it?

(13) A484

1 = pocket knife

4 = chains/bats/clubs/sticks

2 = other knife

5 = numchucks/brass knuckles

3 = gun

6 = other (SPECIFY)

B. Had you been drinking or taking drugs 2 hours before the incident?

(14) A485

1 = Yes

2 = No

777 = Don't Know
888 = Not applicable
999 = Missing

003. How many times in the last year were you loud, rowdy, or unruly in a public place so that people complained about it or you got into trouble? (number of times)
-

(15-17) C12

YOU SAID THAT YOU HAD BEEN UNRULY IN A PUBLIC PLACE DURING THE PAST YEAR.

003. Thinking of the **most serious** times you did this, where most serious refers to when you were the loudest or most rowdy:

A. Were you alone or with others?

(18) A486

1 = Alone

2 = with others

B. Had you been drinking or taking drugs 2 hours before the incident?

(19) A487

1 = Yes

2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

004. How many times in the last year did you purposely damage or destroy property that did not belong to you? (For example: breaking, cutting or marking up something). (Number of times)

(20-22) C13

YOU SAID THAT YOU HAD PURPOSELY DAMAGED PROPERTY THAT WAS NOT YOURS DURING THE PAST YEAR.

004. Thinking about the **most serious** time you did this, where most serious means the largest dollar value damaged:

- A. Whose property did you damage?

(23) A488

- 1 = a stranger's
 2 = family member's
 3 = a friend's
 4 = public

- B. Were you alone or with others?

(24) A489

- 1 = alone 2 = with others

- C. Had you been drinking or taking drugs 2 hours before the incident?

(25) A490

- 1 = Yes 2 = No

005. How many times in the last year did you purposely set fire to a house, building, car, or other property, or try to do so? (Number of times)

(26-28) C14

YOU SAID THAT YOU PURPOSELY SET A FIRE DURING THE PAST YEAR.

005. Thinking of the **most serious** time you did this, where most serious means the largest dollar value damaged:

- A. Whose property did you set fire to?

(29) A491

- 1 = a stranger's
- 2 = family member's
- 3 = a friend's
- 4 = public

- B. Were you alone or with others?

(30) A492

- 1 = Alone
- 2 = with others

- C. Had you been drinking or taking drugs 2 hours before the incident?

(31) A493

- 1 = Yes
- 2 = No

006. How many times in the last year did you break into, or try to go into a building, to steal something?

(32-34) C15

YOU SAID THAT YOU HAD BROKEN INTO SOMEPLACE TO TRY TO STEAL SOMETHING DURING THE PAST YEAR.

006. Thinking of the **most serious** time you did this, where most serious means the largest dollar value taken, or attempted.

A. What did you break into, or try to break into?

(35) A494

- 1 = school
- 2 = warehouse
- 3 = dwelling
- 4 = retail place
- 5 = car
- 6 = other (SPECIFY)

B. Did you actually break in or did you only try to?

(36) A495

- 1 = broke in
- 2 = only tried
- 3 = door open

C. Were you alone or with others?

(37) A496

- 1 = alone 2 = with others

D. Had you been drinking or taking drugs 2 hours before the incident?

(38) A497

- 1 = Yes 2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

- 007a. How many times in the last year did you steal, or try to steal, money or things worth \$5 or less? (number of times) (39-41) C16
- 007b. How many times in the last year did you steal, or try to steal, money or things worth between \$5 and \$50? (number of times) (42-44) C17
- 007c. How many times in the last year did you steal, or try to steal, money or things worth between \$50 and \$100? (number of times) (45-47) C18
- 007d. How many times in the last year did you steal, or try to steal, money or things worth over \$100? (39-41) C19

YOU SAID THAT YOU HAD STOLEN OR TRIED TO STEAL MONEY OR SOMETHING ELSE IN THE PAST YEAR.

007. Thinking of the **most serious** time you did this, where most serious means the largest dollar value stolen or attempted to steal:

A. What did you steal or try to steal? _____

B. About how much do you think it was worth? (In dollars)

(51-55) E4

\$ _____

C. Were you alone or with others?

(56) A498

1 = alone

2 = with others

D. Had you been drinking or taking drugs 2 hours before the incident?

(57) A499

1 = Yes

2 = No

777 = Don't Know
888 = Not applicable
999 = Missing

008. How many times in the last year have you taken something from a store without paying for it? (Including events you have already told me about) (number of times)
-

(58-60) C20

YOU SAID THAT YOU HAD STOLEN SOMETHING FROM AN OPEN SHOP DURING THE PAST YEAR.

008. Thinking of the **most serious** time you did this, where most serious means the largest dollar value taken:

A. Were you alone or with others?

(61) A500

1 = alone

2 = with others

B. Had you been drinking or taking drugs 2 hours before the incident?

(62) A501

1 = Yes

2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

009. How many times in the last year have you snatched someone's purse or wallet, or picked someone's pocket? (number of times)

(63-65) C21

YOU SAID THAT YOU HAD SNATCHED A PURSE OR PICKED SOMEONE'S POCKET THIS PAST YEAR.

009. Thinking of the **most serious** time you did this, where most serious means the largest dollar value taken:

- A. Were you alone or with others?

(66) A502

1 = Alone

2 = with others

- B. Had you been drinking or taking drugs 2 hours before the incident?

(67) A503

1 = Yes

2 = No

010. How many times in the last year have you taken something from a car that did not belong to you? (number of times)

(68-70) C22

YOU SAID THAT YOU HAD STOLEN SOMETHING FROM A CAR THIS PAST YEAR.

010. Thinking of the **most serious** time you did this, where most serious means the largest dollar value taken:

A. Were you alone or with others?

(71) A504

1 = alone

2 = with others

B. Had you been drinking or taking drugs 2 hours before the incident?

(72) A505

1 = Yes

2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

011. How many times in the last year have you knowingly bought, sold, or held stolen goods or tried to do any of these things? (number of times)

(73-75) C23

YOU SAID THAT YOU HAD BOUGHT, SOLD, OR HELD STOLEN GOODS IN THE LAST YEAR.

011. Thinking of the **most serious** time you did this, where most serious means the largest dollar value of the objects involved:

A. Were you alone or with others?

(76) A506

1 = alone 2 = with others
 7 = don't know 8 = follow-up not needed
 9 = follow-up needed, but missing

B. Had you been drinking or taking drugs 2 hours before the incident?

(77) A507

1 = Yes 2 = No
 7 = don't know 8 = follow-up not needed
 9 = follow-up needed, but missing

Blank (78)

Card No.

(22) (79-80)

ID no. (1-4)

777 = Don't Know 888 = Not applicable 999 = Missing

012. How many times in the last year have you "converted" a car, that is, taken a motor vehicle such as a car or motorcycle for a ride or drive without the owner's permission, when you didn't mean to keep or sell it? (number of times)

(5-7) C24

YOU SAID THAT YOU HAD TAKEN A MOTOR VEHICLE FOR AN ILLEGAL RIDE THIS YEAR.

012. Thinking of the **most serious** time you did this, where most serious refers to the longest time spent driving around or the most damage done to the vehicle:

- A. Whose car did you take for a ride?

(8) A508

- 1 = a stranger's
2 = family member's
3 = friend's
4 = other

- B. Were you alone or with others?

(9) A509

- 1 = alone 2 = with others

- C. Had you been drinking or taking drugs 2 hours before the incident?

(10) A510

- 1 = Yes 2 = No

013. How many times in the last year have you stolen, or tried to steal, a motor vehicle such as a car or motorcycle to keep or sell? (number of times)

(11-13) C25

YOU SAID THAT YOU HAD STOLEN A MOTOR VEHICLE DURING THE LAST YEAR.

013. Thinking of the **most serious** time you did this, where most serious refers to the most damage done to the vehicle or the most expensive car stolen:

- A. Were you alone or with others?

(14) A511

1 = alone

2 = with others

- B. Whose motor vehicle was it?

(15) A512

1 = a stranger's

2 = family member's

3 = friend's

4 = other

- C. Had you been drinking or taking drugs 2 hours before the incident?

(16) A513

1 = Yes

2 = No

014. How many times in the last year have you used worthless cheques or fake money to pay for something? (number of times) (17-19) C26

015. How many times in the last year have you used or tried to use, credit or bank cards or cheques without the owner's permission? (20-22) C27

YOU SAID THAT YOU HAD USED FAKE MONEY OR BAD CHEQUES DURING THE PAST YEAR.

014. Thinking of the **most serious time** you did this, where most serious refers to the largest dollar amount involved:

A. Were you alone or with others? (23) A514

1 = alone 2 = with others

B. Had you been drinking or taking drugs 2 hours before the incident? (24) A515

1 = Yes 2 = No

YOU SAID YOU HAD USED SOMEONE'S BANK CARD OR CHEQUE WITHOUT PERMISSION IN THE PAST YEAR.

015. Thinking of the **most serious** time you did this, where most serious refers to the largest dollar amount involved:

A. Whose credit card or cheque was it? (25) A516

1 = a stranger's
2 = family member's
3 = friend's
4 = other

777 = Don't Know 888 = Not applicable 999 = Missing

016. How many times in the last year have you tried to cheat someone by selling them something that was worthless, or not what you said it was?

(26-28) C28

YOU SAID THAT YOU HAD TRIED TO CHEAT SOMEONE TO GET MONEY DURING THE LAST YEAR.

016. Thinking of the **most serious** time you did this, where most serious means the largest dollar value involved:

- A. Who were you trying to cheat?

(29) A517

- 1 = a stranger
- 2 = family member
- 3 = friend
- 4 = other

- B. Were you alone or with others?

(30) A518

- 1 = alone
- 2 = with others

- C. Had you been drinking or taking drugs 2 hours before the incident?

(31) A519

- 1 = Yes
- 2 = No

017. How many times in the last year have you been so angry with someone you lived with that you attacked them with a weapon, or with the idea of seriously hurting them? This includes adults and children, anyone at home.
(number of times)

(32-34) C29

YOU SAID YOU HAD ATTACKED SOMEONE YOU LIVED WITH IN THE PAST YEAR _____ NUMBER OF TIMES. How many of those times had you been drinking alcohol, at least one drink within 2 hours of the event?

Number of times _____

017. Thinking of the **most serious** time you did this, where most serious means the physical injury involved:

- A. In which of the following ways did you hurt the person? (*READ LIST, CODE WORST*)

(35) A520

- 1 = hit, slapped, or punched
- 2 = physically beat and/or choked
- 3 = attacked the person with a sharp or blunt weapon such as a knife, club or bottle.
- 4 = used a gun
- 5 = other

- B. How badly did you hurt the person?

(36-37) B37

- 01 = pushed or slapped them
- 02 = caused them to grab themselves in pain
- 03 = knocked them down
- 04 = bruised them
- 05 = cut/bleeding/broken bone
- 06 = unconscious
- 07 = hospitalized/treatment
- 08 = other

- C. Was the person you hit (*READ LIST*)?

(38) A521

- 1 = a spouse
- 2 = a girl/boy friend
- 3 = a flat mate
- 4 = a parent, brother or sister
- 5 = other
- 6 = a child

- D. Had you been drinking or taking drugs 2 hours before the incident?

(39) A522

- 1 = Yes *CIRCLE:* Alcohol Marijuana Other drugs
- 2 = No

018. How many times in the last year have you been so angry with someone you lived with that you hit them (other than the events you just told me about)? This includes adults and children, anyone at home.
(number of times)
-

(40-42) C30

YOU SAID YOU HAD HIT SOMEONE YOU LIVED WITH IN THE PAST YEAR ____ NUMBER OF TIMES. How many of those times had you been drinking alcohol, at least one drink within 2 hours of the event?

Number of times _____

018. Thinking of the **most serious** time you did this, where most serious means the physical injury involved:

- A. How badly did you hurt the person?

(43-44) B38

- 01 = pushed or slapped them
- 02 = caused them to grab themselves in pain
- 03 = knocked them down
- 04 = bruised them
- 05 = cut/bleeding/broken bone
- 06 = unconscious
- 07 = hospitalized /treatment
- 08 = other

- B. Was the person you hit (*READ LIST*)?

(45) A523

- 1 = a spouse
- 2 = a girl/boy friend
- 3 = a flat mate
- 4 = a parent, brother or sister
- 5 = other
- 6 = a child

- C. Had you been drinking or taking drugs 2 hours before the incident?

(46) A524

- 1 = Yes *CIRCLE:* Alcohol Marijuana Other drugs
- 2 = No

019. How many times in the last year have you attacked someone with a weapon or with the idea of seriously hurting or killing them? I mean attacks on someone you were NOT living with so don't include the times we already talked about.
(number of times)

(47-49) C31

YOU SAID YOU HAD ATTACKED SOMEONE IN THE PAST YEAR
_____ NUMBER OF TIMES. How many of those times had you been drinking alcohol, at least one drink within 2 hours of the event?

Number of times _____

019. Thinking of the **most serious** time you did this, where most serious means the physical injury involved:

- A. In which of the following ways did you hurt the person? (*READ LIST, CODE WORST*)

(50) A525

- 1 = hit, slapped, or punched
- 2 = physically beat and/or choked
- 3 = attacked the person with a sharp or blunt weapon such as a knife, club or bottle.
- 4 = used a gun
- 5 = other

- B. How badly did you hurt the person?

(51-52) B

- 01 = pushed or slapped them
- 02 = caused them to grab themselves in pain
- 03 = knocked them down
- 04 = bruised them
- 05 = cut/ bleeding/ broken bone
- 06 = unconscious
- 07 = hospitalized /treatment
- 08 = other

- C. Was the person you hit (*READ LIST*)?

(53) A526

- 1 = a stranger
- 2 = an acquaintance
- 3 = a friend
- 4 = a family member
- 5 = other
- 6 = a police officer

- D. Were you alone or with others?

(54) A527

- 1 = alone
- 2 = with others

- E. Had you been drinking or taking drugs 2 hours before the incident?

(55) A528

- 1 = Yes *CIRCLE:* Alcohol Marijuana Other drugs
- 2 = No

020. How many times in the last year have you hit someone with the idea of hurting them (other than the events we already talked about)?
(number of times)

(56-58) C32

YOU SAID YOU HAD HIT SOMEONE IN THE PAST YEAR

_____ NUMBER OF TIMES. How many of those times had you been drinking alcohol, at least one drink within 2 hours of the event?

Number of times _____

020. Thinking of the **most serious** time you did this, where most serious means the physical injury involved:

A. How badly did you hurt the person?

(59-60) B40

- 01 = pushed or slapped them
- 02 = caused them to grab themselves in pain
- 03 = knocked them down
- 04 = bruised them
- 05 = cut/ bleeding/ broken bone
- 06 = unconscious
- 07 = hospitalized /treatment
- 08 = other

B. Was the person you hit (*READ LIST*)?

(61) A529

- 1 = a stranger
- 2 = an acquaintance
- 3 = a friend
- 4 = a family member
- 5 = other
- 6 = a police officer

C. Were you alone or with others?

(62) A530

- 1 = alone
- 2 = with others

D. Had you been drinking or taking drugs 2 hours before the incident?

(63) A531

- 1 = Yes *CIRCLE:* Alcohol Marijuana Other drugs
- 2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

021. How many times in the last year have you used a weapon, force or strong arm methods to rob a person, shop, bank, or other business? (number of times)

(64-66) C33

YOU SAID YOU HAD USED FORCE TO ROB SOMEONE IN THE PAST YEAR.

021. Thinking of the **most serious** time you did this, where most serious means the physical injury or potential for physical injury:

- A. What kind of force did you use?
 (READ LIST, CODE WORST)

(67) A532

- 1 = hit, slapped, or punched
- 2 = physically beat and/or choked
- 3 = attacked the person with a sharp or blunt weapon such as a knife, club or bottle.
- 4 = used a gun
- 5 = other

- B. Did you hurt anyone?

(68) A533

- 1 = Yes
- 0 = No

- C. Was the person you robbed (READ LIST)?

(69) A534

- 1 = a stranger
- 2 = an acquaintance
- 3 = a friend
- 4 = a family member
- 5 = other

- D. Were you alone or with others?

(70) 535

- 1 = alone
- 2 = with others

- E. Had you been drinking or taking drugs 2 hours before the incident?

(71) A536

- 1 = Yes

- 2 = No

777 = Don't Know
 888 = Not applicable
 999 = Missing

022. How many times in the last year have you been involved in a gang fight?
 (number of times)

(72-74) C34

YOU SAID YOU HAD BEEN INVOLVED IN A GANG FIGHT IN THE
 PAST YEAR.

022. Thinking of the **most serious** time you did this, where most serious means
 the physical injury involved:

A. Did either group use weapons?

(75) A537

0 = No

1 = blunt or sharp weapons

2 = guns

B. Was anyone hurt in the fight?

(76) A538

1 = Yes

0 = No

C. Had you been drinking or taking drugs 2 hours before the incident?

(77) A539

1 = Yes

0 = No

Blank (78)

Card no.

(23) (79-80)

ID no. (1-4)

- 023 a. How many times in the last year have you bet on something like lotto, housie, sporting events, card games, or instant scratch and win tickets?

(5-7) C35

If subject has bet...

- b. How many times in the last year have you gambled with money that you or your family needed for living expenses?

(8-10) C36

YOU SAID YOU HAD BET MONEY DURING THE PAST YEAR.

023. Thinking of the month in the last year when you bet the largest amount of money. How much did you bet on:

Lotto \$_____

Instant Kiwi or other scratch tickets \$_____

Housie \$_____

Horse or dog races \$_____

Gaming machines such as slot machines \$_____

Cards or dice \$_____

Football pools \$_____

Other (raffles, overseas casinos, etc.) \$_____

SUM \$_____

(11-15) E5

If amount exceeds \$50, continue:

Now, I'd like to ask you about your past year's gambling style. (*Show card SRD 1*)

NO Sometimes YES

- | | | | | | |
|--|---|---|---|------|------|
| a. If you lose at gambling, do you gamble again to try to win back the money? | 0 | 1 | 2 | (16) | A540 |
| b. Have you spent more time or money at gambling than you intended to? | 0 | 1 | 2 | (17) | A541 |
| c. Have you felt guilty about gambling? | 0 | 1 | 2 | (18) | A542 |
| d. Have you ever borrowed money, sold property, or gone into overdraft to pay for your gambling? | 0 | 1 | 2 | (19) | A543 |
| e. Have people criticized your gambling? | 0 | 1 | 2 | (20) | A544 |
| f. Have you claimed to be winning, when in fact you had lost? | 0 | 1 | 2 | (21) | A545 |
| g. Have you hidden lottery tickets, betting slips, money or other signs of gambling so that your family or partner would not know? | 0 | 1 | 2 | (22) | A546 |

777 = Don't Know
888 = Not applicable
999 = Missing

024. How many times in the last year did you commit a serious driving offense, such as driving while drunk, driving very recklessly, or speeding 30 KM per hour over the posted speed limit? (For example, 130 KM per hour in a 100 KM/hr zone)
(number of times)

(23-25) C37

YOU SAID YOU HAD COMMITTED A SERIOUS DRIVING OFFENSE IN THE PAST YEAR.

024. Thinking of the **most serious** offense this year:

A. Were you alone or with others?

1 = alone

2 = with others

(26) A547

B. Had you been drinking or taking drugs 2 hours before the incident?

(27) A548

1 = Yes

2 = No

* * * * *

THANK YOU FOR YOUR HELP AND HONESTY

(INTERVIEWER: DON'T FORGET LAST ITEM. VALIDITY ESTIMATE)

025.	How many times in the last year did you steal money from the place where you worked? (number of times)	(28-30)	C38
026.	How many times in the last year have you embezzled money: that means used money entrusted to your care for some purpose not intended? (number of times)	(31-33)	C39
027.	How many times in the last year have you lied about your age? (number of times)	(34-36)	C40
028.	How many times in the last year have you begged for money or things from strangers? (number of times)	(37-39)	C41
029.	How many times in the last year have you made obscene telephone calls, such as calling someone and saying dirty things? (number of times)	(40-42)	C42
030.	How many times in the last year have you been drunk in a public place?	(43-45)	C43
031.	How many times in the last year have you avoided paying for things such as movies, bus or subway rides, food or computer services? (number of times)	(46-48)	C44
32.	How many times in the last year did you give false information on an application for a job, a tax form, or an application for a loan or bank account?	(49-51)	C45
33.	How many times in the last year did you use a false name or alias? (number of times)	(52-54)	C46
34.	How many times in the last year did you move away from a flat or house without paying the final bills or rent? (number of times)	(55-57)	C47
35.	How many times in the last year have you made illegal copies of computer software or video films? (number of times)	(58-60)	C48
036.	How many times in the last year have you gotten welfare benefits, unemployment cheques, or ACC compensation that you were not entitled to?	(61-63)	C49
037.	How many times in the last year did you buy something on credit and then never made the payments? (number of times)	(64-66)	C50
038.	How many times in the last year did you interfere with the work of the law by trying to get away from police, by hiding someone that the police were looking for, or by telling a lie to a police officer or judge? (number of times)	(67-69)	C51

777 = Don't Know
888 = Not applicable
999 = Missing

039.	How many times in the last year have you driven a vehicle when you did not have a driver's license or after your license had been suspended or disqualified? (number of times)	(70-72)	C52
040.	How many times in the last year have you sold marijuana or hashish? (number of times)	(73-75)	C53
		Blank	(76-78)
	Card No.	(24)	(79-80)
		ID No.	(1-4)
041.	How many times in the last year have you sold hard drugs, such as heroin, cocaine or LSD? (number of times)	(5-7)	C54
042.	How many times in the last year have you used marijuana? (number of times)	(8-10)	C55
043.	How many times in the last year have you used a harder drug, such as heroin, cocaine or LSD? (number of times)	(11-13)	C56
044.	How many times in the past year <u>have you BEEN paid</u> , or received other favors for having sex with someone? (number of times)	(14-16)	C57
045.	How many times in the past year have <u>you paid</u> someone to have sex with you? (number of times)	(17-19)	C58
046.	How many times in the last year did you hurt or threaten someone to get them to have sex with you? (number of times)	(20-22)	C59
047.	How many times in the past year have you contributed to the delinquency of a person under age 17? That is, you helped them to run away, gave them alcohol or drugs, or had sexual relations. (number of times)	(23-25)	C60
048.	How many times in the past year have you failed to obey the courts?	(26-28)	C61
	That is: - failed to answer summons by a bailiff - failed to show up for periodic detention - broke conditions of parole - failed to pay a fine - escaped or tried to escape prison or gaol		

INTERVIEWER: *For items 49-60, show the subject the three response cards in the notebook. Explain to them how to point to their answers.*

049. Compared to most people your age, about how would you rate yourself on this scale from 0 to 10?

00 = you have done many less illegal things than the average person

10 = you do more illegal things than the average person

05 = you are about like most people

INTERVIEWER: *Show card SRD2*

Less		Same		More
00	01	02	03	04
		05	06	07
			08	09
				10

(29-30) B41

Now think about your friends and the people you like to spend time with. I'd like you to use this scale to help you answer these next questions.

INTERVIEWER: *Show card SRD3*

		<u>All</u>	<u>Most</u>	<u>Half</u>	<u>Few</u>	<u>None</u>		
How many of your friends								
050.	are thought of as good citizens?	5	4	3	2	1	(31)	A549
051.	have a lot of personal problems?	5	4	3	2	1	(32)	A550
052.	Do things that are against the law, such as stealing or vandalism?	5	4	3	2	1	(33)	A551
053.	have problems due to the use of alcohol?	5	4	3	2	1	(34)	A552
054.	have problems related to the use of marijuana or other drugs?	5	4	3	2	1	(35)	A553
055.	have problems with aggression, such as fighting or controlling anger?	5	4	3	2	1	(36)	A554

INTERVIEWER: Show card SRD4

Now I will ask you about the chance of getting caught for some activities.

056. If you shoplifted from a store on 10 different days, how many times do you think you would probably get caught for shoplifting?

(37-38) B42

10 09 08 07 06 05 04 03 02 01 00

057. If you used marijuana on 10 different days, how many times do you think you would probably get caught for drug use?

(39-40) B43

10 09 08 07 06 05 04 03 02 01 00

058. If you took a car on 10 different days, how many times do you think you would probably get caught for car theft?

(41-42) B44

10 09 08 07 06 05 04 03 02 01 00

059. If you hit someone in a fight on 10 different days, how many times do you think you would probably get charged for assault?

(43-44) B45

10 09 08 07 06 05 04 03 02 01 00

060. If you broke into a place to steal something on 10 different days, how many times do you think you would probably get caught for burglary?

(45-46) B46

10 09 08 07 06 05 04 03 02 01 00

061. If you drove a car when you were over the legal alcohol limit on 10 different days, how many times do you think you would probably get caught for driving under the influence?

(47-48) B47

10 09 08 07 06 05 04 03 02 01 00

062. If you used a different stolen bank card to get money on 10 different days, how many times do you think you would probably get caught for fraud?

(49-50) B48

10 09 08 07 06 05 04 03 02 01 00

The next few questions ask what would happen if it somehow became known by others that you had broken the law, even if you never got arrested, and the police did not know. (Show card SRD5)

063. Would you lose the respect and good opinion of your close friends if they knew that you

	<u>YES</u>	<u>MAYBE</u>	<u>NO</u>		
Shoplifted?	2	1	0	(51)	A555
Used marijuana?	2	1	0	(52)	A556
Stole a car?	2	1	0	(53)	A557
Hit someone in a fight?	2	1	0	(54)	A558
Committed burglary?	2	1	0	(55)	A559
Drove while drunk?	2	1	0	(56)	A560
Used a stolen bank card?	2	1	0	(57)	A561

064. Would you lose the respect and good opinion of your parents and relatives if they found out that you

	<u>YES</u>	<u>MAYBE</u>	<u>NO</u>		
Shoplifted?	2	1	0	(58)	A562
Used marijuana?	2	1	0	(59)	A563
Stole a car?	2	1	0	(60)	A564
Hit someone in a fight?	2	1	0	(61)	A565
Committed burglary?	2	1	0	(62)	A566
Drove while drunk?	2	1	0	(63)	A567
Used a stolen bank card?	2	1	0	(64)	A568

065. Would it harm your future job prospects if people knew that you

	<u>YES</u>	<u>MAYBE</u>	<u>NO</u>		
Shoplifted?	2	1	0	(65)	A569
Used marijuana?	2	1	0	(66)	A570
Stole a car?	2	1	0	(67)	A571
Hit someone in a fight?	2	1	0	(68)	A572
Committed burglary?	2	1	0	(69)	A573
Drove while drunk?	2	1	0	(70)	A574
Used a stolen bank card?	2	1	0	(71)	A575

777 = Don't Know
888 = Not applicable
999 = Missing

066. Would it harm your chance to attract or keep your ideal partner if people knew that you

	<u>YES</u>	<u>MAYBE</u>	<u>NO</u>		
Shoplifted?	2	1	0	(72)	A576
Used marijuana?	2	1	0	(73)	A577
Stole a car?	2	1	0	(74)	A578
Hit someone in a fight?	2	1	0	(75)	A579
Committed burglary?	2	1	0	(76)	A580
Drove while drunk?	2	1	0	(77)	A581
Used a stolen bank card?	2	1	0	(78)	A582

Card No.

(25) (79-80)

ID no. (1-4)

Now I would like to ask you some questions about your lifestyle. These answers are confidential, too.

067. Have you ever quit a job (or dropped out of education) before you had another job lined up?

How many times in the last year did you? (number of times) _____ (5-6) B49

068. Have you ever been late or absent from work?

How many times in the last year were you? (number of times) _____ (7-9) C62

069. Have you ever called in sick when you really were not sick?

How many times in the last year did you? (number of times) _____ (10-11) B50

070. Have you ever had no regular place to live?

How much time in the last year did you? (In months)
(If less than 30 days, code 01 month) _____ (12-13) B51

071. Have you ever traveled around without having any plans, and when you didn't know how long you would stay, or how you would pay your expenses?

How much time in the last year did you? (In months)
(if less than 30 days, code 01 month) _____ (14-15) B52

072. Have you ever thought you lied pretty often?

Did you think that this past year? Yes = 1 No = 0 (16) A583

777 = Don't Know
888 = Not applicable
999 = Missing

073. Have you ever squandered or wasted money that you or your family needed to make ends meet?

How many times in the last year did you do that? (number of times) _____

(17-19) C63

074. Have you ever had a totally monogamous love relationship? (Monogamous meaning neither of you dated anyone else).

How long did the longest relationship last? (Months in a row)
(if less than 30 days, code 001 month) _____

(20-22) C64

075. Have you ever had a best/close friend, where both of you trusted each other completely?

How long did the longest friendship last? (Months in a row)
(if less than 30 days, code 001 month) _____

(23-25) C65

076. Do you own a gun?

Yes = 1
No = 0

(26) A584

077. Have you had training in self-defense, marksmanship, or martial arts (such as kung fu)?

Yes = 1
No = 0

(27) A585

078. Since your 17th birthday, have you been convicted in Court for an offense?
How many CHARGES have you been convicted of SINCE YOUR 17th BIRTHDAY?

(28-30) C66

**GO BACK TO FOLLOW-UP QUESTIONS # 1-24
(DON'T FORGET VALIDITY QUESTION AT END)**

Interviewer's name: _____

079. INTERVIEWER'S IMPRESSION ABOUT THE VALIDITY OF THIS INTERVIEW.

0 = CERTAINLY INVALID
1 = POSSIBLY INVALID
2 = MOSTLY VALID
3 = SEEMS VALID

(31) A586

Blank (32-77)

Interview given?

(78) A587

Card no.

(26) (79-80)

**INTERVIEWER: DON'T FORGET TO GO BACK TO
FOLLOW-UP QUESTIONS # 1-24.**

PARTNER RELATIONS/SOCIAL NETWORKS

DR AVSHALOM CASPI

1

PHASE XXI: SOCIAL SUPPORT

ID no. (1-4)

This questionnaire concerns different kinds of support people give each other.

We would like you to:

1. Think about each kind of support, and decide if there is someone who would do that for you.
2. If there is more than one person who would provide you with that kind of support, tell me how many people TOTAL would provide you with that kind of support. For example, if your mom, dad and sister would all lend you money, then there are a total of three people you can count on to give you that kind of support.

00 = NO
77 = Don't Know
88 = Not applicable
99 = Missing

-
1. If you were sick in bed for several weeks, is there someone who would help you?

IF YES, HOW MANY PEOPLE? _____

(5-6) B53

2. If you didn't have enough money, is there someone who would buy you things?

IF YES, HOW MANY PEOPLE? _____

(7-8) B54

3. If you were away for awhile, is there someone who would look after your belongings (house, pets, plants, etc.)?

IF YES, HOW MANY PEOPLE? _____

(9-10) B55

4. If you needed to borrow a car, is there someone who would loan you one?

IF YES, HOW MANY PEOPLE? _____

(11-12) B56

5. If you needed a place to stay for a while, is there someone who would offer you one?

IF YES, HOW MANY PEOPLE? _____

(13-14) B57

6. If you needed to borrow a fairly large sum of money (as much as a month's rent or mortgage), is there someone who would lend it to you?

IF YES, HOW MANY PEOPLE? _____

(15-16) B58

7. If there were an emergency (for example, if you were fired from your job, got in a car accident, got arrested, had a death in the family, or had an operation), is there someone who would come to your aid?

IF YES, HOW MANY PEOPLE? _____

(17-18) B59

00 = NO
 77 = Don't Know
 88 = Not applicable
 99 = Missing

8. Do you know someone who you would visit at any time, without waiting for an invitation?

IF YES, HOW MANY PEOPLE? _____

(19-20) B60

9. Do you know someone who you would invite to share a meal with you?

IF YES, HOW MANY PEOPLE? _____

(21-22) B61

10. Do you know someone who you would go to a movie, concert, or sports event with?

IF YES, HOW MANY PEOPLE? _____

(23-24) B62

11. Do you know someone who you share interests and hobbies with?

IF YES, HOW MANY PEOPLE? _____

(25-26) B63

12. Is there anyone you get in trouble or break the law with?

IF YES, HOW MANY PEOPLE? _____

(27-28) B64

13. Is there anyone you go out drinking with?

IF YES, HOW MANY PEOPLE? _____

(29-30) B65

14. If something good happened, is there someone you would celebrate with?

IF YES, HOW MANY PEOPLE? _____

(31-32) B66

15. Is there someone who makes you feel liked or loved?

IF YES, HOW MANY PEOPLE? _____

(33-34) B67

16. If you're upset, is there someone who comforts you, or calms you down?

IF YES, HOW MANY PEOPLE? _____

(35-36) B68

17. Is there someone who has confidence in you?

IF YES, HOW MANY PEOPLE? _____

(37-38) B69

18. Is there someone who gives you a hug?

IF YES, HOW MANY PEOPLE? _____

(39-40) B70

00 = NO
 77 = Don't Know
 88 = Not applicable
 99 = Missing

19. Is there someone who you feel truly loves you deeply?

IF YES, HOW MANY PEOPLE? _____

(41-42) B71

20. Is there someone who looks out for you?

IF YES, HOW MANY PEOPLE? _____

(43-44) B72

21. Is there someone who praises things you do?

IF YES, HOW MANY PEOPLE? _____

(45-46) B73

22. Is there someone you feel free to be yourself with?

IF YES, HOW MANY PEOPLE? _____

(47-48) B74

23. Is there someone you can talk to frankly without having to watch what you say?

IF YES, HOW MANY PEOPLE? _____

(49-50) B75

24. Is there someone you are sure you will have a lasting relationship with, no matter what happens?

IF YES, HOW MANY PEOPLE? _____

(51-52) B76

25. Is there someone you can trust to keep the things that you talk about private - just between the two of you?

IF YES, HOW MANY PEOPLE? _____

(53-54) B77

26. Is there someone you can count on to listen when you truly need to talk?

IF YES, HOW MANY PEOPLE? _____

(55-56) B78

27. Is there someone you can talk to when you are feeling down or blue?

IF YES, HOW MANY PEOPLE? _____

(57-58) B79

28. Is there someone you share secrets and private feelings with?

IF YES, HOW MANY PEOPLE? _____

(59-60) B80

29. Is there someone you talk to when you when you are confused?

IF YES, HOW MANY PEOPLE? _____

(61-62) B81

00 = NO
 77 = Don't Know
 88 = Not applicable
 99 = Missing

30. Do you know someone whose advice you really trust?

IF YES, HOW MANY PEOPLE? _____

(63-64) B82

31. Do you know someone who would give you advice about relationships and/or child rearing?

IF YES, HOW MANY PEOPLE? _____

(65-66) B83

32. Do you know someone who would recommend a good doctor, dentist, lawyer, or other professional to you?

IF YES, HOW MANY PEOPLE? _____

(67-68) B84

33. Do you know someone who would help you find a job?

IF YES, HOW MANY PEOPLE? _____

(69-70) B85

34. Do you know someone who would teach you how to do something?

IF YES, HOW MANY PEOPLE? _____

(71-72) B86

35. Do you know someone you can count on to help you avoid making mistakes?

IF YES, HOW MANY PEOPLE? _____

(73-74) B87

36. Do you know someone you can count on to tell you when you need to change or improve?

IF YES, HOW MANY PEOPLE? _____

(75-76) B88

37. Do you know someone who would pull strings for you?

IF YES, HOW MANY PEOPLE? _____

(77-78) B89

Card no.

(30) (79-80)

ID no. (1-4)

38. Is there anyone you get mad at, or upset with?

IF YES, HOW MANY PEOPLE? _____

(5-6) B90

39. Is there anyone you disagree, argue, and quarrel with?

IF YES, HOW MANY PEOPLE? _____

(7-8) B91

40. Is there anyone who sticks their nose into your business too much?

IF YES, HOW MANY PEOPLE? _____

(9-10) B92

41. Now I'd like some information about your membership in different groups and organisations. (*Show card Social 1*)

7 = Don't Know
8 = Not applicable
9 = Missing

OVER THE PAST YEAR, how involved have you been in

	Involved a great deal (3)	Involved somewhat (2)	Involved a little (1)	Don't belong (0)		
a. Church connected groups	3	2	1	0	(11)	A588
b. Labor unions	3	2	1	0	(12)	A589
c. Service organisations or lodges (e.g., Jaycees)	3	2	1	0	(13)	A590
d. Business or professional groups	3	2	1	0	(14)	A591
e. Sports teams	3	2	1	0	(15)	A592
f. Country clubs	3	2	1	0	(16)	A593
g. Youth groups	3	2	1	0	(17)	A594
h. Political organisations	3	2	1	0	(18)	A595
i. Neighborhood improvement organisations	3	2	1	0	(19)	A596
j. Charity organisations	3	2	1	0	(20)	A597
k. Hobby groups	3	2	1	0	(21)	A598

42. About how often, if ever, have you attended church during the last year? (22-23) B93

43. How important are religion and religious beliefs to you now? Would you say ... (24) A599

- (1) very important
- (2) fairly important
- (3) not very important
- (4) not at all important

2

PERCEPTION OF THE HOUSEHOLD

Here are some statements about households. Please decide which of these statements are true at the place where you live now and which are false. If you think that the statement is true of your home, or mostly true, indicate "True". If you think that the statement is false or mostly false, indicate "False".

You may feel that some of the statements apply to only some people you live with. Indicate "TRUE" if it is true for most members; indicate "FALSE" if the statement is false for most members. If you are still not sure, give the answer that best describes your overall impression of your household. We would like to know what your home seems like to you, so give us your general impression of your home situation for each statement.

7 = Don't Know
8 = Not applicable
9 = Missing

	True (1)	False (0)	Coding continued from "SOCIAL SUPPORT" form.	
1. We often seem to be killing time at home.	T	F	(25)	A600
2. Household members often keep their feelings to themselves.	T	F	(26)	A601
3. We say anything we want to around the house.	T	F	(27)	A602
4. We seldom volunteer when something has to be done around the house.	T	F	(28)	A603
5. We are usually careful about what we say to each other.	T	F	(29)	A604
6. Household members truly help and support one another.	T	F	(30)	A605
7. It's hard to "blow off steam" at home without upsetting someone.	T	F	(31)	A606
8. There is very little group spirit in my home.	T	F	(32)	A607
9. We tell each other about our personal problems.	T	F	(33)	A608
10. In my household, we believe you don't ever get anywhere by raising your voice.	T	F	(34)	A609
11. If there's a disagreement in my household, we try hard to smooth things over and keep the peace.	T	F	(35)	A610
12. Household members often criticise each other. <i>{a lot}</i>	T	F	(36)	A611
13. Someone usually gets upset if you complain in my household.	T	F	(37)	A612
14. If we feel like doing something on the spur of the moment we often just pick up and go.	T	F	(38)	A613
15. There is plenty of time and attention for everyone in my household.	T	F	(39)	A614

7 = Don't Know
8 = Not applicable
9 = Missing

	True (1)	False (0)		
16. Household members sometimes get so angry they throw things.	T	F	(40)	A615
17. There are a lot of spontaneous discussions in my household.	T	F	(41)	A616
18. Household members hardly ever lose their tempers.	T	F	(42)	A617
19. There is a feeling of togetherness in my household.	T	F	(43)	A618
20. Household members often try to one-up or out-do each other.	T	F	(44)	A619
21. Household members seldom become openly angry.	T	F	(45)	A620
22. We truly get along well with each other.	T	F	(46)	A621
23. We fight a lot in my household.	T	F	(47)	A622
24. We put a lot of energy into what we do at home.	T	F	(48)	A623
25. Household members sometimes hit each other.	T	F	(49)	A624
26. Household members truly back each other up.	T	F	(50)	A625
27. Money and paying bills is openly talked about in my household.	T	F	(51)	A626

(52-77 blank)

Interview given

(78) A627

Card No.

(31) (79-80)

3

PHASE XXI: RELATIONS WITH PARTNERS

ID no. (1-4)

In this session, we are interested in your relationship with a romantic partner.
This person could be of the same sex or opposite sex.

- 1a. Do you currently have a romantic partner with whom you have been involved for at least one month?
- 1b. **IF NO:** In the past year, have you been involved with someone in an intimate relationship that lasted at least one month?

IF NO: use "NOT INVOLVED" form.

At the first "YES" response, tell subject:

"I'd like to ask you some questions about your relationship with that person."

IF the subject has had more than 1 such relationship, say:

"I'd like you to think about the most recent relationship in your past."

Discuss confidentiality with subject:

"I want to remind you that everything we discuss is completely confidential and can never be revealed to anyone, including your partner."

2. *Subject is:* 1 = currently involved (*Use PARTNERSHIP form*)
2 = previously involved (*Use PARTNERSHIP form*)
3 = not involved in past year (*Use NOT INVOLVED form*)

(5) A628

Could you please tell me the first name of the partner so that I may refer to that person?

Name: _____

3a

PHASE XXI: PARTNERSHIP FORM

ID No. _____

BACKGROUND INFORMATION

7 = Don't Know
8 = Not applicable
9 = Missing

3. Is *NAME* participating in the study, too?

(6) A629

(0) NO *If NO: ask questions on last page, at end of interview.*

(1) Previous sample member

(2) New participant this year.

4. When did you start to consider yourselves a couple? Month _____ Year _____

(7-8) B94

(9-10) B95

5. *{If past partner}* When did you end the couple relationship?

(11-12) B96

(13-14) B97

Month _____ Year _____

6. What is (was) your relation to this person? *{Show card REL1}*

(15-16) B98

01 = going out casually

02 = going out seriously

03 = living together as a couple

04 = engaged to be married

05 = married

06 = other _____

7. *{If not married to this person now}* Do you think you will eventually marry him/her?

YES (1) NO (0)

(17) A630

8. *{If past partner}* When you were involved with *NAME* did you think that you would eventually marry him/her?

YES (1) NO (0)

(18) A631

NOTE: Remember to change tenses if asking about past partner.

7 = Don't Know
8 = Not applicable
9 = Missing

9. Have you and *NAME* had any children together? That is, children that are biologically both of yours, not stepchildren, adopted children, or foster children. (19) A632
- If YES: How many? _____ NO (0)
10. Are the two of you raising any additional children together? (20) A633
- If YES: How many? _____ NO (0)
11. Were you and *NAME* raised in different religions? (21) A634
- YES (1) NO (0)
12. Did either of you change religions to be together? (22) A635
- YES (1) NO (0)
13. How do (did) the two of you share expenses?
- Do you keep all of your money separately? YES (1) NO (0) (23) A636
- Do you take turns paying for joint expenses? YES (1) NO (0) (24) A637
- Do you pay for some set things and partner pays for others? YES (1) NO (0) (25) A638
- Do you divide all expenses equally in half? YES (1) NO (0) (26) A639
- Do you pay for almost everything? YES (1) NO (0) (27) A640
- Does your partner pay for almost everything? YES (1) NO (0) (28) A641
- Do you pool all your money? YES (1) NO (0) (29) A642
- Other _____ YES (1) NO (0) (30) A643
- 8** (31) A644
14. Have you met *NAME's* family? YES (1) NO (0) (32) A645
15. Has *NAME* met your family? YES (1) NO (0) (33) A646

QUALITY OF THE RELATIONSHIP

Next I'd like to ask you about the quality of your relationship.

How often do (did) these things happen in your relationship with *NAME*?

[Show card **REL2**]

7 = Don't Know
8 = Not applicable
9 = Missing

	almost always (2)	sometimes (1)	almost never (0)		
16. We are (were) supportive of each other during difficult times.	2	1	0	(34)	A647
17. It is (was) easy for both of us to express our opinion to each other.	2	1	0	(35)	A648
18. It is (was) easier to discuss problems with other people than with my partner.	2	1	0	(36)	A649
19. My partner is (was) primarily interested in his/her own welfare.	2	1	0	(37)	A650
20. We each have (had) input regarding our major decisions.	2	1	0	(38)	A651
21. I feel (felt) that our relationship is (was) very stable.	2	1	0	(39)	A652
22. We spend (spent) time together.	2	1	0	(40)	A653
23. We are flexible in how we handle (handled) differences.	2	1	0	(41)	A654
24. We do (did) things together.	2	1	0	(42)	A655
25. We discuss (discussed) problems and feel (felt) good about the solutions.	2	1	0	(43)	A656
26. I feel (felt) that the future looks (looked) bright for our relationship.	2	1	0	(44)	A657
27. We each go (went) our own way.	2	1	0	(45)	A658
28. My partner is (was) perfectly honest and truthful with me.	2	1	0	(46)	A659
29. We shift (shifted) responsibilities between us. {take turns, trade}	2	1	0	(47)	A660
30. We know (knew) each other's close friends.	2	1	0	(48)	A661
31. It is (was) hard to know what the rules are (were) in our relationship.	2	1	0	(49)	A662
32. I feel (felt) I can (could) trust my partner completely.	2	1	0	(50)	A663
33. I feel (felt) that our relationship is (was) empty.	2	1	0	(51)	A664

7 = Don't Know
8 = Not applicable
9 = Missing

	almost always (2)	sometimes (1)	almost never (0)		
34. We consult (consulted) each other on personal decisions.	2	1	0	(52)	A665
35. We freely say (said) what we want (wanted).	2	1	0	(53)	A666
36. We have (had) difficulty thinking of things to do together.	2	1	0	(54)	A667
37. My partner is (was) truly sincere in his/her promises.	2	1	0	(55)	A668
38. We have (had) a good balance of leadership.	2	1	0	(56)	A669
39. I feel (felt) there is (was) no excitement in our relationship.	2	1	0	(57)	A670
40. We feel (felt) very close to each other.	2	1	0	(58)	A671
41. Being fair is (was) important in our relationship.	2	1	0	(59)	A672
42. My partner does (did) not show me enough consideration.	2	1	0	(60)	A673
43. I feel (felt) closer to other people than my partner.	2	1	0	(61)	A674
44. We try (tried) new ways of dealing with problems.	2	1	0	(62)	A675
45. I go (went) along with what my partner decides (decided) to do.	2	1	0	(63)	A676
46. My partner treats (treated) me fairly and justly.	2	1	0	(64)	A677
47. We share (shared) responsibilities.	2	1	0	(65)	A678
48. We like (liked) to spend our free time with each other.	2	1	0	(66)	A679
49. It is (was) difficult to get a rule changed in our relationship.	2	1	0	(67)	A680
50. I feel (felt) my partner can (could) be counted to help me.	2	1	0	(68)	A681
51. When problems arise (arose), we compromise.	2	1	0	(69)	A682
52. We approve (approved) of each other's friends.	2	1	0	(70)	A683
53. We are (were) afraid to say what is (was) on our minds.	2	1	0	(71)	A684
54. We tend (tended) to do more things separately than together.	2	1	0	(72)	A685
55. We share (shared) interests and hobbies with each other.	2	1	0	(73)	A686

Blank (74-78)

Card no. 32 (79-80)

SOURCES OF CONFLICT

Now I'd like to ask about sources of conflict in the relationship. How much conflict do (did)you and *NAME* have about each of these areas? *{Show card REL3}*

ID No. (1-4)

7 = Don't Know
8 = Not applicable
9 = Missing

	a lot (2)	a little (1)	none (0)		
56. Having a child or having another child.	2	1	0	(5)	A687
57. How to raise children.	2	1	0	(6)	A688
58. Money matters.	2	1	0	(7)	A689
59. Chores and responsibilities.	2	1	0	(8)	A690
60. Correct and proper manners.	2	1	0	(9)	A691
61. Moral beliefs about what is right and wrong.	2	1	0	(10)	A692
62. Religious matters.	2	1	0	(11)	A693
63. Other women or men.	2	1	0	(12)	A694
64. Your sexual relationship.	2	1	0	(13)	A695
65. Demonstrations of affection.	2	1	0	(14)	A696
66. Drinking or drugs.	2	1	0	(15)	A697
67. The amount of time you spend together.	2	1	0	(16)	A698
68. Friends and social life.	2	1	0	(17)	A699
69. Getting ahead in work or education.	2	1	0	(18)	A700
70. Parents or in-laws.	2	1	0	(19)	A701
71. Your goals and plans for the future.	2	1	0	(20)	A702
72. Your personal independence.	2	1	0	(21)	A703
73. <i>NAME's</i> independence.	2	1	0	(22)	A704

ID No. _____

ANSWER SHEET: RELATIONSHIPS

Have YOU ever:	Please circle “YES” or “NO”			
74. Screamed or yelled at your partner?	YES	NO	(23)	A705
75. Insulted or sworn at your partner?	YES	NO	(24)	A706
76. Just keep opinions to yourself?	YES	NO	(25)	A707
77. Damaged a household item or some part of the home out of anger towards your partner?	YES	NO	(26)	A708
78. Withheld affection from your partner?	YES	NO	(27)	A709
79. Hidden the tension?	YES	NO	(28)	A710
80. Deliberately disposed of, or hid, an important item of your partner's?	YES	NO	(29)	A711
81. Sulked or refused to talk about an issue?	YES	NO	(30)	A712
82. Kept distant until you cooled down?	YES	NO	(31)	A713
83. Monitored your partner's time and made him/her account for where he/she was?	YES	NO	(32)	A714
84. Made plans that left your partner feeling excluded?	YES	NO	(33)	A715
85. Cooled down through physical activity or work?	YES	NO	(34)	A716
86. Left your partner and were unsure whether you were going to return?	YES	NO	(35)	A717

Have <u>YOU</u> ever:		Please circle "YES" or "NO"			
87.	Got angry when your partner told you that you were using too much alcohol or drugs?	YES	NO	(36)	A718
88.	Stopped a discussion before it was finished?	YES	NO	(37)	A719
89.	Got very upset if dinner, housework, or home repair work was not done when you thought it should be?	YES	NO	(38)	A720
90.	Done or said something to spite your partner?	YES	NO	(39)	A721
91.	Given in to your partner?	YES	NO	(40)	A722
92.	Been jealous or suspicious of your partner's friends?	YES	NO	(41)	A723
93.	Purposely hurt your partner's pet?	YES	NO	(42)	A724
94.	Initiated a discussion to air all points of view?	YES	NO	(43)	A725
95.	Purposely damaged or destroyed your partner's clothes, car, or other personal possessions?	YES	NO	(44)	A726
96.	Insulted or shamed your partner in front of others?	YES	NO	(45)	A727
97.	Listened carefully?	YES	NO	(46)	A728
98.	Locked your partner out of the house?	YES	NO	(47)	A729
99.	Told your partner that he/she could not work or study?	YES	NO	(48)	A730
100.	Stated your position clearly?	YES	NO	(49)	A731
101.	Tried to stop your partner from seeing or talking to family or friends?	YES	NO	(50)	A732
102.	Had an affair with someone else?	YES	NO	(51)	A733
103.	Repeated a point to make sure it was understood?	YES	NO	(52)	A734
104.	Restricted your partner's use of the car or telephone?	YES	NO	(53)	A735
105.	Made threats to leave the relationship?	YES	NO	(54)	A736

Have **YOU** ever:Please circle
"YES" or "NO"

- | | | | | |
|--|-----|----|------|------|
| 106. Felt closer at the end of a discussion? | YES | NO | (55) | A737 |
| 107. Blamed your partner for your problems? | YES | NO | (56) | A738 |
| 108. Tried to turn family, friends, or children against your partner? | YES | NO | (57) | A739 |
| 109. Talked more freely after using drugs or alcohol? | YES | NO | (58) | A740 |
| 110. Ordered your partner around? | YES | NO | (59) | A741 |
| 111. Been insensitive to your partner's feelings? | YES | NO | (60) | A742 |
| 112. Admitted your faults or taken responsibility for a problem | YES | NO | (61) | A743 |
| 113. Frightened your partner? | YES | NO | (62) | A744 |
| 114. Treated your partner like he/she was stupid? | YES | NO | (63) | A745 |
| 115. Come up with helpful ideas? | YES | NO | (64) | A746 |
| 116. Given your partner the silent treatment or cold shoulder? | YES | NO | (65) | A747 |
| 117. Criticized your partner? | YES | NO | (66) | A748 |
| 118. Called your partner names? | YES | NO | (67) | A749 |
| 119. Brought in, or tried to bring in, someone to help settle things? | YES | NO | (68) | A750 |
| 120. Stomped out of the room, house or yard? | YES | NO | (69) | A751 |
| 121. Given in to your partner but planned revenge? | YES | NO | (70) | A752 |
| 122. Cried? | YES | NO | (71) | A753 |
| 123. Ridiculed your partner? | YES | NO | (72) | A754 |
| 124. Expressed regret about something you did or said to your partner? | YES | NO | (73) | A755 |
| 125. Physically twisted your partner's arm? | YES | NO | (74) | A756 |

Blank

(75-78)

Card no.

33 (79-80)

ID no. (1-4)

Have <u>YOU</u> ever:	Please circle “YES” or “NO”			
126. Threatened to hit your partner or throw something at him/her in anger?	YES	NO	(5)	A757
127. Told your partner he/she was ugly or unattractive?	YES	NO	(6)	A758
128. Pushed, grabbed, or shoved your partner?	YES	NO	(7)	A759
129. Slapped your partner?	YES	NO	(8)	A760
130. Thought about leaving the relationship?	YES	NO	(9)	A761
131. Physically forced sex on your partner?	YES	NO	(10)	A762
132. Burned or scalded your partner?	YES	NO	(11)	A763
133. Become abusive after using drugs or alcohol?	YES	NO	(12)	A764
134. Shaken your partner?	YES	NO	(13)	A765
135. Thrown, smashed, hit, or kicked something in a disagreement?	YES	NO	(14)	A766
136. Taken out your anger on someone else?	YES	NO	(15)	A767
137. Prevented your partner from getting medical care that he/she needed?	YES	NO	(16)	A768
138. Thrown or tried to throw your partner bodily?	YES	NO	(17)	A769
139. Engaged in sex to make up?	YES	NO	(18)	A770
140. Thrown an object at your partner?	YES	NO	(19)	A771
141. Choked or strangled your partner?	YES	NO	(20)	A772
142. Withheld sex?	YES	NO	(21)	A773
143. Kicked, bitten, or hit your partner with a fist?	YES	NO	(22)	A774
144. Hit or tried to hit your partner with something?	YES	NO	(23)	A775
145. Beaten your partner up, (multiple blows)?	YES	NO	(24)	A776
146. Threatened your partner with a knife or gun?	YES	NO	(25)	A777
147. Used a knife or gun on your partner.	YES	NO	(26)	A778

Has <u>YOUR PARTNER</u> ever:	Please circle "YES" or "NO"			
148. Screamed or yelled at you?	YES	NO	(27)	A779
149. Insulted or sworn at you?	YES	NO	(28)	A780
150. Just keep opinions quiet?	YES	NO	(29)	A781
151. Damaged a household item or some part of the home out of anger towards you?	YES	NO	(30)	A782
152. Withheld affection from you?	YES	NO	(31)	A783
153. Hidden the tension?	YES	NO	(32)	A784
154. Deliberately disposed of, or hid, an important item of yours?	YES	NO	(33)	A785
155. Sulked or refused to talk about an issue?	YES	NO	(34)	A786
156. Kept distant until he/she cooled down?	YES	NO	(35)	A787
157. Monitored your time and made you account for where you were?	YES	NO	(36)	A788
158. Made plans that left you feeling excluded?	YES	NO	(37)	A789
159. Cooled down through physical activity or work?	YES	NO	(38)	A790
160. Left you and were unsure whether he/she was going to return?	YES	NO	(39)	A791
161. Got angry when you told him/her that he/she was using too much alcohol or drugs?	YES	NO	(40)	A792
162. Stopped a discussion before it was finished?	YES	NO	(41)	A793
163. Got very upset if dinner, housework, or home repair work was not done when he/she thought it should be?	YES	NO	(42)	A794
164. Done or said something to spite you?	YES	NO	(43)	A795
165. Given in?	YES	NO	(44)	A796

Has **YOUR PARTNER** ever:Please circle
“YES” or “NO”

166. Been jealous or suspicious of your friends?	YES	NO	(45)	A797
167. Purposely hurt your pet?	YES	NO	(46)	A798
168. Initiated a discussion to air all points of view?	YES	NO	(47)	A799
169. Purposely damaged or destroyed your clothes, car, or other personal possessions?	YES	NO	(48)	A800
170. Insulted or shamed you in front of others?	YES	NO	(49)	A801
171. Listened carefully?	YES	NO	(50)	A802
172. Locked you out of the house?	YES	NO	(51)	A803
173. Told you that you could not work or study?	YES	NO	(52)	A804
174. Stated his/her position clearly?	YES	NO	(53)	A805
175. Tried to stop you from seeing or talking to family or friends?	YES	NO	(54)	A806
176. Had an affair with someone else?	YES	NO	(55)	A807
177. Repeated a point to make sure it was understood?	YES	NO	(56)	A808
178. Restricted your use of the car or telephone?	YES	NO	(57)	A809
179. Made threats to leave the relationship?	YES	NO	(58)	A810
180. Felt closer at the end of a discussion?	YES	NO	(59)	A811
181. Blamed you for his/her problems?	YES	NO	(60)	A812
182. Tried to turn family, friends, or children against you?	YES	NO	(61)	A813
183. Talked more freely after using drugs or alcohol?	YES	NO	(62)	A814
184. Ordered you around?	YES	NO	(63)	A815
185. Been insensitive to your feelings?	YES	NO	(64)	A816
186. Admitted his/her faults or taken responsibility for a problem?	YES	NO	(65)	A817

Has **YOUR PARTNER** ever:Please circle
"YES" or "NO"

187. Frightened you?	YES	NO	(66)	A818
188. Treated you like you were stupid?	YES	NO	(67)	A819
189. Come up with helpful ideas?	YES	NO	(68)	A820
190. Given you the silent treatment or cold shoulder?	YES	NO	(69)	A821
191. Criticized you?	YES	NO	(70)	A822
192. Called you names?	YES	NO	(71)	A823
193. Brought in, or tried to bring in, someone to help settle things?	YES	NO	(72)	A824
194. Stomped out of the room, house or yard?	YES	NO	(73)	A825
195. Given in to you but planned revenge?	YES	NO	(74)	A826
196. Cried?	YES	NO	(75)	A827
197. Ridiculed you?	YES	NO	(76)	A828
198. Expressed regret about something he/she did or said to you?	YES	NO	(77)	A829
199. Physically twisted your arm?	YES	NO	(78)	A830

Card no.

34 (79-80)

ID no. (1-4)

200. Threatened to hit you or throw something at you in anger?	YES	NO	(5)	A831
201. Told you that you were ugly or unattractive?	YES	NO	(6)	A832
202. Pushed, grabbed, or shoved you?	YES	NO	(7)	A833
203. Slapped you?	YES	NO	(8)	A834
204. Thought about leaving the relationship?	YES	NO	(9)	A835
205. Physically forced sex on you?	YES	NO	(10)	A836
206. Burned or scalded you?	YES	NO	(11)	A837

Has **YOUR PARTNER** ever:Please circle
“YES” or “NO”

207. Become abusive after using drugs or alcohol?	YES	NO	(12)	A838
208. Shaken you?	YES	NO	(13)	A839
209. Thrown, smashed, hit, or kicked something in a disagreement?	YES	NO	(14)	A840
210. Taken out his/her anger on someone else?	YES	NO	(15)	A841
211. Prevented you from getting medical care that you needed?	YES	NO	(16)	A842
212. Thrown or tried to throw you bodily?	YES	NO	(17)	A843
213. Engaged in sex to make up?	YES	NO	(18)	A844
214. Thrown an object at you?	YES	NO	(19)	A845
215. Choked or strangled you?	YES	NO	(20)	A846
216. Withheld sex?	YES	NO	(21)	A847
217. Kicked, bitten, or hit you with a fist?	YES	NO	(22)	A848
218. Hit or tried to hit you with something?	YES	NO	(23)	A849
219. Beaten you up, (multiple blows)?	YES	NO	(24)	A850
220. Threatened you with a knife or gun?	YES	NO	(25)	A851
221. Used a knife or gun on you?	YES	NO	(26)	A852

SATISFACTION

Finally, I'd like to ask about how happy or unhappy you are
(were) with different parts of your relationship. {Show card **REL4**}

7 = Don't Know
8 = Not applicable
9 = Missing

How happy are you with. . .	very happy (2)	somewhat happy (1)	not happy (0)		
222. The number of children you have?	2	1	0	(27)	A853
223. Money matters?	2	1	0	(28)	A854
224. Chores and responsibilities?	2	1	0	(29)	A855
225. Your partner's behavior?	2	1	0	(30)	A856
226. Religious matters?	2	1	0	(31)	A857
227. Your sexual relationship?	2	1	0	(32)	A858
228. Demonstrations of affection?	2	1	0	(33)	A859
229. Your partner's drinking or drug usage?	2	1	0	(34)	A860
230. The amount of time you spend together?	2	1	0	(35)	A861
231. Friends and social life?	2	1	0	(36)	A862
232. Relations with parents or in-laws?				(37)	A863
233. Goals and plans for the future?				(38)	A864
234. Your personal independence?				(39)	A865
235. NAME's independence?				(40)	A866
236. Taking things all together, how would you describe your relationship?				(41)	A867
Very happy	(2)	_____			
Somewhat happy	(1)	_____			
Not happy	(0)	_____			

*IF currently involved with a partner who DID NOT come into the
unit, continue on next page. *

Thank you for your help with our research.

PARTNER BACKGROUND

ASK this page *ONLY* if the subject is currently involved with someone who did not come into the unit to be interviewed.

You have indicated that you are currently involved with *NAME*, who will not be participating in this study. We would like to ask you a couple of questions about him/her.

1. How old is *NAME*? _____ (42-43) B99
Code sex: Male (2) Female (1) (44) A868
2. Which ethnic group does *NAME* belong to: (45-46) B100
01 = NZ European 06 = Tongan
02 = NZ Maori 07 = Chinese
03 = Samoan 08 = Indian
04 = Cook Island Maori 09 = Other (such as Fijian, Tokelauan) Specify:
05 = Niuean _____
3. What is *NAME*'s highest educational qualification? (*Show card REL5*) (47-48) B101
01 = No school qualification 06 = Non-university vocational certificate
02 = School certificate 07 = University degree or diploma below bachelor
03 = Sixth form certificate or UE 08 = Bachelors degree
04 = Higher school certificate 09 = Post graduate degree
05 = Univ bursary / scholarship 10 = Other _____
4. What is *NAME*'s main activity currently? (49) A869
Are they: 1 = Unemployed 4 = Student
2 = Employed 5 = Homemaker
3 = Training scheme
5. What is *NAME*'s current or most recent job? What is it called? _____

6. Is *NAME*: (1) employed by someone else, (50) A870
(2) self-employed, or
(3) working without pay in a family business or farm?
7. Is that for: (1) a government agency, (51) A871
(2) a nonprofit organization, or
(3) a profit-making business?
8. What are some of *NAME*'s main duties or activities? _____

9. What kind of industry is that in? (What do they make or do?) _____

To code socio-economic status, use six digits.

The first three digits identify the occupation uniquely.

The next two digits identify the major occupation group derived from the Standard Classification of Occupations, 1990.

The sixth digit is that assigned by Elley & Irving.

(52-54) } E6
(55-56) }
(57) A872

PARTNER BACKGROUND continued

7 = Don't Know
 8 = Not applicable
 9 = Missing

10. What was *NAME's* father's or head-of-household's highest educational qualification? (*Show card REL5*)

(58-59) B102

01 = No school qualification 06 = Non-university vocational certificate
 02 = School certificate 07 = University degree or diploma below bachelor
 03 = Sixth form certificate or UE 08 = Bachelors degree
 04 = Higher school certificate 09 = Post graduate degree
 05 = Univ bursary / scholarship 10 = Other _____

11. What kind of work did *NAME's* father or head-of-household do when your partner was about 15 years old? _____

12. What kind of industry was that it? (What did they make or do?)

To code socio-economic status, use six digits.

The first three digits identify the occupation uniquely.

The next two digits identify the major occupation group derived from the Standard Classification of Occupations, 1990.

The sixth digit is that assigned by Elley & Irving.

(60-62) } E7
 (63-64) }

(65) A873

Blank (66-77)

Interview given?

(78) A874

Card No.

35 (79-80)

3b

PHASE XXI: NOT INVOLVED FORM

This section is for people who have not had a relationship lasting at least a month in the last year.

Subject is: 1 = currently involved (*use PARTNERSHIP form*)
 2 = previously involved (*use PARTNERSHIP form*)
 3 = not involved in past year (*use NOT INVOLVED form*)

7 = Don't Know
 8 = Not applicable
 9 = Missing

ID No. (1-5)

“Although you have not been seriously involved with one person in the past year, I'd like to ask you some questions about your experiences going out with others. I want to remind you that everything we discuss is completely confidential and can never be revealed to anyone.”

1. In the past year, how often have you been going out with someone? (6) A875
 - 1 = every day
 - 2 = almost every day
 - 3 = once or twice a week
 - 4 = once or twice a month
 - 5 = not at all
2. Has this been: 1 = less than usual (7) A876
 - 2 = about the same as usual
 - 3 = more than usual
3. In the past year, how many different people have you gone out with? (8) A877
 - 0 = none
 - 1 = one person
 - 2 = mainly one person but others as well
 - 3 = a number of people
4. How important is it to you to be involved in a steady, committed relationship with one person? (9) A878
 - 0 = not important
 - 1 = somewhat important
 - 2 = very important
6. You have told me that you are not in a serious relationship with one person. There are many reasons for not being in a serious relationship. Please tell me whether or not the following reasons apply to you.

TRUE FALSE

- | | | | | |
|---|---|---|------|------|
| I want to go out with a variety of people. | 1 | 0 | (10) | A879 |
| I am afraid of getting hurt. | 1 | 0 | (11) | A880 |
| I want to be independent. | 1 | 0 | (12) | A881 |
| Relationships are too much work. | 1 | 0 | (13) | A882 |
| I don't want to lose control of my free time. | 1 | 0 | (14) | A883 |
| I'm having a hard time meeting people. | 1 | 0 | (15) | A884 |

TRUE FALSE

7 = Don't Know
8 = Not applicable
9 = Missing

I don't want the responsibility involved in commitment.	1	0	(16)	A885
I want to be alone.	1	0	(17)	A886
Commitments never last.	1	0	(18)	A887
Relationships are too expensive.	1	0	(19)	A888
I have had bad experiences in relationships.	1	0	(20)	A889
Relationships are a hassle.	1	0	(21)	A890
I have witnessed too many bad relationships.	1	0	(22)	A891
I don't enjoy sex.	1	0	(23)	A892
I'm not attracted to people who are attracted to me.	1	0	(24)	A893
One person is not enough to satisfy me.	1	0	(25)	A894
I'm not ready to settle down.	1	0	(26)	A895
I'm scared of going out.	1	0	(27)	A896
I have not found anyone who interests me.	1	0	(28)	A897
Relationships never work anyway.	1	0	(29)	A898
My parents had a bad relationship and I don't want to repeat their mistakes.	1	0	(30)	A899
I'm too shy.	1	0	(31)	A900
I don't have time for someone right now.	1	0	(32)	A901
It's too hard to meet good people.	1	0	(33)	A902
My education or career is too important to make sacrifices for a relationship.	1	0	(34)	A903
I don't want anyone to be dependent on me.	1	0	(35)	A904
Casual going is more fun than committed relationships.	1	0	(36)	A905
I am not willing to compromise in order to meet someone else's demands.	1	0	(37)	A906
I don't know anyone I'd want to have a relationship with.	1	0	(38)	A907

Blank (39-78)

Card No. **40** (79-80)

If the sample member has not gone out with anyone during the past year, no need to administer the Conflict Resolution Tactics. Code answer sheet with 8's.

ID No. _____

ANSWER SHEET: NOT INVOLVED (*Reintegrated*)In the past 12 months, have **YOU** ever:Please circle
"YES" or "NO"
(1) (0)

74. Screamed or yelled at a partner?	YES	NO	(23)	A705
75. Insulted or sworn at a partner?	YES	NO	(24)	A706
76. Just keep opinions to yourself?	YES	NO	(25)	A707
77. Damaged a household item or some part of the home out of anger towards a partner?	YES	NO	(26)	A708
78. Withheld affection from a partner?	YES	NO	(27)	A709
79. Hidden the tension?	YES	NO	(28)	A710
80. Deliberately disposed of, or hid, an important item of a partner's?	YES	NO	(29)	A711
81. Sulked or refused to talk about an issue?	YES	NO	(30)	A712
82. Kept distant until you cooled down?	YES	NO	(31)	A713
83. Monitored a partner's time and made him/her account for where he/she was?	YES	NO	(32)	A714
84. Made plans that left a partner feeling excluded?	YES	NO	(33)	A715
85. Cooled down through physical activity or work?	YES	NO	(34)	A716
86. Left a partner and were unsure whether you were going to return?	YES	NO	(35)	A717

NOTE: Due to an error in the collation of forms prior to the start of interviewing at Phase XXI, these questions (pp. 119-126) for **THOSE NOT INVOLVED** replicate questions on pp. 106-113 for **THOSE IN A RELATIONSHIP**. Responses to these two identical sets of questions have been given the same variable numbers and are included in the same columns in the Phase XXI ascii data file.

In the past 12 months, have **YOU** ever:

Please circle
“YES” or “NO”
(1) (0)

87.	Got angry when a partner told you that you were using too much alcohol or drugs?	YES	NO	(36)	A718
88.	Stopped a discussion before it was finished?	YES	NO	(37)	A719
89.	Got very upset if dinner, housework, or home repair work was not done when you thought it should be?	YES	NO	(38)	A720
90.	Done or said something to spite a partner?	YES	NO	(39)	A721
91.	Given in to a partner?	YES	NO	(40)	A722
92.	Been jealous or suspicious of a partner's friends?	YES	NO	(41)	A723
93.	Purposely hurt a partner's pet?	YES	NO	(42)	A724
94.	Initiated a discussion to air all points of view?	YES	NO	(43)	A725
95.	Purposely damaged or destroyed a partner's clothes, car, or other personal possessions?	YES	NO	(44)	A726
96.	Insulted or shamed a partner in front of others?	YES	NO	(45)	A727
97.	Listened carefully?	YES	NO	(46)	A728
98.	Locked a partner out of the house?	YES	NO	(47)	A729
99.	Told a partner that he/she could not work or study?	YES	NO	(48)	A730
100.	Stated your position clearly?	YES	NO	(49)	A731
101.	Tried to stop a partner from seeing or talking to family or friends?	YES	NO	(50)	A732
102.	Had an affair with someone else?	YES	NO	(51)	A733
103.	Repeated a point to make sure it was understood?	YES	NO	(52)	A734
104.	Restricted a partner's use of the car or telephone?	YES	NO	(53)	A735
105.	Made threats to leave the relationship?	YES	NO	(54)	A736

In the past 12 months, have **YOU** ever:

Please circle
“YES” or “NO”

106. Felt closer at the end of a discussion?	YES	NO	(55)	A737
107. Blamed a partner for your problems?	YES	NO	(56)	A738
108. Tried to turn family, friends, or children against a partner?	YES	NO	(57)	A739
109. Talked more freely after using drugs or alcohol?	YES	NO	(58)	A740
110. Ordered a partner around?	YES	NO	(59)	A741
111. Been insensitive to a partner's feelings?	YES	NO	(60)	A742
112. Admitted your faults or taken responsibility for a problem?	YES	NO	(61)	A743
113. Frightened a partner?	YES	NO	(62)	A744
114. Treated a partner like he/she was stupid?	YES	NO	(63)	A745
115. Come up with helpful ideas?	YES	NO	(64)	A746
116. Given a partner the silent treatment or cold shoulder?	YES	NO	(65)	A747
117. Criticized a partner?	YES	NO	(66)	A748
118. Called a partner names?	YES	NO	(67)	A749
119. Brought in, or tried to bring in, someone to help settle things?	YES	NO	(68)	A750
120. Stomped out of the room, house or yard?	YES	NO	(69)	A751
121. Given in to a partner but planned revenge?	YES	NO	(70)	A752
122. Cried?	YES	NO	(71)	A753
123. Ridiculed a partner?	YES	NO	(72)	A754
124. Expressed regret about something you did or said to a partner?	YES	NO	(73)	A755
125. Physically twisted a partner's arm?	YES	NO	(74)	A756

Blank (75-78)

Card no.

33 (79-80)

ID no. (1-4)

In the past 12 months, have **YOU** ever:

Please circle
“YES” or “NO”

126. Threatened to hit a partner or throw something at him/her in anger?	YES	NO	(5)	A757
127. Told a partner he/she was ugly or unattractive?	YES	NO	(6)	A758
128. Pushed, grabbed, or shoved a partner?	YES	NO	(7)	A759
129. Slapped a partner?	YES	NO	(8)	A760
130. Thought about leaving the relationship?	YES	NO	(9)	A761
131. Physically forced sex on a partner?	YES	NO	(10)	A762
132. Burned or scalded a partner?	YES	NO	(11)	A763
133. Become abusive after using drugs or alcohol?	YES	NO	(12)	A764
134. Shaken a partner?	YES	NO	(13)	A765
135. Thrown, smashed, hit, or kicked something in a disagreement?	YES	NO	(14)	A766
136. Taken out your anger on someone else?	YES	NO	(15)	A767
137. Prevented a partner from getting medical care that he/she needed?	YES	NO	(16)	A768
138. Thrown or tried to throw a partner bodily?	YES	NO	(17)	A769
139. Engaged in sex to make up?	YES	NO	(18)	A770
140. Thrown an object at a partner?	YES	NO	(19)	A771
141. Choked or strangled a partner?	YES	NO	(20)	A772
142. Withheld sex?	YES	NO	(21)	A773
143. Kicked, bitten, or hit a partner with a fist?	YES	NO	(22)	A774
144. Hit or tried to hit a partner with something?	YES	NO	(23)	A775
145. Beaten a partner up, (multiple blows)?	YES	NO	(24)	A776
146. Threatened a partner with a knife or gun?	YES	NO	(25)	A777
147. Used a knife or gun on a partner.	YES	NO	(26)	A778

In the past year, has **SOMEONE YOU WENT OUT WITH** ever:

Please circle
“YES” or “NO”

148. Screamed or yelled at you?	YES	NO	(27)	A779
149. Insulted or sworn at you?	YES	NO	(28)	A780
150. Just keep his/her opinions quiet?	YES	NO	(29)	A781
151. Damaged a household item or some part of the home out of anger towards you?	YES	NO	(30)	A782
152. Withheld affection from you?	YES	NO	(31)	A783
153. Hidden the tension?	YES	NO	(32)	A784
154. Deliberately disposed of, or hid, an important item of yours?	YES	NO	(33)	A785
155. Sulked or refused to talk about an issue?	YES	NO	(34)	A786
156. Kept distant until he/she cooled down?	YES	NO	(35)	A787
157. Monitored your time and made you account for where you were?	YES	NO	(36)	A788
158. Made plans that left you feeling excluded?	YES	NO	(37)	A789
159. Cooled down through physical activity or work?	YES	NO	(38)	A790
160. Left you and you were unsure whether he/she was going to return?	YES	NO	(39)	A791
161. Got angry when you told him/her that he/she was using too much alcohol or drugs?	YES	NO	(40)	A792
162. Stopped a discussion before it was finished?	YES	NO	(41)	A793
163. Got very upset if dinner, housework, or home repair work was not done when he/she thought it should be?	YES	NO	(42)	A794
164. Done or said something to spite you?	YES	NO	(43)	A795
165. Given in to you?	YES	NO	(44)	A796

In the past year, has **SOMEONE YOU WENT OUT WITH** ever:

Please circle
"YES" or "NO"

166. Been jealous or suspicious of your friends?	YES	NO	(45)	A797
167. Purposely hurt your pet?	YES	NO	(46)	A798
168. Initiated a discussion to air all points of view?	YES	NO	(47)	A799
169. Purposely damaged or destroyed your clothes, car, or other personal possessions?	YES	NO	(48)	A800
170. Insulted or shamed you in front of others?	YES	NO	(49)	A801
171. Listened carefully?	YES	NO	(50)	A802
172. Locked you out of the house?	YES	NO	(51)	A803
173. Told you that you could not work or study?	YES	NO	(52)	A804
174. Stated his/her position clearly?	YES	NO	(53)	A805
175. Tried to stop you from seeing or talking to family or friends?	YES	NO	(54)	A806
176. Had an affair with someone else?	YES	NO	(55)	A807
177. Repeated a point to make sure it was understood?	YES	NO	(56)	A808
178. Restricted your use of the car or telephone?	YES	NO	(57)	A809
179. Made threats to leave the relationship?	YES	NO	(58)	A810
180. Felt closer at the end of a discussion?	YES	NO	(59)	A811
181. Blamed you for his/her problems?	YES	NO	(60)	A812
182. Tried to turn family, friends, or children against you?	YES	NO	(61)	A813
183. Talked more freely after using drugs or alcohol?	YES	NO	(62)	A814
184. Ordered you around?	YES	NO	(63)	A815
185. Been insensitive to your feelings?	YES	NO	(64)	A816
186. Admitted his/her faults or taken responsibility for a problem?	YES	NO	(65)	A817

In the past year, has **SOMEONE YOU WENT OUT WITH** ever:

Please circle
"YES" or "NO"

187. Frightened you?	YES	NO	(66)	A818
188. Treated you like you were stupid?	YES	NO	(67)	A819
189. Come up with helpful ideas?	YES	NO	(68)	A820
190. Given you the silent treatment or cold shoulder?	YES	NO	(69)	A821
191. Criticized you?	YES	NO	(70)	A822
192. Called you names?	YES	NO	(71)	A823
193. Brought in, or tried to bring in, someone to help settle things?	YES	NO	(72)	A824
194. Stomped out of the room, house or yard?	YES	NO	(73)	A825
195. Given in to you but planned revenge?	YES	NO	(74)	A826
196. Cried?	YES	NO	(75)	A827
197. Ridiculed you?	YES	NO	(76)	A828
198. Expressed regret about something he/she did or said to you?	YES	NO	(77)	A829
199. Physically twisted your arm?	YES	NO	(78)	A830
		Card no.	34 (79-80)	
			ID no. (1-4)	
200. Threatened to hit you or throw something at you in anger?	YES	NO	(5)	A831
201. Told you that you were ugly or unattractive?	YES	NO	(6)	A832
202. Pushed, grabbed, or shoved you?	YES	NO	(7)	A833
203. Slapped you?	YES	NO	(8)	A834
204. Thought about leaving the relationship?	YES	NO	(9)	A835
205. Physically forced sex on you?	YES	NO	(10)	A836
206. Burned or scalded you?	YES	NO	(11)	A837

In the past year, has **SOMEONE YOU WENT OUT WITH** ever:

Please circle
"YES" or "NO"

207. Become abusive after using drugs or alcohol?	YES	NO	(12)	A838
208. Shaken you?	YES	NO	(13)	A839
209. Thrown, smashed, hit, or kicked something in a disagreement?	YES	NO	(14)	A840
210. Taken out his/her anger on someone else?	YES	NO	(15)	A841
211. Prevented you from getting medical care that you needed?	YES	NO	(16)	A842
212. Thrown or tried to throw you bodily?	YES	NO	(17)	A843
213. Engaged in sex to make up?	YES	NO	(18)	A844
214. Thrown an object at you?	YES	NO	(19)	A845
215. Choked or strangled you?	YES	NO	(20)	A846
216. Withheld sex?	YES	NO	(21)	A847
217. Kicked, bitten, or hit you with a fist?	YES	NO	(22)	A848
218. Hit or tried to hit you with something?	YES	NO	(23)	A849
219. Beaten you up, (multiple blows)?	YES	NO	(24)	A850
220. Threatened you with a knife or gun?	YES	NO	(25)	A851
221. Used a knife or gun on you.	YES	NO	(26)	A852

Blank (27-77)

Interview Given (78) A874

Card No. **35** (79-80)

MEDICAL QUESTIONNAIRE
STRENGTHS
WORRIES ABOUT THE FUTURE

DR AVSHALOM CASPI

ATTITUDES TOWARDS SUN
PROTECTION & SKIN CANCER

DR ROB MCGEE

4

MEDICAL QUESTIONNAIRE: PHASE XXI

ID no. (1-4)

As a reminder, the questions that we asked you about your relationship were just for research purposes. As you know, the Dunedin study is concerned with the study of health.

We'd now like to ask you some brief questions about your general health. Think about the time since you were 15. I'll tell you about some medical problems. I'd like you to tell me if you've had any of them.

7 = Don't Know
8 = Not applicable
9 = Missing

If the answer to a is NO "0", code b & c as "0" and continue with next item.

1. **Anaemia:** From the age of 15 years.
 - a. Have you ever been told by a doctor that you were anaemic? Yes (1) No (0) (5) A908
 - b. Are you suffering from anaemia now? Yes (1) No (0) (6) A909
 - c. Are you receiving treatment for anaemia at present? Yes (1) No (0) (7) A910
2. **Arthritis:** redness, pain or swelling of one or more of your joints. From age 15 years.
 - a. Have you ever suffered from arthritis? Yes (1) No (0) (8) A911
 - b. Do you have arthritis now? Yes (1) No (0) (9) A912
 - c. Are you receiving treatment for arthritis now? Yes (1) No (0) (10) A913
3. **Cancer:** this includes leukaemia as well as lymphomas and other solid tumors. From age 15 years.
 - a. Have you ever been told you have cancer? Yes (1) No (0) (11) A914
 - b. Do you have any sort of cancer now? Yes (1) No (0) (12) A915
4. **Hepatitis:** a virus infection of the liver usually causing jaundice. From age 15 years.
 - a. Have you ever been told that you have hepatitis or have you ? Yes (1) No (0) (13) A916
become jaundiced?
 - b. Do you have hepatitis now? Yes (1) No (0) (14) A917
5. **Diabetes:** sugar in your urine. From age 15 years.
 - a. Have you ever been told you have diabetes or sugar in your urine? Yes (1) No (0) (15) A918
 - b. Are you having insulin treatment for diabetes now? Yes (1) No (0) (16) A919
6. **Serious back trouble.** From age 15.
 - a. Have you ever had serious back trouble? Yes (1) No (0) (17) A920
 - b. Do you have serious back problems now? Yes (1) No (0) (18) A921
7. **Heart trouble.** From age 15.
 - a. Have you ever been told that you have heart trouble? Yes (1) No (0) (19) A922
 - b. Do you have a heart problem now? Yes (1) No (0) (20) A923
 - c. Are you being treated for a heart problem now? Yes (1) No (0) (21) A924

7 = Don't Know
8 = Not applicable
9 = Missing

8. **Kidney / bladder infections:** from age 15 years.

- | | | | | |
|---|---------|--------|------|------|
| a. Have you ever suffered from a kidney or bladder infection? | Yes (1) | No (0) | (22) | A925 |
| b. Have you had a kidney or bladder infection in the last year? | Yes (1) | No (0) | (23) | A926 |

9. **Epilepsy:** convulsions. From age 15 years.

- | | | | | |
|---|---------|--------|------|------|
| a. Have you ever had an epileptic fit? | Yes (1) | No (0) | (24) | A927 |
| b. Have you had an epileptic fit in the last year? | Yes (1) | No (0) | (25) | A928 |
| c. Are you receiving treatment for epilepsy at present? | Yes (1) | No (0) | (26) | A929 |

10. **Acne:** skin spots, black heads, usually on the face and back. From age 15 years.

- | | | | | |
|---|---------|--------|------|------|
| a. Have you ever had a bad problem with acne? | Yes (1) | No (0) | (27) | A930 |
| b. Do you have a problem with acne now? | Yes (1) | No (0) | (28) | A931 |
| c. Have you ever asked a doctor for help with acne? | Yes (1) | No (0) | (29) | A932 |

11. **Colitis:** a persistent bowel problem with discharge or the passing of blood or mucous. From age 15.

- | | | | | |
|---|---------|--------|------|------|
| a. Have you ever been told you have colitis (ulcerative colitis)? | Yes (1) | No (0) | (30) | A933 |
| b. Do you have colitis now? | Yes (1) | No (0) | (31) | A934 |

WOMEN ONLY: (Code "8" for men)

12. **Menstrual problems:** excessive bleeding or pain with your periods. From age 15.

- | | | | | |
|--|---------|--------|------|------|
| a. Have you ever had menstrual problems? | Yes (1) | No (0) | (32) | A935 |
| b. Do you have menstrual problems now? | Yes (1) | No (0) | (33) | A936 |

13. **Migraines:** severe headaches which are usually associated with nausea (feeling sick), vomiting, and finding bright lights painful. From age 15.

- | | | | | |
|--|---------|--------|------|------|
| a. Have you ever had a migraine attack? | Yes (1) | No (0) | (34) | A937 |
| b. Have you had a migraine attack in the last 12 months? | Yes (1) | No (0) | (35) | A938 |
| c. Are you receiving any drug treatment for migraine? | Yes (1) | No (0) | (36) | A939 |

7 = Don't Know
8 = Not applicable
9 = Missing

14. **Major surgery:** requiring a general anaesthetic. From age 15 years.

a. Have you had any major surgical operations? Yes (1) No (0) (37) A940

b. Have you had any major surgeries in the last 12 months? Yes (1) No (0) (38) A941

14. c. Are you expecting to undergo any major surgeries in the next 12 months? Yes (1) No (0) (39) A942
SPECIFY: _____

15. Do you have any long-term medical condition that needs regular treatment or check-ups? Yes (1) No (0) (40) A943
SPECIFY: _____

16. Would you describe your health as: (41) A944
(1) Very good
(2) Fairly good
(3) Average
(4) Rather poor
(5) Very poor

Blank (42-77)

Interview given (78) A945

Card No. **37** (79-80)

A note to researchers: Those interested in allergies and asthma should contact Erin Flannery; those interested in STD should contact Nigel Dickson.

5

STRENGTHS: PHASE XXI

Here is a list of words and phrases which might apply to you.
Please put a circle around the words or phrases that are like you.
You can circle as many or as few as you like.

- | | |
|-------------------------------|-----------|
| 1. Kind | (5) A946 |
| 2. Trustworthy | (6) A947 |
| 3. Easy-going | (7) A948 |
| 4. Lots of interests, hobbies | (8) A949 |
| 5. Independent | (9) A950 |
| 6. Helpful | (10) A951 |
| 7. Creative | (11) A952 |
| 8. Confident | (12) A953 |
| 9. Good sense of humor | (13) A954 |
| 10. Good at sport | (14) A955 |
| 11. Popular | (15) A956 |
| 12. Reliable | (16) A957 |
| 13. Affectionate | (17) A958 |
| 15. Lively | (18) A959 |
| 16. Attractive | (19) A960 |
| 17. Healthy | (20) A961 |
| 18. Outgoing | (21) A962 |
| 19. Lots of common sense | (22) A963 |
| 20. Friendly | (23) A964 |
| 21. Careful | (24) A965 |
| 22. Good at music/art | (25) A966 |

ID no. (1-4)

Yes (2)
No (0)

Blank (26-77)

Interview given (78) A967

Card No. **38** (79-80)

6

PHASE XXI

ID No. (1-4)

Below is a list of 12 things that some people may worry about for their future. Please read each statement and **CIRCLE THE NUMBER THAT APPLIES**. Please do not miss any out.

	I am not worried about this	I am moderately worried about this	I am very worried about this		
1. Unemployment	0	1	2	(5)	A968
2. Failure to get a good job	0	1	2	(6)	A969
3. Failure to get a <u>particular</u> job	0	1	2	(7)	A970
4. Inadequate income or poverty	0	1	2	(8)	A971
5. Failure to pass examinations or achieve well at school, polytechnic or university.	0	1	2	(9)	A972
6. Failure to get in to some future training or education	0	1	2	(10)	A973
7. A breakdown in world peace, war or nuclear war.	0	1	2	(11)	A974
8. Own death	0	1	2	(12)	A975
9. Someone close dying	0	1	2	(13)	A976
10. Having a serious accident	0	1	2	(14)	A977
11. Getting very ill or becoming handicapped	0	1	2	(15)	A978
12. Getting AIDS	0	1	2	(16)	A979
13. Not finding the right partner	0	1	2	(17)	A980
14. Taking care of my parents as they grow older	0	1	2	(18)	A981

Of the 12 items above, what is your main worry for the future?

(19-20) B103

Write the number of the item here: _____

What is your second main worry?

(21-22) B104

Write the number of the item here: _____

All in all, using this scale, how do you feel about:

Circle the number that applies.

	Very Unhappy	Unhappy	Happy	Very Happy		
1. Your life as a whole?	1	2	3	4	(23)	A982
2. What you do in your spare time? (Sport, hobbies, music, etc.)	1	2	3	4	(24)	A983
3. How you get on with people?	1	2	3	4	(25)	A984
4. The money you get each week?	1	2	3	4	(26)	A985
5. Your social life?	1	2	3	4	(27)	A986
6. Your independence?	1	2	3	4	(28)	A987
7. The people you work or go to school with?	1	2	3	4	(29)	A988
8. Your standard of living?	1	2	3	4	(30)	A989
9. Your future?	1	2	3	4	(31)	A990

Blank (32-77)

Interview given

(78) A991

Card No.

39 (79-80)

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT

ATTITUDES TOWARDS SUN PROTECTION AND SKIN CANCER - PHASE XXI

First Name:

Series No.

(1-4)

These questions refer to what you think about sun protection and your general habits while in the sun.

[Code 0=No, 1= Yes,
7=Don't know,
8=Not applicable,
9=Missing]

1. How do you think the following activities affect your risk of getting melanoma? **Please tick.**

	(1) Increase My Risk	(2) Decrease My Risk	(3) Have Little Effect	(4) Have No Effect		
Getting a severe sunburn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)	A992
Use of an artificial sun bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6)	A993
Use of a sunscreen on a sunny day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7)	A994
Cover-up with a hat and clothing on a sunny day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8)	A995
Observe "burn times" as broadcast on TV and radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9)	A996
Sunbathe regularly using sunscreen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10)	A997
Avoid the sun in summer during the hours of 11am-4pm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11)	A998
Check skin for changes which could be skin cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12)	A999
Having a good base tan which was obtained by gradual exposure to the sun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13)	A1000

2. Do you have fewer sunburns now than you did when you were age 15? **Please tick.**

(14) A1001

NO ☐ [Skip to Question 4] YES ☐ [Continue]

IF YES, Why is this so?

.....

3. Since the age of 15, have you been sunburned so badly that you got blisters or were in pain for two or more days? **Please tick.**

(15) A1002

NO ☐YES ☐

4. If outside on a warm sunny day, how often would you use sunscreen? **Please tick.**

(16) A1003

(1)
Always
☐(2)
Most of the time
☐(3)
Sometimes
☐(4)
Never
☐

5. Do you think that you need to use sunscreen on sunny days more often? **Please tick.**

(17) A1004

NO ☐YES ☐

6. What would get you to use sunscreen more often? **Please tick all that apply.**

Lower cost

☐

(1)

(18) A1005

Faster to apply

☐

(2)

(19) A1006

If my friends used it

☐

(3)

(20) A1007

More proof that it works

☐

(4)

(21) A1008

If I thought I was at a higher risk

☐

(5)

(22) A1009

Other

☐

(6)

(23) A1010

7. Which would work best at getting you to use sunscreen more often? **Please tick only one.**

(24) A1011

Lower cost

☐

(1)

Faster to apply

☐

(2)

If my friends used it

☐

(3)

More proof that it works

☐

(4)

If I thought I was at a higher risk

☐

(5)

Other

☐

(6)

8. Have you deliberately checked your skin for changes which could be melanoma or other skin cancer in the last 12 months?

(25) A1012

Please tick.NO ☐YES ☐

9. Has someone else deliberately checked your skin for changes which could be melanoma or other skin cancer in the last 12 months? **Please tick.**

(26) A1013

NO ☐YES ☐

10. The last time your skin was checked, who checked it?

Please tick.

(27) A1014

Self

☐

(1)

Doctor/health professional

☐

(2)

Family member

☐

(3)

Skin-check clinic

☐

(4)

No-one; does not apply

☐

(5)

11. In the last 12 months, have you noticed any of these changes in a mole or freckle on your skin? **Please tick all that apply.**

Got bigger

☐

(28) A1015

Change in colour

☐

(29) A1016

Itching or tingling

☐

(30) A1017

Otherwise looked different

☐

(31) A1018

Change in shape

☐

(32) A1019

Noticed a new mole

☐

(33) A1020

Bleeding or weeping

☐

(34) A1021

I have not noticed any of these changes. **Please skip to Question 16.**☐

(35) A1022

12. Did you seek any medical advice? **Please tick.**

(3)

NO ☐YES ☐HAVEN'T YET BUT INTEND TO ☐

(36) A1023

13. For what reason did you not seek medical advice? **Please tick.**

Unsure what to do

☐

(1)

(37) A1024

Doctor too expensive

☐

(2)

(38) A1025

Seemed to clear up

☐

(3)

(39) A1026

Other: (Specify)

☐

(4)

(40) A1027

14. If a free skin check was organised by your work/university/ or community group, would you have your skin checked? **Please tick.**

NO

☐

YES

☐

(41) A1028

15. How would you describe your risk of getting melanoma?

High risk

☐

(1)

(42) A1029

Medium risk

☐

(2)

Low

☐

(3)

Don't know

☐

(7)

16. If you went out in the sun at the beginning of summer without protection for 15 minutes, which one of the following would happen to your skin? **Please tick.**

Get sunburned and not tan later

☐

(1)

(43) A1030

Get sunburned but tan later

☐

(2)

Get tanned but not sunburned

☐

(3)

Blank

(44-77)

GIVEN?

(78) A1031

CARD NO.

28 (79-80)

SMOKING QUESTIONNAIRE

DRS WARREN STANTON, ROB MCGEE & PHIL SILVA

SMOKING QUESTIONNAIRE - PHASE XXI

For Office Use

Name:

Date:

Series No.

(1-4)

[Code 0=No, 1=Possibly/Temporarily, 2=Yes/Definitely, 6=Other
7=Don't know, 8=Not applicable, 9=Missing]

SECTION A - Prevalence

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT CIGARETTE
SMOKING (INCLUDING ROLL-YOUR-OWN CIGARETTES).

- | | | | | | |
|----|--|------|-----|---------|-------|
| 1. | Do you usually smoke cigarettes every day? [00 = no] | NO | YES | (5) | A1032 |
| | IF <u>NO</u>, GO TO NEXT QUESTION. | | | | |
| | (a) How many cigarettes do you usually smoke in a day? | | | (6-7) | B105 |
| | (b) Have you been smoking every day for a month or more? | NO | YES | (8) | A1033 |
| | IF <u>NO</u>, GO TO QUESTION 5; IF <u>YES</u>, GO TO QUESTION 6. | | | | |
| 2. | Do you usually smoke one or more cigarettes in a week?
[00 = No] | NO | YES | (9) | A1034 |
| | IF <u>YES</u>, ASK PART (A) THEN GO TO QUESTION 5. | | | | |
| | (a) How many cigarettes do you smoke in a week? | | | (10-11) | B106 |
| 3. | Have you smoked in the last four weeks? | NO | YES | (12) | A1035 |
| | IF <u>YES</u>, ASK PART (a) THEN GO TO QUESTION 5. | | | | |
| | (a) How many cigarettes? | | | (13-14) | B107 |
| 4. | Have you smoked or puffed on a cigarette in the last
3 years, that is since your 18th birthday? | NO | YES | | |
| | IF <u>YES</u>, AT WHAT AGE? | | | | |
| | [00 = No, code most recent age = 18, 19, 20, 21] | | | | |
| 5. | Before this month had you smoked cigarettes every
day for a month or more? | NO | YES | (17) | A1036 |
| | IF <u>YES</u>, (a) was that in the last year? | NO | YES | (18) | A1037 |

6. Which of the following categories best describes your smoking. (SHOW CARD 1) 0 1 2 3 4 5 6 (19) A1038
 [0 = never smoked, 1 = non-smoker but have tried smoking, 2 = non-smoker but smoke occasionally, 3 = ex-smoker, 4 = occasional smoker, 5 = light smoker, 6 = heavy smoker]
7. **IF Q6 > 0**, how long has it been since you had your last cigarette? (20-22) C67
 [code number of hours, 888 = NA, 777 = more than a month half hour or less = 000]
- IF MORE THAN ONE MONTH**, code number of weeks (23-24) B109
 [66 = > 1 year]
8. **IF Q6 > 0**, what is/was your main reason for smoking? (SHOW CARD 2) (25) A1039
 [0 = addiction/craving, 1 = stimulation, 2 = relaxation/enjoyment, 3 = stress/tension, 4 = habit/activity, 5 = friends/social, 6 = other, specify]
9. **IF Q6 < 4**, Since you turned 18/quit smoking, have you contemplated smoking? NO YES (26) A1040
10. Which of the following categories best describes how much you smoked when you were age 18? (SHOW CARD 3) (27) A1041
 [1 = daily, 2 = weekly, 3 = in month prior to 18, 4 = in 3 years prior to 18, 5 = never]
11. Do you think you will smoke when you are older? NO 1 YES (28) A1042
12. If you have a spouse or steady partner, which of the categories on CARD 4 best describes them? (29) A1043
 [8 = NA] 0 1 2 3 4 5 6
13. Which of the categories on CARD 4 best describes your closest friend or person you have most contact with (other than partner)? (30) A1044
 0 1 2 3 4 5 6
14. (a) How much of today have you been exposed to someone else smoking? (SHOW CARD 5) None All (31) A1045
 0 1 2 3 4
- (b) How much of yesterday were you exposed to someone else smoking? (CARD 5) (32) A1046
 0 1 2 3 4
15. In the last year have you done anything to influence others not to smoke? (code action and object) NO YES (33) A1047
- IF YES**, what have you done? (34-35) B110

SECTION B - Cessation

16. Thinking of past efforts to change your behaviour, how easy or difficult do you think it would be for you to quit smoking (if you were a smoker?) (CARD 6) (36) A1048
[very easy 1 2 3 4 5 very difficult]

17. If you wanted to quit smoking, how would you rate your confidence in knowing how to do it? (CARD 7) (37) A1049
[very low 1 2 3 4 5 very high]

IF NOT SMOKED SINCE 18TH BIRTHDAY, GO TO SECTION C.
(Q4 = YES AND Q6 > 1)

18. How do you rate your current level of addiction to cigarettes? (CARD 8) (38) A1050
none 1 2 3 4 5 very high

19. On the following scale, each step represents where various smokers are in their thinking about quitting. (39) A1051
Which number indicates where you are now? (SHOW CARD 9)

<i>Quit more than 6 months ago. Specify</i> (months)	6
<i>Taking action to quit (stopped or cut down, doing a programme)</i>	5
<i>Thinking about how to change my smoking patterns</i>	4
<i>Think I should quit but not quite ready</i>	3
<i>Think I need to consider quitting someday</i>	2
<i>No thought of quitting</i>	1

20. Have you/you have tried to quit smoking since your 18th birthday? NO 1 YES (40) A1052

IF NO, GO TO SECTION C.

21. What is the longest time you quit smoking for? (41-43) C68
[Code weeks, 000 = < 5 days]

- (a) How long ago was that? (44-46) C69
[Code months, 000 = current attempt]

- (b) **IF NOT CURRENT ATTEMPT**, why did you resume smoking? (47) A1053
(SHOW CARD 10)
[0 = addiction craving, 1 = stimulation/boredom,
2 = relaxation/enjoyment, 3 = stress/tension, 4 = lack
of will power, 5 = friends/encouragement/social,
6 = other, specify]

22. When did you last try to quit smoking?
[Code months] (48-50) C70
23. The last time you quit or on this occasion, how often
did you do the following things to help you quit?
(SHOW CARD 11)
- | | <i>never</i> | | | | | <i>very
often</i> | | |
|--|--------------|---|---|---|---|-----------------------|------|-------|
| | 0 | 1 | 2 | 3 | 4 | 5 | | |
| (a) I read articles on non-smoking | 0 | 1 | 2 | 3 | 4 | 5 | (51) | A1054 |
| (b) I told myself I could quit | 0 | 1 | 2 | 3 | 4 | 5 | (52) | A1055 |
| (c) I thought emotionally about smoking's
effect on my health | 0 | 1 | 2 | 3 | 4 | 5 | (53) | A1056 |
| (d) I thought how the environment would
be better without smoking | 0 | 1 | 2 | 3 | 4 | 5 | (54) | A1057 |
| (e) I talked about my smoking with others | 0 | 1 | 2 | 3 | 4 | 5 | (55) | A1058 |
| (f) I removed things from work/home that
reminded me of smoking | 0 | 1 | 2 | 3 | 4 | 5 | (56) | A1059 |
| (g) I distracted myself with other
activities | 0 | 1 | 2 | 3 | 4 | 5 | (57) | A1060 |
| (h) I took notice of non-smoking signs | 0 | 1 | 2 | 3 | 4 | 5 | (58) | A1061 |
| (i) I thought about my dependence on
cigarettes | 0 | 1 | 2 | 3 | 4 | 5 | (59) | A1062 |
| (j) I considered the rewards I would get
from others | 0 | 1 | 2 | 3 | 4 | 5 | (60) | A1063 |
| (k) I thought about how my life would be
better without smoking | 0 | 1 | 2 | 3 | 4 | 5 | (61) | A1064 |
| (l) Other
Specify:..... | 0 | 1 | 2 | 3 | 4 | 5 | (62) | A1065 |
24. Which of the following statements describes your attempts
to quit or cut down? (SHOW CARD 12)
- | | | |
|---|---|--|
| <i>My previous efforts have made me confident I can quit</i> | 1 | |
| <i>My previous efforts haven't influenced my confidence
to quit</i> | 2 | |
| <i>My previous efforts have made me think I could not quit</i> | 3 | |
- (63) A1066
25. On the last occasion you quit, what level of support
to quit did you receive from people you have contact with?
(SHOW CARD 13)
- | | | | | | | | | |
|-------------|----------|----------|----------|----------|----------|---------------------------------|------|-------|
| <i>none</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>lots of positive support</i> | (64) | A1067 |
|-------------|----------|----------|----------|----------|----------|---------------------------------|------|-------|

26.	Do you plan to make an attempt to quit in the next year? [IF Q19 = 6 (ex-smoker) if you smoked again]	NO 1 YES	(65)	A1068
	CARD NO.		60	(79-80)

SECTION C - Dependence

Series No.

(1-4)

IF RESPONDENT HAS NOT SMOKED DAILY FOR AT LEAST A MONTH IN THE LAST YEAR, GO TO SECTION D. THAT IS, THE FOLLOWING QUESTIONS ARE GIVEN ONLY IF QUESTION 1b OR QUESTION 5a IS ANSWERED YES.

27.	What brand do you smoke? [Code 1 = cigarette, 2 = roll your own]		(5)	A1069
	[Code for tar content, mg/cig]		(6-7)	B111
	[Code for nicotine content, mg/cig]		(8-10)	H1
28.	Do you inhale? [0 = never, 1 = sometimes, 2 = always]		(11)	A1070
29.	Do you smoke more during the morning than during the rest of the day?	NO YES	(12)	A1071
30.	How soon after you wake up do you smoke your first cigarette? [code number of minutes, > 16 hours = 966]	(13-15)	C71
31.	Which cigarette would you hate to give up? (SHOW CARD 14) [0 = none, 1 = first in morning, 2 = after a hot drink, 3 = after a meal, 4 = with alcohol, 5 = when craving, 6 = other, specify] 0 1 2 3 4 5		(16)	A1072
32.	Do you find it difficult to refrain from smoking in places it is forbidden, eg in church, library, cinema?	NO YES	(17)	A1073
33.	Do you smoke if you are so ill that you are in bed most of the day?	NO YES	(18)	A1074
34.	In the last year have you often had periods of days when you smoked a lot more cigarettes than you intended to?	NO YES	(19)	A1075

35. In the last year have you more than once wanted to quit or cut down on smoking? **NO YES** (20) A1076
IF YES:
(a) Why? (21) A1077
.....
[0 = no reason, 1 = health, 2 = addiction/break habit,
3 = cost, 4 = unacceptable/image, 5 = fitness/ sport,
6 = advice of health professional, 7 = social pressures,
8 = children, 9 = legislation, 66 = other]
36. In the last year have you tried to quit or cut down on smoking? **NO YES** (22) A1078
IF NO, GO TO QUESTION 42
37. Did you find you couldn't quit or cut down? **NO YES** (23) A1079
(Confirm)
38. How many times have you tried in the last year? (24) A1080
[Code number of times; 6 = 6 or more]
- (a) What methods have you used? (PROMPT: How did you do it? Programme? Medication?)
- For each part of (a):
Did it help you quit or cut down?
- **NO 1 YES** (25) (26) A1081 A1082
- **NO 1 YES** (27) (28) A1083 A1084
- **NO 1 YES** (29) (30) A1085 A1086
- (b) Have you gone to a doctor or other professional about quitting or cutting down? **NO YES** (31) A1087
Specify (if not doctor)
- Did that help you quit or cut down? **NO 1 YES** (32) A1088
- (c) Have you sought assistance from any other source? (Prompt: self-help group, cessation course.) **NO YES** (33) A1089
IF YES, specify
- Did that help you quit or cut down? **NO 1 YES** (34) A1090

39. How many times have you tried to quit or cut down on smoking for 2 weeks or more in the last year? (35) A1091
[Code number of times; 6 = 6 or more]
40. Now I'm going to ask you about some problems you might have had in the first day or two after you quit or cut down.
READ ITEMS A - L, and CODE "YES" OR "NO" FOR EACH:
- | | | | | | |
|--|----|---|-----|------|-------|
| (a) For instance, did you crave a cigarette? | NO | 1 | YES | (36) | A1092 |
| (b) Were you irritable or angry? | NO | 1 | YES | (37) | A1093 |
| (c) Were you nervous? | NO | 1 | YES | (38) | A1094 |
| (d) Were you restless? | NO | 1 | YES | (39) | A1095 |
| (e) Did you have trouble concentrating? | NO | 1 | YES | (40) | A1096 |
| (f) Did you have headaches? | NO | 1 | YES | (41) | A1097 |
| (g) Were you drowsy? | NO | 1 | YES | (42) | A1098 |
| (h) Did you have an upset stomach? | NO | 1 | YES | (43) | A1099 |
| (i) Did your heart slow down? | NO | 1 | YES | (44) | A1100 |
| (j) Did your appetite increase or did you gain weight? | NO | 1 | YES | (45) | A1101 |
| (k) Did your hands shake? | NO | 1 | YES | (46) | A1102 |
| (l) Did you feel depressed? | NO | 1 | YES | (47) | A1103 |
41. What is the longest time any of these problems from cutting down lasted? (48) A1104
[Round to nearest week 0 = 1-3 days, 1 = 4-10 days, 6 = 6 or more]
- IF LESS THAN 4 WEEKS AND QUIT 3 TIMES OR MORE (QUESTION 39 > 2), THEN:**
- | | | | | |
|--|----|-----|------|-------|
| (a) Do you have these problems several times after cutting down? | NO | YES | (49) | A1105 |
|--|----|-----|------|-------|
42. Do you keep smoking tobacco to avoid problems like getting irritable or gaining weight (or any problem coded yes in Question 40)? (50) A1106
NO YES
43. In the last year did smoking cause you any health problems (pause) like coughs, problems with heart or blood pressure or lung trouble? (51) A1107
NO YES
-

IF YES:

- (a) Have you gone to a doctor or other professional about this problem? NO YES (52) A1108
-

- (b) Did you continue to smoke after you knew that it caused you health problems? NO YES (53) A1109

IF YES, GO TO QUESTION 45.

44. Have you continued to smoke when you had a serious illness that you knew made it unwise to smoke? NO 1 YES (54) A1110

45. In the last year did smoking cause you any other physical, emotional or psychological problems? NO YES (55) A1111
-

IF YES:

- (a) Have you gone to a doctor or other professional about this problem? NO YES (56) A1112
-

- (b) Did you continue to smoke after you knew it caused this problem? NO YES (57) A1113

46. In the last year, have you given up or greatly reduced any important activity in order to smoke - such as sports, work or associating with friends or relatives? NO 1 YES (58) A1114

IF YES:

- (a) Have you repeatedly given up an important activity to smoke, or have you done so for at least a month? NO YES (59) A1115

SECTION D - Attitudes

47. How acceptable is smoking: (SHOW CARD 15)
- | | | | | | | |
|-------------|-------------------|---|---|-----------------|---|------------|
| | Very unacceptable | | | Very acceptable | | |
| (a) to you? | 1 | 2 | 3 | 4 | 5 | (60) A1116 |

- | | | | | | | |
|--|---|---|---|---|---|------------|
| (b) to New Zealand society at this time? | 1 | 2 | 3 | 4 | 5 | (61) A1117 |
|--|---|---|---|---|---|------------|

48. Should cigarettes be sold only to those who register as smokers and be withdrawn from sale to other people? NO 1 YES (62) A1118

49. It has been suggested that cigarettes be sold in plain packs showing only the brand name and health warning. Do you agree or disagree with this? (63) A1119

[Disagree = 0 Agree = 1]

- | | | | | | | |
|-----|---|-----------|------------|----------|-------------|---------|
| 50. | <i>Consent for smokerlizer test of exhaled air</i> | NO | YES | | (64) | A1120 |
| | (a) CO level [<i>parts per million</i>] | | | | (65-68) | G1 |
| 51. | <i>Endurance level (holding breath) [code seconds]</i> | | | | | |
| | (a) Time to first perception of difficulty | | | | (69-71) | C72 |
| | (b) Total time | | | | (72-74) | C73 |
| 52. | <i>Interviewer [1 = Judy, 2 = Maria, 3,4,5 = other]</i> | | | | (75) | A1121 |
| 53. | <i>Type of interview [1 = full, 2 = short]</i> | | | | (76) | A1122 |
| | | | | CARD NO. | (61) | (79-80) |
| 54. | <i>Information requested about cessation? [Don't code]</i> | NO | YES | | | |

BIOMEDICAL STUDIES OF BLOOD

**DRS PAUL FAWCETT, DIANA MARTIN, GIL BARBEZAT
& PHIL SILVA**

BIOMEDICAL STUDIES OF BLOOD

Name:

For Office Use

ID No. (1-4)

MEDICATION HISTORY

The following questions are designed to determine what medicine(s) you are taking or have taken during the past year.

1. Are you taking any medicine(s) prescribed by your doctor at the present time, and for what condition?

(Exclude oral contraceptives)

1 = YES 0 = NO

(5) A1123

If YES:**Name of Medicine****Condition**

.....

(6-7)(8-9) B112 B113

.....

(10-11)(12-13) B114 B115

.....

(14-15)(16-17) B116 B117

Others:

1 = YES 0 = NO

(18) A1124

If yes, please specify:

2. Apart from these, have you been prescribed or have you taken any medicine(s) for the following conditions during the past year? (**SHOW CARD 1**)

(a) Infections (e.g. Penicillin, Flagyl)

1 = YES 0 = NO

(19) A1125

If yes:**Name of Medicine****Condition**

.....

(20-21)(22-23) B118 B119

.....

(24-25)(26-27) B120 B121

.....

(28-29)(30-31) B122 B123

Others:

1 = YES 0 = NO

(32) A1126

If yes, please specify:

(b) Stomach or abdominal problems (e.g. Quikeze, Mylanta)

1 = YES 0 = NO

(33) A1127

If YES:

Name of Medicine

Condition

.....

(34-35)(36-37) B124 B125

.....

(38-39)(40-41) B126 B127

.....

(42-43)(44-45) B128 B129

Others:

1 = YES 0 = NO

(46) A1128

If yes, please specify:

(c) Pain or inflammation (e.g. Aspro, Nurofen)

1 = YES 0 = NO

(47) A1129

If YES:

Name of Medicine

Condition

.....

(48-49)(50-51) B130 B131

.....

(52-53)(54-55) B132 B133

.....

(56-57)(58-59) B134 B135

Others:

1 = YES 0 = NO

(60) A1130

If yes, please specify:

(d) Other conditions

1 = YES 0 = NO

(61) A1131

If YES:

Name of Medicine

Condition

.....

(62-63)(64-65) B136 B137

.....

(66-67)(68-69) B138 B139

.....

(70-71)(72-73) B140 B141

CARD NO.

50 (79-80)

BIOMEDICAL STUDIES OF BLOOD**For Office Use**

Name:

ID No. (1-4)

STREPTOCOCCUS STUDY

Streptococci cause sore throats but they can also cause some nasty and life-threatening illnesses. The following questions will enable us to determine what immunity you had at age 11 and if you were protected from subsequent streptococcal infections.

1. Did you suffer from sore throats during your childhood (to age 11 years)? (**SHOW CARD 1**)

0 = Never 1 = Rarely 2 = Occasionally 3 = Regularly

(5) A1132

2. Have you suffered from sore throats during your teenage years? (**SHOW CARD 1**)

0 = Never 1 = Rarely 2 = Occasionally 3 = Regularly

(6) A1133

3. Have you had any of the following diseases?

If you answer "**YES**", please indicate how old you were when you suffered from the disease.

- (a) Rheumatic fever/Rheumatic heart disease

1 = YES 0 = NO 7 = DON'T KNOW

(7) A1134

If yes, how old were you.....

(8-9) B142

- (b) Kidney disease (other than infection)

1 = YES 0 = NO 7 = DON'T KNOW

(10) A1135

If yes, how old were you.....

(11-12) B143

- (c) Scarlet Fever

1 = YES 0 = NO 7 = DON'T KNOW

(13) A1136

If yes, how old were you.....

(14-15) B144

4. Has anybody with whom you have had close contact had rheumatic fever or rheumatic heart disease?

1 = YES 0 = NO 7 = DON'T KNOW

(16) A1137

If you answer "**YES**", please indicate (over page) what relationship they are to you and when (approximate year) they suffered from the disease.

What relationship are they to you? When (approximate year)?

..... (17-18)(19-20) B145 B146

..... (21-22)(23-24) B147 B148

..... (25-26)(27-28) B149 B150

DIGESTION RELATED SYMPTOMS

The following questions aim to determine if you have any problem with your eating habits or digestion. They are part of a study of the causes of peptic ulcer.

To what extent have you experienced the following digestion-related symptoms in the past year? (**SHOW CARD 2/CARD3**)

	Never	Rarely	Some- Times	Often	All the Time		
(a) Loss of appetite	0	1	2	3	4	(29)	A1138
(b) Inability to finish	0	1	2	3	4	(30)	A1139
(c) Indigestion/ Heartburn	0	1	2	3	4	(31)	A1140
(d) Abdominal pain or discomfort	0	1	2	3	4	(32)	A1141
(e) Feeling sick with- out vomiting (i.e. nauseous)	0	1	2	3	4	(33)	A1142
(f) Other, e.g. diarrhoea, constipation (please specify)							
.....	0	1	2	3	4	(34)	A1143
.....	0	1	2	3	4	(35)	A1144
.....	0	1	2	3	4	(36)	A1145

CARD NO.

51 (79-80)

BIOMEDICAL STUDIES OF BLOOD**For Office Use**

Name:

ID No. (1-4)

LEAD EXPOSURE STUDY

The following questions aim to determine if you have been exposed to environmental lead during the past year. They are part of a study of whether lead is still a significant pollutant in New Zealand.

A. DWELLING

1. In the past year, where did you live? (**SHOW CARD 1**) (5) A1146

- 0 = In the country (e.g. on a farm)
 1 = In a small town (< 10,000 people)
 2 = In a small city (10,000-50,000 people)
 3 = In a suburb of a large city (< 1 km from centre)
 4 = In or near a large city centre (within 1 km)

2. Was your house within 50 metres of a busy road (> 12 vehicles/minute at peak traffic flow)? (6) A1147

1 = YES 0 = NO

3. What kind of house did you live in? (**SHOW CARD 2**) (7) A1148

- 0 = A brick or stone house
 1 = A roughcast (stucco) house
 2 = A painted wooden house
 3 = Other (please specify):

4. If you lived in a wooden house:

- (a) When was the house built? (8) A1149

0 = post 1970 1 = 1920-1970 2 = pre-1920

- (b) Was the house repainted in the past year? (9) A1150

1 = YES 0 = NO 7 = DON'T KNOW

- (c) If your house was repainted, were you personally involved in paint-stripping of the old paint? (10) A1151

1 = YES 0 = NO

B. OCCUPATION

In the past year, as part of your occupation or employment,
have you been involved in any of the following activities?

(11) A1152

(SHOW CARD 3)

1 = YES

0 = NO

IF YES, please specify for how long for individual activities.**(a) Radiator repair work?**

For how long? (Code no. of months, 00-12)

(12-13) B151

Did you wear respiratory protection? 1 = YES 0 = NO

(14) A1153

(b) Car mechanical work?

For how long? (Code no. of months, 00-12)

(15-16) B152

Did you wear respiratory protection? 1 = YES 0 = NO

(17) A1154

(c) Engine reconditioning?

For how long? (Code no. of months, 00-12)

(18-19) B153

Did you wear respiratory protection? 1 = YES 0 = NO

(20) A1155

(d) Muffler/car exhaust repair?

For how long? (Code no. of months, 00-12)

(21-22) B154

Did you wear respiratory protection? 1 = YES 0 = NO

(23) A1156

(e) Panelbeating?

For how long? (Code no. of months, 00-12)

(24-25) B155

Did you wear respiratory protection? 1 = YES 0 = NO

(26) A1157

(f) House painting?

For how long? (Code no. of months, 00-12)

(27-28) B156

Did you wear respiratory protection? 1 = YES 0 = NO

(29) A1158

(g) Petrol station work?

For how long? (Code no. of months, 00-12)

(30-31) B157

Did you wear respiratory protection? 1 = YES 0 = NO

(32) A1159

(h) Metalwork/welding?

For how long? (Code no. of months, 00-12)	(33-34)	B158
Did you wear respiratory protection?	1 = YES 0 = NO	(35)	A1160

(i) Battery repair?

For how long? (Code no. of months, 00-12)	(36-37)	B159
Did you wear respiratory protection?	1 = YES 0 = NO	(38)	A1161

(j) Scrap-metal work?

For how long? (Code no. of months, 00-12)	(39-40)	B160
Did you wear respiratory protection?	1 = YES 0 = NO	(41)	A1162

(k) Plastic manufacture?

For how long? (Code no. of months, 00-12)	(42-43)	B161
Did you wear respiratory protection?	1 = YES 0 = NO	(44)	A1163

(l) Traffic police work?

For how long? (Code no. of months, 00-12)	(45-46)	B162
Did you wear respiratory protection?	1 = YES 0 = NO	(47)	A1164

(m) Foundry work?

For how long? (Code no. of months, 00-12)	(48-49)	B163
Did you wear respiratory protection?	1 = YES 0 = NO	(50)	A1165

(n) Gascutter/welding?

For how long? (Code no. of months, 00-12)	(51-52)	B164
Did you wear respiratory protection?	1 = YES 0 = NO	(53)	A1166

(o) Boat building?

For how long? (Code no. of months, 00-12)	(54-55)	B165
Did you wear respiratory protection?	1 = YES 0 = NO	(56)	A1167

(p) Pottery work?

For how long? (Code no. of months, 00-12)

(57-58) B166

Did you wear respiratory protection? 1 = YES 0 = NO

(59) A1168

(q) Soldering?

For how long? (Code no. of months, 00-12)

(60-61) B167

Did you wear respiratory protection? 1 = YES 0 = NO

(62) A1169

C. RECREATIONAL

1. In the past year, as part of your leisure activities, have you been involved in any of the following? (**SHOW CARD 4**)

	Never	Rarely	Sometimes	Often		
(a) Metalwork/Welding?	0	1	2	3	(63)	A1170
(b) Soldering?	0	1	2	3	(64)	A1171
(c) Working on cars?	0	1	2	3	(65)	A1172
(d) Making or repairing genuine lead lights?	0	1	2	3	(66)	A1173
(e) Making lead bullets or shot?	0	1	2	3	(67)	A1174
(f) Making lead sinkers (for fishing)?	0	1	2	3	(68)	A1175
(g) Small-bore rifle shooting?	0	1	2	3	(69)	A1176

2. If you work on cars as a hobby, please specify:

(a) The type of car	Year:	(70)	A1177
past year?	Make:	(71)	A1178
(b) The type of fuel used?		(72)	A1179
0 = LPG/CNG 1 = Unleaded 2 = Super 3 = Diesel			

Card No.

52 (79-80)

ASSAULT

DRS JOHN LANGLEY & TEMI MOFFITT

Final Form OF QUESTIONS ISSUES TO BE COVERED IN ASSAULT
QUESTIONNAIRE

1 April 1993

The questionnaire has 4 sections. Sections 1 and 4 are to be completed for all interviewees. Sections 2 and 3 refer to a specific incident.

SECTION 1 INTRODUCTION, AND DETERMINING INCIDENCE.

Covers introduction, defines assault, and determines incidence

**SECTION 2 and 3 DESCRIPTION OF CIRCUMSTANCES &
OUTCOME OF ASSAULTIVE EVENT**

This section seeks a detailed description of the event which had the greatest impact on the victim.

SECTION 2 CIRCUMSTANCES AND OUTCOMES - probe questions and coding.

SECTION 3 PSYCHOLOGICAL IMPACT - probe questions and coding.

SECTION 4 CONCERN, PREVENTION

This section deals with **general attitudes to violence and prevention.**

instructions to interviewers in italics.

Questions in bold to be asked of all.

Indented questions in bold are follow-up questions. Asking these is dependent on response to previous question.

(Questions in brackets may not need to be asked or can be asked in a different manner to that suggested.) Use to gain extra information or to clarify the situation

cards . Cards that are used should be shown to all S

SECTION 1: DETERMINING INCIDENCE

Introduction

In this session we want to ask you about times when you have been assaulted by another person or groups of people.

You may have been asked about this earlier today, but in this interview we are only concerned with things that have happened in the last 12 months. Our main aim is to get some idea of how often people of your age are assaulted.

Some of the material we cover may be a bit personal, and I realise that some things may be difficult for you to discuss. If at any time you prefer not to talk about it, you can pass on any question you like.

We have got a list of groups who help in this area, that we are giving to everyone at the end of the interview.

Finally, as you know, everything you say to me will remain strictly confidential.

We are interested in

show card 1.

Deliberate harm by another person

Anybody, from partner to complete stranger

Within the last 12 months

Physical Assault

First of all I want to ask some questions about physical assault. *Check that willing to continue.* Is that OK?

These are the sort of situations we are interested in.

show card 2

- * Hitting, punching
- * Hitting with something
- * Kicking
- * Biting
- * Choking
- * Arm twisting
- * Pushing, shoving
- * Using weapon (gun, knife, etc)
- * Burning or scalding

1.1 In the last 12 months, has anyone deliberately harmed you in any of these ways.

If no, add the following

We are interested in any time when someone has done any of those to you, not just times when you were injured.
and

It could be anybody, male or female.

If yes, ask 1.2

if no, go to 1.23, page 8

1.2 Could you tell me how many times in the last 12 months

record actual number on grid.....

Hospitalisation

1.3. Did this incident (any of these incidents) result in your having to stay in hospital overnight

if yes, continue through 1.4 to 1.7, else go to 1.8, next page

Record number

**1.4 Who was it who harmed you (for single incident)
(How many times did each of these harm you) (for more than one)**

show card 3

- 1.Partner
- 2.Stranger
- 3.someone else

**1.5 Were they male or female (single)
(How many were by a male? How many were by a female?)(multiple)**

**1.6 Had they had been drinking in 2 hours previously (single)
(How many times had the person been drinking in the two hours beforehand)(multiple)**

**1.7 Did this (all these) happen in N.Z. check whether or not
sample member has been out of N.Z. If no, need not repeat this question in
other sections**

Fill in these details along 1st row of grid

Medical Attention

1.8 (How many times) did you have to see somebody medical, but not have to stay in hospital

if yes, continue through 1.9 to 1.12, else go to 1.13, next page

Record number

**1.9 Who was it who harmed you (for single incident)
(How many times did each of these harm you) (for more than one)**

show card 3

- 1.Partner
- 2.Stranger
- 3.someone else

**1.10 Were they male or female (single)
(How many were by a male? How many were by a female?)(multiple)**

**1.11 Had they had been drinking in 2 hours previously (single)
(How many times had the person been drinking in the two hours beforehand)(multiple)**

1.12 Did this (all these) happen in N.Z.

Fill in these details along 2d row of grid

First Aid

1.13 (How many times) did you get first aid treatment from yourself or someone non-medical

if yes continue through 1.14 to 1.17, else go to 1.18, next page

Record number on grid

Record number

**1.14 Who was it who harmed you (for single incident)
(How many times did each of these harm you) (for more than one)**

show card 3

1. Partner
2. Stranger
3. Someone else

**1.15 Were they male or female (single)
(How many were by a male? How many were by a female?)(multiple)**

**1.16 Had they had been drinking in 2 hours previously (single)
(How many times had the person been drinking in the two hours beforehand)(multiple)**

1.17 Did this (all these) happen in N.Z.

Fill in these details along 3d row of grid

No treatment

1.18 So does that leave (n) times when you didn't actually seek any sort of medical treatment

if n > 0 ask 1.19 to 1.22, else go to 1.23, next page

**1.19 Who was it who harmed you (for single incident)
(How many times did each of these harm you) (for more than one)**

show card 3

1. Partner
2. Stranger
3. Someone else

**1.20 Were they male or female (single)
(How many were by a male? How many were by a female?)(multiple)**

**1.21 Had they had been drinking in 2 hours previously (single)
(How many times had the person been drinking in the two hours beforehand)(multiple)**

1.22 Did this (all these) happen in N.Z.

Attempts at assault

1.23 In the last 12 months, has anyone actually tried to harm you in any of these ways, but not been successful

show card 2 again

- * Hitting, punching
- * Hitting with something
- * Kicking
- * Biting
- * Choking
- * Arm twisting
- * Pushing, shoving
- * Using weapon (gun, knife, etc)
- * Burning or scalding

If yes, ask 1.24 to 1.27, else go to 1.28, next page

1.24 How many different times was that

1.25 Who was it ? *(for single incident)*
(Which of these was it) *(for more than one)*

show card 3

1. Partner
2. Stranger
3. Someone else

1.26 Were they male or female *(single)*
(How many were by a male? How many were by a female?)(*multiple*)

1.27 Had they had been drinking in 2 hours previously *(single)*
(How many times had the person been drinking in the two hours beforehand)(*multiple*)

1.28 Did this (all these) happen in N.Z.

Threats of assault

1.29 In the last 12 months, has anyone actually threatened to harm you in any of these ways.

show card 2 again

- * Hitting, punching
- * Hitting with something
- * Kicking
- * Biting
- * Choking
- * Arm twisting
- * Pushing, shoving
- * Using weapon (gun, knife, etc)
- * Burning or scalding

1.30 How many different times was that?

Record number

**1.31 Who was it who threatened to harm you? (for single incident)
(Which of these was it) (for more than one)**

show card 3

1. Partner
2. Stranger
3. Someone else

**1.32 Were they male or female (single)
(How many were by a male? How many were by a female?)(multiple)**

**1.33 Had they had been drinking in 2 hours previously (single)
(How many times had the person been drinking in the two hours beforehand)(multiple)**

1.34 Did this (all these) happen in N.Z.

***End of Physical assault schedule. Go to Sexual assault schedule,
1.35, next page***

Sexual Assault

Another form of assault is sexual assault, or unwanted sex.

Would you mind if I asked you a few questions about that? Don't forget, you can pass any time you want to.

There are different degrees of sexual assault, but the sort we want to know about first is forced sex. By sex we mean vaginal, oral or anal intercourse. It could also mean someone putting other objects inside you.

Sex by force

1.35 Have there been any times in the last 12 months when someone has grabbed you or held you and had sex with you when you didn't want it?

if yes, ask 1.36 and 1.37 else go to 1.38

1.36 How many times?

1.37 Which of these people was involved? (Were they male or female?)

show card 4

1. Stranger
2. Acquaintance
3. Someone you were going out with
4. Partner
5. Someone else

Sex by threats

1.38 In the last 12 months have you had sex because you were frightened someone would hurt you physically if you didnt? (Apart from the time you just mentioned)

If yes, ask 1.39 and 1.40, else go to 1.41

1.39 How many times?

1.40 Which of these people was involved? (Were they male or female?)

show card 4

1. Stranger
2. Acquaintance
3. Someone you were going out with
4. Partner
5. Someone else

Sex by drink or drugs

1.41. In the last 12 months has anyone made you have sex by getting you drunk or high on drugs?

if yes, ask 1.42 and 1.43, else go to 1.44

1.42 How many times

1.43 Which of these people was involved (Were they male or female?)

show card 4 again

Sex by force or threats, unsuccessful

1.44. Have there been any times in the last 12 months when someone has grabbed you or threatened you and actually tried to have sex with you, but not succeeded?
(Did you think they meant to have sex with you?)

if yes, ask 1.45 and 1.46 else go to 1.47

1.45 How many times

1.46 Which of these people was involved (Were they male or female?)

show card 4 again

Genital contact

A.

1.48. Have there been other times in the last 12 months when anyone forced you to touch their or someone else's genitals when you didn't want them to.

if yes, ask 1.49 and 1.50 else go to 1.51

1.49 How many times

1.50 Which of these people was involved (Were they male or female?)

show card 4 again

B.

1.51. Have there been other times in the last 12 months when anyone grabbed you or threatened you and touched your genitals (or your breasts) when you didn't want them to. (ask females about breasts)

(continued on next page)

if yes, ask 1.52 and 1.53 else go to 1.54

1.52 How many times

1.53 Which of these people was involved (Were they male or female?)

show card 4 again

Authority figure

1.54 Again in the last 12 months, has anyone in a position of authority over you taken advantage of their position to make sexual advances to you. eg anyone on this list

(include incidents already mentioned)

Show card 5

- | | |
|------------------------|-------------------|
| 1. Medical person | 2. Teacher |
| 3. Religious worker | 4. Counsellor |
| 5. Employer | 6. Older relative |
| 7. Other senior person | |

If positive for 1.54 ask 1.55 else go to 1.56

1.56 Which of these was types of people was it?

refer to card 5 again

Code 0=no, 1=yes for each box. Do not attempt to get number of incidents

End of sexual assault. End of incidence section

If positive on any questions go to page 15. Else go to section 4, page 27

Lead in to detailed incident

If any incident recorded, continue, otherwise go to section 4, page 28

If single positive response to all incidence questions go to 1.57

If More than one positive response, go to 1.58

Single Incident

1.57 You've told me about an incident where (paraphrase). I would like to learn a bit more about what happened and who was involved.

(How do you feel about talking about it? Remember that everything you say is confidential)

(Could you just tell me in your own words what happened?)

More than one incident

1.58 (You have told me about more than one incident where.....)

(Is there one incident that you remember in particular that affected you most?) (It could be a physical or a sexual assault)

if no

(Could you think of one typical incident)

(We would like to learn a bit more about what happened that time. How do you feel about talking about it?)

(Remember, anything you say is confidential, but if you find any of these things distressing, you dont have to talk about them if you dont want to.) (If Okay)

(Could you tell me in your own words what happened?)

In section 2 Subject describes event in own words. Record detail on coding sheet. Probe if necessary. Use coding checklist to make sure all details are gathered.

SECTION 2

Probes and coding for description of major Incident

WHERE IT HAPPENED

2.1 Where did the incident occur?

- 01. Your home (incl. house shared with assailant)
- 02. Assailant's home
- 03. Someone elses home
- 04. Street/highway (excls car)
- 05. Motor vehicle (excls public transp)
- 06. Hotel/tavern
- 07. Nightclub
- 08. Sports ground/premises
- 09. Public transport, including chartered transport
- 10. Work
- 11. Car park, incl hotel carpark
- 12. Alleyway
- 13. Outdoor area (e.g. beach, park, forest)
- 14. Retail area
- 15. Other rented premises, incl. clubrooms, hall
- 16. Over the phone (for threats)
- 66. Other place
- 77. Dont know
- 88. Not Applicable

2.2 Did it happen in New Zealand?

- 0. No (*note country*)
- 1. New Zealand

WHEN IT HAPPENED

2.3 How long ago did it happen?

record Number of months ago.

If >1 Incident go to 2.4

If isolated incident, go to 2.6, next page

2.4 How long ago was the first time this sort of thing happened (with this person) ?

Number of months ago began.....

Go beyond 12 month period if necessary.

and 2.5 How long ago did the last incident occur?

Number of months ago finished.....

2.6 What time of the day did it happen?

Record time on 24 hr clock notation.....

2.7 What day of the week did it happen?

01. Monday 02. Tuesday 03. Wednesday 04. Thursday 05. Friday

06. Saturday 07. Sunday 08. Weekday, unsure 09. Weekend, unsure

77. Dont know

ASSAILANT DETAILS

2.8 Who attacked you?

- 01. Partner
- 02. Boyfriend, girlfriend
- 03. Ex partner
- 04. Parent
- 05. Sibling
- 06. Step-parent
- 07. Other relative
- 08. Flatmate
- 09. Close friend
- 10. Acquaintance
- 11. Stranger
- 12. Person in position of influence or authority (e.g. teacher, doctor, police)
- 66. Other
- 77. Dont know
- 88. Not Applicable

2.9 What sex were/was the assailant/s?)

- 1. Female
- 2. Male.
- 3. Male &Female.
- 7. Dont Know

2.10 (*Ask if more than one*)

How many (hit/threatened) you personally?

- 1. One
- 2. Two
- 3. Three to five
- 4. Six to nine
- 5. Ten or more

2.10A How many were there in their group altogether?

- 1. One
- 2. Two
- 3. Three to five
- 4. Six to nine
- 5. Ten or more

ASSAILANTS DRUGS AND ALCOHOL USE

2.11 Had the person/s who (attacked/threatened) you been drinking alcohol in the two hours before this incident?

0. No 1. Yes 7. Dont Know 8. Not Applicable

If sequence of events or most typical event, also ask 2.12 else go to 2.13

2.12 Had (the person) usually been drinking when this happened?

0. No 1. Sometimes 2. Occasionally 3. Usually 4. Always

2.13 Had the person/s who attacked/threatened taken any drugs in the two hours before?

1. Yes 0. No 8. Not Applicable 7. Dont Know

WHAT HIT WITH

2.14 What did they hit you with? Did they use anything else?

- 00 Nothing
- 01. Hands, including fists
- 02. Feet
- 03. Other parts of their body
- 04. Firearm
- 05. Knife
- 06. Other sharp object (e.g. broken glass, scissors)
- 07. Blunt object (e.g. baseball bat, piece of wood)
- 08. Fire/flames/ hot objects (e.g. cigarette burns)
- 09. Chemicals (e.g. acid, caustic)
- 10. Thrown object (code knife as 05, broken bottle as 07)
- 11. Dragged along, choked, etc
- 12. Threw against something

VICTIM DETAILS

2.15 How many of you were attacked by this person(s) *(If not single victim)*

1. One 2. Two 3. Three to five 4. Six to nine 5. 10 or more

2.15A How many of your group were involved altogether, *(ie in conflict, or its resolution)*

1. One 2. Two 3. Three to five 4. Six to nine 5. 10 or more

VICTIM DRUG/ALCOHOL USE

2.16 Had you been drinking alcohol in the two hours before this incident?

1. Yes 0. No 8. Not Applicable 7. Dont Know

If sequence of events or most typical event, also ask 2.16A else go to 2.17

2.16A Had you usually been drinking within the two hours before (something like this) happened?

0. No 1. Sometimes 2. Occasionally 3. Usually 4. Always

2.17 Had you used any (other) drugs before this incident?

1. Yes 0. No 8. Not Applicable 7. Dont Know

FIGHTING BACK

2.18 What did you do when you were (*paraphrase*) (Did you fight back at all? Did you use anything else?)

0. No 1. Yes 2. Started it (self-admitted)

2.19 Record weapons used by victim

- 00 Nothing
- 01. Hands, including fists
- 02. Feet
- 03. Other parts of their body
- 04. Firearm
- 05. Knife
- 06. Other sharp object (e.g. broken glass, scissors)
- 07. Blunt object (e.g. baseball bat, piece of wood)
- 08. Fire/flames/ hot objects (e.g. cigarette burns)
- 09. Chemicals (e.g. acid, caustic)
- 10. Thrown object (code knife as 05, broken bottle as 07)
- 11. Dragged along, choked, etc
- 12. Threw against something
- 13. Yelled, screamed, verbal

SEXUAL CONTACT

2.20 Was there any sexual contact or intention of sexual contact associated with this event? Ask if unsure

1. Yes 0. No 8. Not Applicable 9. Dont Know

If yes ask 2.21, else go to 2.22

2.21 What did they do?

- | | | |
|--------------------|--------------------------|------------------|
| 1. Intercourse | 2. Attempted intercourse | 3. Oral/anal sex |
| 4. Genital contact | 5. Non-genital contact | 6. Other |

INJURY to VICTIM

2.22 Record type of physical assault experienced

- 01 Minor Assault, incl slapping, shoving, grabbing, etc
- 02 Assault with fists, feet, etc
- 04 Assault with weapon or object
- 05 Attempted assault
- 06 Attempted assault with weapon or object
- 07 Threat of assault
- 08 Threat of assault with weapon or object
- 09 Sex with force, no physical assault
- 10 Sex with threats (If not 07 or 08)
- 11. Sex by getting drunk, no physical assault
- 12. Minor sexual assault

2.23 Did you need any medical treatment? What was that? *ask if unsure*

0. None 1. First aid 2. Medical, not hospitalised 3. Hospitalised

If hospitalised, go to 2.24, else go to 2.25

2.24 Record details of hospital and days stay

Night's stay

Hospital name:.....

INJURY to ASSAILANT

2.25 Was (your attacker) injured? (Was this by you?)

00. No 01. Yes, by S 02. Yes, by someone else 03. Yes, self-inflicted
during attack 88. Not Applicable 77. Dont Know

if 2.25 >0, go to 2.26, else go to 2.27

2.26 Did he/she receive medical treatment?

1. Yes 0. No 8. Not Applicable 7. Dont Know

REPORTING TO POLICE

2.27. Did the police get to know about it?

1. Yes (ask 2.28) 2. No (go to 2.30) 8. Not Applicable 7. Dont Know

If yes ask 2.28 else go to 2.30

2.28. How did the police get to know about it ?

1. You told them
2. Told by other person on your behalf
3. Told by other person
4. Police were there
5. Police found out another way
6. Other
7. Dont know

REPORTERS ONLY

2.29 Why were the police brought in?

01. It was considered serious
02. Property damage/loss
03. Fear of further attacks, threats, or other reprisals
04. Wanted to get person/s punished
05. Wanted to get person/s locked up so as to prevent future attacks
06. Wanted revenge

NON REPORTERS ONLY

2.30 Why didn't you advise the police?

01. Too trivial
02. Police could do nothing
03. Dealt with the matter myself
04. Offence was a family matter
05. Police would not have been interested
06. Fear of reprisals
07. Inconvenient
08. Did not want police involved
09. Embarrassment
10. Protect Assallant

If police knew ask 2.31 and 2.32 else go to 2.33

2.31 How did you feel about the way the police dealt with you?*show card 6*

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

2.32 Are you satisfied with the way (the person who did it) was dealt with by the police and justice systems? *show card 6*

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

2.33 And what, if anything, happened to (the person who did it)

(Ask everybody, whether or no reported to police)

0. Nothing
1. No police involvement, but non legal consequences
2. Police involved, but no charge
3. Charged by the police
4. Charged and convicted, no jail
5. Convicted and jailed
6. Other
7. Dont know

PROPERTY LOSS

2.34 Was any of your personal property stolen during this incident?

- 0.No 1. Yes 7. Dont Know 8. Not Applicable

2.35 Was any of your personal property damaged during this incident?

- 0.No 1. Yes 7. Dont Know 8. Not Applicable

OTHER PEOPLE

2.36 Apart from those directly involved did anyone witness the event?

- | | |
|-------------------------|----------------|
| 01. Partner | 02. Sibling |
| 04. Parent | 06. Child |
| 07. Other family member | 08. Friend |
| 09. Acquaintance | 10. Stranger |
| 66. Other | 77. Don't know |

2.37 Did you talk to any individuals, or have help at the time (of this incident?) (ie within 48 hours)

- | | |
|--------------------------------|----------------------------------|
| 01. Family members | 02. Friends |
| 03. Police | 04. ACC |
| 05. Womens refuge | 06. Rape crisis |
| 07. Medical | 08. Psychiatric services |
| 09. Social worker | 10. Religious practitioner |
| 11. Stranger | 12. Department of Social Welfare |
| 13. Other counselling services | |

2.38 How satisfied were you with the help you got.. (get for each person/group)(Show card 6)

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

2.39 Have you talked to any individuals, or got help since that time (Code up to 3)

- | | |
|--------------------------------|----------------------------------|
| 01. Family members | 02. Friends |
| 03. Police | 04. ACC |
| 05. Womens refuge | 06. Rape crisis |
| 07. Medical | 08. Psychiatric services |
| 09. Social worker | 10. Religious practitioner |
| 11. Stranger | 12. Department of Social Welfare |
| 13. Other counselling services | |

2.40 How satisfied were you with the help you got..... (get for each person/group) (Show card 6)

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

SECTION 3 PSYCHOLOGICAL IMPACT

(These questions are based on DIS PTSD scale)

3.1 to 3.16 coded 0. No 1. Yes 2. Dont know

Since (it) happened, have you experienced any of these

(show cards, which have exact wording. Summarize for S)

card 7

3.1. Did you keep remembering (the event) when you didnt want to?

3.2. Did you keep having dreams or nightmares (about the event) afterwards

3.3. Did you ever suddenly act or feel as though (it) was happening again, even though it wasn't

3.4. After (the event) did you experience something that was similar or that reminded you of it?

if yes, continue with A and B else go to 3.5

3.4A. Did that upset you very much?

3.4B. Did you do any of these

Sweating

Heart beating fast

Trembling

card 8

3.5. Did you go out of your way to avoid activities or situations that might have reminded you of (it)

3.6. After the event, did you try hard not to think about it

3.7. Do you remember (the event) well or is your memory blank for all or part of it? *(if yes ask 3.7a)*

3.7a. Did you suffer a head injury (in the event)
If yes, ask 3.7b else go to 3.8

3.7b. Were you unconscious for more than 10 minutes

3.8. After (the event) did you lose interest in things that used to be important to you

3.9. After (the event) did you find you no longer had loving or warm feelings toward anyone

3.10. After (the event) did you feel isolated or distant from other people

0. No 1. yes 2. Never close to people

Card 9

- 3.11** After (the event) did you begin to feel that there was no point in thinking about the future anymore.
- 3.12** After (the event) did you have more trouble sleeping than is usual - either trouble falling asleep, or staying asleep?
- 3.13** After (the event) did you act unusually irritable or lose your temper a lot?
- 3.14** After (the event), did you have more trouble concentrating than is usual for you?
- 3.15** After (the event) did you become overly concerned about danger or overly careful and watchful
- 3.16** After (the event) did you become jumpy or easily startled so that ordinary noises or movements would make you jump or put you on guard.

*If any positive answers , from 3.1 to 3.16, ask 3.17.
Else go to Section 4*

- 3.17** You've described feeling (*paraphrase*).
Using this scale from 1 to 5, how much have these problems interfered with your life or everyday activities?

show card 10

very little 1 2 3 4 5 very much

SECTION 4 CONCERN, PREVENTION, RISK FACTORS

**THIS SECTION IS TO BE ASKED OF ALL RESPONDENTS
IRRESPECTIVE OF WHETHER THEY HAVE BEEN ASSAULTED IN
THE LAST 12 MONTHS**

Now I want to ask some general questions about assault

**4.1. How concerned are you about being assaulted or
threatened with assault?**

Show card 11

1. Very concerned
2. Fairly concerned
3. Slightly concerned
4. Not concerned
7. Do not know

**4.2 What do you think the chances are that you will be
physically assaulted in the next 12 months?**

Show card 12

1. Highly likely
2. Likely
3. Unlikely
4. Highly unlikely
7. Do not know

**The next question is about some things people might do to
protect themselves against assault**

(see over page)

**4.3 Is there anything you do to reduce the risk of being
attacked....**

**Besides what you have mentioned, have you done any of these
things *show cards 13-14***

10. Where you went, general
11. Avoided some people/groups
12. Avoided some streets, neighbourhoods
13. Avoided some pubs, other buildings
14. Chose well lit or well used areas
20. How you went, general
21. Went out with someone else
22. Avoided public transport
23. Avoided walking at any time
24. Didn't walk, etc after dark (*including not alone after dark*)
25. Told people where were going
30. Use of car, general
31. Drove with car locked
32. Looked in car before getting in
33. Had car keys ready, petrol full, etc
34. Parked somewhere close
40. What you did when out, general
41. Carried a whistle
42. Carried mace, or something similar
43. Carried a weapon
44. Dressed to avoid attention
45. Carried something to use as a weapon
46. Confident manner
47. Dressed practically (flat shoes, etc)
50. Security at home, general
51. Put more/better locks on doors or windows
52. Put in stronger doors
53. Fitted an alarm on house
54. Fitted an outside light to house
60. Extra help at home
61. Got a dog, etc
62. Joined a neighbourhood watch or support group
63. Got a phone beside your bed
64. Got a firearm
65. Got another weapon like a knife, baseball bat
70. Precautions at home
71. Stopped living by yourself
72. Remembered to lock/shut doors and windows
73. Pretended you had company
74. Refused to answer door/let someone in
80. General precautions
81. Avoided arguments
82. Took self defense course/martial arts training

4.4 How careful are you in general about things like that?

Show card 15

1. Very careful 2. Fairly careful 3. Not very careful 4. Not at all

4.5 Do you think violence is increasing?

1. Yes 0. No 7. Dont Know

if yes, ask 4.6, else go to 4.7

4.6 Why do you think that is ?

10. Economic

- 11. Unemployment
- 12. Poverty
- 13. Gap between rich and poor

20. Social

- 21. Changing social patterns
- 22. Urban drift
- 23. No future/depression
- 24. Anger
- 25. Boredom
- 26. Using violence to solve things/take it out on others
- 27. Stress, general

30. Moral/religious

- 31. Lack of moral values/general values
- 32. Uncaring society
- 33. No religion
- 34. Peer pressure
- 35. Lack of external controls (eg.punishment)
- 36. Need tougher laws, penalties

40. Parental

- 41. Lack of discipline
- 42. Non-communication
- 43. Single parent families, etc
- 44. Brought up violent
- 45. No love or attention at home

50. Male/Female

- 51. Macho attitudes
- 52. Male need for control
- 53. Backlash against feminism
- 54. Women dont know their place / unaware of dangers

60. Other

- 61. Sport
- 62. Gangs
- 63. Lack of education
- 64. Racial tension
- 66. Low self esteem
- 67. Some people born that way
- 68. Resort to violence after other methods failed.
- 69. Attributed blame to minority groups, eg Islanders

70. Alcohol/Drugs

- 71. Too much drink
- 72. Pubs
- 73. Change in licensing laws
- 74. Underage drinking
- 75. Drugs

80. Media

- 81. Violence in programmes/movies
- 82. Violence on news
- 83. Pornography

4.7 Which sex , male or female, do you think is more at risk of being a victim of violence?

1. Female 2. Male 3. Both equally 7. Don't Know

End of interview

That's all the questions for this session. Thank you very much (for answering so freely) (How did you find it?)

At end code interviewer, and subjective assessment of Subject's distress

- Interviewer
- 1. Judy C
 - 2. Maria
 - 3. Judy M
 - 4. Dot

Distress level

0. No discomfort 1. Some discomfort 2. Obvious discomfort/ distress

INJURIES & SAFETY

DRS JOHN LANGLEY & DOT BEGG

PHASE 21 INJURY QUESTIONNAIRE

A&E.....Inpatient....X-Ray.....G.P.....ACC.....XVIII.....

Given Name.....

I.D. (1-4)

--	--	--	--

Date of Interview

(5-10)

--	--	--	--	--

Injury No.

(11)

--

Crash No.

(12)

--

Prompted: Yes...No...

(13)

--

I1 How long ago did this injury occur?

1. 1 year or less
2. more than 1 year, up to 2 years.....
3. more than 2 years, up to 3 years.....

(14)

--

I2. Record type of injuries and body parts affected

Injury

Body Part

1.....1.....

(15-18)

--	--	--	--

2.....2.....

(19-22)

--	--	--	--

3.....3.....

(23-26)

--	--	--	--

4.....4.....

(27-30)

--	--	--	--

5.....5.....

(31-34)

--	--	--	--

NOTE: FRACTURES check more than one visit for treatment.

If this is an intentional injury go to page 4 and complete "self" or "other" section as appropriate

Coding purposes only:

Injury Severity: AIS.....

(35-37)

--	--	--

ISS.....

(38,39)

--	--

PLACE OF OCCURRENCE

XXI - 186

E1 Where were you when you received the injury?

(a) Broad description

Home/house.....00	Street/highway.....05 (check if crash form required) (40)	<input type="checkbox"/>
Farm.....01	Public building.....06	
School.....02	Residential Institution.....07	
Industrial place.....03	Other (state).....66	
Recreation/sport.....04	Don't Know.....77	

(b) Specific Location

E2 Where exactly were you when you were injured?
*eg. in the kitchen at home, in the boning room at the freezing works,
if public road ascertain if tarseal or gravel.*

..... (41-43) ☐☐☐

EVENT DESCRIPTION

E3 What were you doing just before you were injured?

(a) Broad activity

eg. going to work/school, playing rugby, riding in a car.

..... (44,45) ☐

(b) Specific action

eg. driving a motorbike, in a scrum, sitting in the car.

..... (46,47) ☐

(c) What went wrong?

eg. skidded on oil, scrum collapsed, car ran off the road.

..... (48,49) ☐☐

(d) How did you get injured?

eg. I hit the road, people fell on top of me, I hit the windscreen

..... (50,51) ☐☐

CHECKLIST :

Indicate if this injury was: (more than one can be "Yes")

a) transportation.	Yes.....	No..... go to T1 page 5 (Check if crash form required) (52)	<input type="checkbox"/>
b) sports	Yes.....	No.....go to sports section page 3 (53)	<input type="checkbox"/>
c) work(paid)	Yes.....	No.....go to work section page 3 (54)	<input type="checkbox"/>
d) work(unpaid)	Yes.....	No.....go to T1 page 5 (55)	<input type="checkbox"/>
e) intentional - self	Yes.....	No.....go to intentional-self section page 4 (56)	<input type="checkbox"/>
f) intentional - other	Yes.....	No.....go to intentional- other section page 4 (57)	<input type="checkbox"/>
g) Other injuries	Yes....	No.....go to T1 page 5.	

SPORTS-RELATED INJURIES

(a) Describe the activity.....

(58-60)

--	--	--

(b) Were you involved in competition, practice for competition, or recreation?

Competition.....1 Practice (for competition)...2

(61)

--

Recreation.....3 N.A.8 D.K.....7

Other (describe).....6

(c) Were you playing in a team for -

Sports Club.....1 Social Club.....2 Other (describe).....6

N.A.....8 D.K.....7

(62)

--

(d) Was the activity controlled by a referee, umpire or similar person?

No.....0 Yes.....1 D.K.....7 N.A.....8

(63)

--

(e) At the time you were injured how often did you participate in this activity?

Less than once a month.....1

1-3 times per month.....2

Once week or more often.....3

(64)

--

WORK-RELATED INJURIES

(a) What type of industry were you working in?

eg. construction, financing, agricultural, manufacturing

(65-69)

--	--	--	--	--

(b) What was your particular job?

eg. tractor driver, builder's labourer, office cadet in a financial institution

(70-73)

--	--	--	--

(c) How long had you been doing this job when this injury occurred.

refers to job given in (b)

.....months

(74,75)

--	--

(d) In your opinion, was this injury in part attributable to the absence of safety equipment (eg. guards, goggles etc)

Yes.....1 No.....0 DK.....7 N.A.....8

(76)

If Yes specify:

.....

(e) In your opinion, was this injury in part attributable to the misuse of safety equipment (eg. guards, goggles etc)

Yes.....1 No.....0 DK.....7 N.A.....8

(77)

If Yes specify:

.....

Card no. (79,80)

7	8
---	---

I.D. (1-4)				
Injury No.(5)				
Crash No. (6)				

INTENTIONAL INJURY - BY SELF

Do you want to tell me what happened?

If appropriate record as free text a few details of what happened and return to main questionnaire

.....

.....

.....

.....

.....

INTENTIONAL INJURY - BY OTHER

I.I.I. Yes:

You may have discussed this injury in detail in an earlier interview this afternoon. If you didn't, would you like to tell me a few details about it.

...go to T1 next page

I.I.I. No:

You may have the opportunity to talk about this injury in a later interview this afternoon. However, we would like to get a few details now. Is that okay with you?

....go to T1 next page

=====

(coding purposes only)

Agent.....

Contact Object.....

(7)	
(8-11)	

TREATMENT

XXI - 189

T 1 Where were your injuries treated?

(12)

0. Admitted to hospital Place..... (13-16)
 (record the number of nights in hospital)

.....Number of nights (17-19)

1. Family doctor or other G.P
 Name..... Place.....

2. Hospital emergency department Place.....

3. After-hours surgery. Place.....

6. Other, eg sports clinic

Specify

T2 a) Were your medical expenses for this injury paid by ACC?

Yes.....1 No.....0 D.K.....7

(20)

b) Did you receive any money from ACC in respect of this injury?

Yes.....1 No.....0 (go to D1) D.K.....7 (go to D1)

(21)

c) Was this money for?

Lost earnings Yes.....1 No.....0

(22)

Lump sum payment Yes.....1 No.....0
 (functional loss/ loss of enjoyment and pleasure)

(23)

Other Yes.....1 No.....0
 (eg. transportation, replacing clothes)

(24)

Record.....

DISABILITY

For each of the following activities ask:

D1 How much did this injury limit your activity in the following areas?

Show card No. 1a

(25)

0... Not at all 1.... A little 2.....A lot 8...Not Applicable

(26)

WORK.....EDUCATION.....LEISURE.....FAMILY.....SOCIAL.....

(27)

D2 a) Does this injury still affect you in any way?

(28)

Yes..... (ask b) No.....

(29)

b) In what way.....

(30)

D3 As a result of this injury how many days of restricted activity
 (i.e. days off school/classes, days off work, days when you couldn't
 do your normal daily activities) did you miss? [HIS]

.....days

(31-33)

ALCOHOL

A1 Had you had any alcohol to drink in the 2 hours before this incident?

(34)

☐

Yes.....1

No.....0 (if someone else involved ask A2, otherwise return to Main Questionnaire)

DK.....7 (if someone else involved ask A2, otherwise return to Main Questionnaire)

a) What type(s) of alcohol were you drinking?

Beer.....1 (regular strength*) Wine.....2 Spirits.....3 Coolers.....4

Other.....6 (record up to 2 types)

(35)(36)

☐ ☐

NB: CODING 0.5 = 1

b) About how much had you had on that occasion?

(show prompts and record quantity If more than one type of alcohol indicate which quantity belongs to which alcohol).

(1) Small bottle..... (2) Large bottle.... (3) Can.....

(37)(38,39)

☐ ☐

(4) Beer/Spirit/wine glass.... (5) Jug..... (6) Other.....

(40)(41,42)

☐ ☐

If another person involved:

A2 (a) Had the other person involved in this incident been drinking (alcohol)?

Yes.....1 (ask b)

No.....0 (return to Main Questionnaire)

DK.....7 (return to Main Questionnaire)

(43)

☐

(b) Do you think they were drunk?

Yes.....1 No.....0 DK.....7

(44)

☐

A3 Do you think this injury could have been avoided if alcohol had not been involved?

Yes.....1 No.....0 DK.....7 NA.....8

(45)

☐

*Regular strength beer is 4-5% alcohol, if lower or higher strength beer is reported then record as other and specify the brand or % alcohol.

Return To Main Questionnaire

Card No.(79,80)

XXI - 191
PHASE 21
BICYCLE CRASH FORM

Given name.....

ID.

(1-4)

Date of interview.....

(5-10)

Crash No. (11)

Injury No. (12)

(13)

1. How long ago did this crash occur?

Up to one year.....1

More than one, less than two years.....2

More than two, less than three years.....3

2. What happened? *[describe and draw diagram on the back of this page]*

Object(s) struck 1.....

(14,15)

(to be coded later) 2.....

(16,17)

3.....

(18,19)

Movement.....

(20,21)

3. Was another vehicle involved?

No...0 Car...1 Motorcycle....2 Truck....3 Bicycle....4 Bus...5 Other...6

(22)

4. Was this trip work-related, eg. were you riding/driving for work?

(23)

Yes.....1 No.....0 DK.....7

5. At what time of day did it (the crash) occur? Time.....(24-27)

(24hr clock)

6. How light was it at the time?

Dawn/dusk....1 Daylight....2 (go to 8) Dark.....3

(28)

7. a) Did you have a headlight which was going? Yes.....1 No...0 DK..7

(29)

b) Did you have a tail light which was going? Yes.....1 No...0 DK..7

(30)

c) Were you wearing any reflective gear such as ankle straps or vest? Yes.....1 No...0 DK..7

(31)

d) Did your bike have any reflective gear on it? Yes.....1 No...0 DK..7

(32)

8. Were you wearing a safety helmet at the time of the crash?

Yes.....1 No.....0 DK....7

(33)

9. Who was injured (required medical treatment?)

(34) ☐

Interviewee only.....1 (if Injury Q. given go to 12)

Others.....2 (go to 11)

Interviewee and others.....3 (if Injury Q. given go to 12)

10. What injuries did YOU receive?:

Injury type

Body Part

1.....

(35-38)

--	--	--	--

2.....

(39-42)

--	--	--	--

3.....

(43-46)

--	--	--	--

11. Had you had any alcohol to drink in the 2 hours before this incident?

Yes.....1

No.....0 (go to 12)

DK.....7 (go to 12)

(47)

☐

a) What type(s) of alcohol were you drinking?

Beer*(regular strength)1 Wine.....2 Spirits.....3 Coolers.....4

Other (specify)

(48)(49)

--	--

b) About how much had you had on that occasion?

(show prompts and record quantity (ies)

NB: FOR CODING 0.5 =

(1) Small bottle.....

(2) Large bottle....

(3) Can.....

(50, 51, 52)

--	--	--

(4) Beer/Spirit/Wine glass....

(5) Jug.....

(6) Other.....

(53)(54,55)

--	--	--

IF ANOTHER VEHICLE INVOLVED:

12. Had the driver[rider] of the other vehicle had too much to drink to drive safely?

Yes.....1

No.....0

DK.....7

(56)

☐

IF Q11 or Q12 YES ask:

13. Do you think this injury could have been avoided if alcohol had not been involved?

Yes.....1

No.....0

DK.....7

(57)

☐

14. Was this crash reported to the Ministry of Transport or the Police?

(58)

☐

Yes.....1

No.....0

DK.....7

NA.....8

(N.B. complete Injury form if injury meets criteria for inclusion)

Card No. (79,80)

8	2
---	---

* Regular strength beer is 4-5%, if lower or higher strength beer is reported record as Other and specify the brand or % alcohol

PHASE 21 MAIN QUESTIONNAIRE

=====

I.I.I given

Yes

No

=====

Given Name.....I.D

(1-4)

--	--	--	--

Date of interview.....

(5-10)

--	--	--	--	--	--

INTRODUCTION

This interview will cover a range of topics including injuries, road crashes, driving, sports and other things.

Q1. Before we start I would like to know if you have been living in Dunedin for the past three years?

()

☐

Yes.....1 (all three years, go to next page)

No.....0 (not at all, go to next page)

Some of the time.....2

Q2 Were you away for more than 3 months at any one time?

No.....0 go to Injuries next page

Yes.....

Q3 Was that: (Circle all that apply)

1. in the past year

(12)

☐

2. 1-2 years ago

(13)

☐

3. 2-3 years ago

(14)

☐

INJURIES

11. Firstly, we would like to know of any serious injuries you have had in the last three years that fit into either of the three categories on this card:

Show card No.1

1. In the past three years, have you been admitted to hospital (i.e. stayed in hospital over-night) for treatment of an injury?
.....

2. (In the past 3 years) have you had any fractures that required more than one visit to a doctor or some other medical person (includes fracture clinic, outpatients etc)
.....

3. In the past three years, have you had any cuts or lacerations, that required stitches?
.....

Complete injury forms for all injuries that meet the specified criteria

Number of injuries recalled (without prompt) _____ (16)

--	--

For any injuries which are the result of a ROAD CRASH complete an appropriate crash form
=====

PROMPTED INJURIES

12. Just in case you may have forgotten about an injury, the next card shows a list of the main categories of injury. This may help to jog your memory:

Show card No.2

Can you recall any further injuries you have had?

(N.B. Ensure injuries meet the required criteria as given in 11 and indicate on the injury form that they were prompted. If necessary complete a crash form)
.....

Number of prompted injuries recalled _____ (17,18)

--	--

TOTAL number of injury questionnaires completed _____ (19,20)

--	--

ROAD TRAFFIC CRASHES INVOLVING INJURY

Now we move on to road crashes or accidents.

Show card No.3

RTC1: We are interested in any road accidents or crashes you have been in :

- a) During the past 3 years
- b) Someone, that is anyone, in the crash received any sort of injury that required treatment from a hospital (includes A&E), doctor or a dentist.
- c) Must have occurred on a public road
- d) Includes motorcycles, other motor vehicles, bicycles, and pedestrian incidents.

(public road excludes car parks, malls, driveways into factories, service station forecourt. If in doubt whether it's a public road complete a crash form and this can be decided later).

If responses to (a)-(d) below are YES, then crash form to be completed

Crash No.	(a) Any Injury	(b) Medically treated	(c) Less than 3 years	(d) Public Road	Crash Form Yes/No
--------------	----------------------	-----------------------------	-----------------------------	-----------------------	----------------------

.....

.....

.....

.....

.....

.....

.....

Complete a crash form for each event AND an injury form if respondent was injured (see injury definition).

TOTAL number of forms for injury crashes _____

(21,22)

--	--

OTHER CRASHES (complete details below)

RTC2. In the last year (i.e. 12 months) have you been in any other traffic incidents. This includes any sort of accident or crash, but again must be on a public road, and involved some vehicle damage.

Show card No. 4 - these are examples and are not intended as a complete list

Crash No.	Vehicle type	Public road	Months ago	Driver	What happened	Vehicle damage
1.....						(23,24) <input type="text"/>
2.....						(25,26) <input type="text"/>
3.....						(27,28) <input type="text"/>
4.....						(29,30) <input type="text"/>
5.....						(31,32) <input type="text"/>
6.....						(33,34) <input type="text"/>
7.....						(35,36) <input type="text"/>
8.....						(37,38) <input type="text"/>

IF MORE THAN 8 CRASHES REPORTED ENTER TOTAL NUMBER BELOW

TOTAL number of Non-injury crashes _____ (39,40)

TRANSPORTATION EXPOSURE

The next few questions deal with your day to day travel.
We would like to know how far in an average week, you usually travel on the road using various forms of transport.

Show card No.5

TE1. During an average week how far do you*:

- a) ride a bicycle..... (41) ☐
- b) drive a motorcycle?..... (42) ☐
- c) ride as a pillion passenger on a motorcycle?..... (43) ☐
If c) >0 ask:
 How much of this riding (as a pillion passenger) is with a driver less than 25 years of age?

Show card No.6

- 0...None 1...A little 2...Quite a lot 3...All of it 8....N/A (44) ☐
- d) drive a car (or similar vehicle)? (45) ☐

If response to d) = 0 then ask:

Have you driven a car in the last month?

Yes.....(=DRIVER) No.....(=NON-DRIVER)

- e) travel as a passenger in a car (or similar vehicle)..... (46) ☐
If response to e) >0 ask:
 How much of this travel as a passenger in a car is with a driver less than 25 years of age?

Show card No.6

- 0...None 1...A little 2...Quite a lot 3...All of it 8....N/A (47) ☐
- f) drive a heavy truck?..... (48) ☐

NB: DRIVER : DRIVEN AT LEAST IN THE LAST MONTH

NON-DRIVER : NOT DRIVEN IN THE LAST MONTH OR AVERAGE WEEK

CAR LICENSURE

C1 Do you have a car driver's licence? If Yes ask: What sort is it? (49) ☐

0. No licence.....0 ask (b)
 1. Learner's Licence (L.L.).....1
 2. Restricted Licence (R.L.)2
 3. Full graduated Licence (F.G.).....3
 4. Full traditional licence (F.T.).....4 go to C6

(b) Is there any reason why you haven't got one?

Record response.....Go to SBI next page

(50,51)

C2 a) Did you have [Have you had] your Learner's Licence for longer than 6 months?

Yes.....1 (ask b) No.....0 Don't Know.....7

(52)

b) Why did you have [Why have you had] it for more than 6 months?

Record response.....

(53,54)

C3 There are two main conditions to the Learner's Licence: (1) when driving you must always be accompanied by a fully licensed adult driver, and (2) an alcohol restriction.

a) Did you break [Have you broken] either of these conditions? (55) ☐

Yes.....1 No.....0 or Don't Know.....7 (L.L. go to SBI next page)

b) How often did you break [have you broken] the: Show card No.7

always accompanied restriction

(56)

alcohol restriction L.L. go to SBI next page

(57)

R.L. & F.G. ONLY

C4 a) Did you have [Have you had] your Restricted Licence for longer than 18 months?

Yes.....1 (ask b) No.....0 Don't Know.....7

(58)

b) Why did you have [Why have you had] it for more than 18 months?

Record response.....

(59,60)

C5 There are three main conditions to the Restricted Licence: (1) a night-time curfew, (2) a passenger restriction, and (3) an alcohol restriction.

a) Did you break [Have you broken] any of these conditions?

Yes.....1 No.....0 or Don't Know.....7 (F.G go to C6, R.L. go to SBI)

(61)

Next page

XXI - 199

b) How often did you break [have you broken] the: *Show card No.7**RL &* night-time curfew (62) *FG only* passenger restriction (63) alcohol restriction (64) *F.G. & F.T. ONLY:*C6 How old were you when you got a full car driver's licence?..... (65,66) **SEAT-BELTS***Drivers only:**SB1-SB6 Show card No 8*SB1 a) How often, when you are driving a car (or similar motor vehicle)do you wear a seat-belt? (67) *If not "3" or "ALWAYS" ask (b)*

b) Is there any reason why you don't always wear one?

Record reason..... (68,69) *Drivers and passengers:*SB2 a) How often, when you are a front seat passenger in a car(or similar motor vehicle) do you wear a seat-belt? (70) *If not "3" or "ALWAYS" ask (b)*

b) Is there any reason why you don't always wear one?

Record reason..... (71,72) SB3 a) If a seat-belt is available, how often when you are a passenger
in the back seat of a car (or similar motor vehicle) do you wear one?(73) *If not "3" or "ALWAYS" ask (b)*

b) Is there any reason why you don't always wear one?

Record reason..... (74,75) SB4 How often do your friends wear a seat-belt when they are driving a car?..... (76) SB5 How often do your friends wear a seat-belt when they are a
front seat passenger in a car?..... (77) SB6 If a seat-belt is available, how often your friends wear
a seat-belt when they are a back seat passenger in a car?..... (78)

CARD NO. (79,80)

MOTORCYCLING SECTION

LD. (1-4)

--	--	--	--

ON-ROAD RIDING*(Includes all 2-wheeled motorised vehicles)*

This section deals with motorcycles.

MC1 (a) How many times during the past year, did you DRIVE a motorcycle on a public road?

(5) ☐0.....Not at all (*go to MC6*)1.....One to five times (*go to MC6*)

2.....Six to ten times

Show card No. 10

3.....More than ten times

(b) Was this driving for:

1. Work

(6) ☐

2. Day-to day transportation

(7) ☐

3. Recreation (e.g. touring)

(8) ☐

MC2 When you drive on the road in day-time, how often do you have the (motorcycle) lights switched on AND WORKING?

Show card No 11(9) ☐

MC3 Do you have a motorcycle licence ?

(10) ☐0....No licence (*go to MC6*)

1.....Learner licence (L.L.)

2.....Restricted licence (R.L.)

3.....Full graduated licence (F.G.)

4.....Full traditional licence (F.T.) (*go to MC5*)6.....Other (*specify*)

MC4 There are five main conditions to the motorcycle Graduated Drivers Licensing System: a night-time curfew, a passenger restriction, an alcohol restriction, 250cc restriction, and a 70kph speed restriction.

Show card No.12a

a) Did you break [have you] broken any of these conditions?

Yes.....1

No.....0 (*F.G. go to MC5, R.L. & L L go to MC6*)Don't Know.....7 (*F.G. go to MC5, R.L. & L L go to MC6*)(11) ☐

b) How often did you break the following conditions?

Show card No.12b

night-time curfew

(12)

passenger restriction

(13)

alcohol restriction

(14)

250cc restriction

(15)

70 kph speed restriction.....

(16)

MC5 How old were you when you got a FULL motorcycle driver's licence?

Record age (in years)

(17,18)

MC6 How many times during the past year were you a pillion passenger on a motorcycle on a public road?

Show card No. 13a

(19)

0.....Not at all (*go to MC13, unless DRIVER 6 or more times*)

1.....One to five times (*go to MC13, unless DRIVER 6 or more times*)

2.....Six to ten times

3.....More than ten times

DRIVERS &/OR PILLIONS SIX OR MORE TIMES

MC7 How often do you wear a crash helmet when you ride on a motorcycle on a public road?

Show card No. 13b

.....

(20)

MC8 The last time you rode on a motorcycle on a public road what clothing were you wearing?

Try to ascertain composition and thickness, e.g. Leather, heavy cloth

Upper body

(21)

Arms

(22)

Hands

(23)

Legs

(24)

Feet

(25)

TOTAL SCORE

(26,27)

MC9 How often do you wear full leather gear when you ride on-road?

Show card No.13b

(28) ☐

MC10 When you ride on a motorcycle on the road in DAY-TIME, how often do you wear day-glo or high visibility gear?

Show card. 13b.....

(29) ☐

MC11 When you ride a motorcycle on the road at NIGHT, how often do you wear reflective clothing?

Show card No. 13b.....

(30) ☐

MC12 Are you the registered owner of a motorcycle?

Yes.....1 No.....0 Don't Know.....7

(31) ☐

ALL INTERVIEWEES (Riders and Non-riders)

MC13 Do you have friends who ride motorcycles on the road?

No.....00 Yes.....ask: how many.....(record number)

(32,33) ☐

OFF-ROAD DRIVING

MC14 During the past year did you drive a motorcycle off-road (i.e. not on a public road)?

Yes.....1 ask (b) No.....00 (go to MC15) D.K.....7 (go to MC15)

(34) ☐

(b) Was this driving for: (circle one or more)

1. Work

(35) ☐

2. Competitive trail riding

(36) ☐

3. Track racing events

(37) ☐

4. Recreation

(38) ☐

MC15 Do you have friends who drive motorcycles off-road?

No.....00 Yes.....ask: how many.....(record number)

(39,40) ☐

DRIVING ("DRIVERS" ONLY)

A "DRIVER" MUST HAVE DRIVEN AT LEAST IN THE LAST MONTH
 "NON-DRIVERS" GO TO NEXT PAGE

The next few questions are about some driving situations - this includes any motor vehicle, i.e. cars and motorbikes etc.

Show card No. 14

0...Never 1...rarely 2...occasionally 3...fairly often 4...often

8.....Not applicable - i.e. don't drive

RD1 How often do you:

like to drive very fast just for the thrill of it?[GSS] (41) ☐

take some risks when driving because it makes driving (42) ☐
 more fun?

drive faster than 120 kmh on the open road? [jd] (43) ☐

overtake when there is a solid yellow line on your (44) ☐
 side of the road? [jd]

speed up if someone is trying to pass you ? [jd] (45) ☐

follow very close behind slower drivers?[jd] (46) ☐

RD2 Compared to other drivers, how fast do you generally drive? (47) ☐
 [OHIS] Show card No. 15

- 0 much faster than others
- 1 a little faster than others
- 2 about the same speed
- 3 a little slower than others
- 4 much slower than others

RD3 Compared to other drivers, how would you rate your driving ability? (48) ☐
 [OHIS] Show card No. 16

- 0 much better than others
- 1 a little better than others
- 2 about the same, i.e. average
- 3 a little worse than others
- 4 much worse than others

CARD NO. (79,80)

I.D (1-4)

--	--	--	--

TRAFFIC CONVICTIONS:

TC1 In the past three years, have you received any traffic tickets for driving? (i.e. moving violations which includes speeding tickets, instant fines etc.but excludes parking tickets, no w.o.f., no registration)

Yes.....go to TC2

No.....00 go to TC3

DK.....77 go to TC3

TC2 How many have you had?(no. of tickets)

(5,6)

--	--

TC3 In the past year, have you had any warnings instead of tickets?

Yes..... ask TC4

No.....00 go to TC5

DK.....77 go to TC5

TC4 How many have you had?(no. of warnings)

(7,8)

--	--

TC5 Have you ever been disqualified from driving a motor vehicle?

Yes.....go to TC6

No.....00 go to A1 next page

DK.....77 go to A1 next page

TC6 How many times?(no. of times)

(9,10)

--	--

TC7 What did you do to be disqualified from driving?

*Record first three reasons given.**If disqualified because of exceeding demerit point limit then ask what the demerit points were for?*

1.....

(11,12)

--	--

2.....

(13,14)

--	--

3.....

(15,16)

--	--

TC8 Did you drive while you were disqualified (from driving)?

Yes.....1 ask (b)

No.....0

Don't Know.....7

(17)

--

TC9 How many times?(no. of times)

(18,19)

--	--

ALCOHOL

Now the next few questions deal with drinking (alcohol) and driving.

CAR DRIVERS ONLY (If not driven in the last month enter N/A)

A1 During the LAST MONTH (30 days) how many TIMES have you:

driven a car (or similar vehicle) within 2 hours of drinking alcohol	(20,21)	<input type="text"/>	<input type="text"/>
driven a car after drinking perhaps too much (alcohol) to be able to drive safely?	(22,23)	<input type="text"/>	<input type="text"/>
driven a car within two hours of using marijuana/cannabis	(24,25)	<input type="text"/>	<input type="text"/>

ALL INTERVIEWEES

A2 In the LAST MONTH (30 days) how many TIMES have you:

been a passenger in a car where the driver had driven within two hours of drinking alcohol?	(26,27)	<input type="text"/>	<input type="text"/>
How old was the driver? (youngest)years	(28,29)	<input type="text"/>	<input type="text"/>
been a passenger in a car where the driver had perhaps had too much (alcohol) to drink to be able to drive safely?	(30,31)	<input type="text"/>	<input type="text"/>
How old was the driver? (youngest)years	(32,33)	<input type="text"/>	<input type="text"/>
been a passenger in a car where the driver had driven within two hours of using marijuana/cannabis?	(34,35)	<input type="text"/>	<input type="text"/>
How old was the driver? (youngest)years	(36,37)	<input type="text"/>	<input type="text"/>

IF NOT A MOTORCYCLE DRIVER GO TO A4

MOTORCYCLIST DRIVERS ONLY:

A3 In the LAST MONTH (30 days) how many TIMES have you:

driven a motorcycle within 2 hours of drinking alcohol?	(38,39)	<input type="text"/>	<input type="text"/>
driven a motorcycle when you had perhaps had too much (alcohol) to drink to drive safely?.	(40,41)	<input type="text"/>	<input type="text"/>
driven a motorcycle within 2 hours of using marijuana/cannabis	(42,43)	<input type="text"/>	<input type="text"/>

ALL INTERVIEWEES

- A4 When people go out, one person can ahead of time agree to not drink any alcohol in order to drive the group home safely?
[CDC ICARIS]

How often do you and your friends do this, when you go out?

Show card No. 17

(44)

- A5 Without any food, and within a one hour period how much alcohol do you think is too much for you to drive safely?
SHOW PROMPTS (beer can, wine glass, beer bottles, spirits glass)

Type of alcohol:

Beer* (regular strength)...1 Wine..2 Spirits..3 Coolers..4

Other(specify).....6

(45)

NB: CODING 0.5 = 1

(1)Small bottle..... (2)Large bottle.... (3)Can.....

(46)(47,48)

--	--	--

(4) Beer/Spirit/wine glass.... (5)Jug..... (6) Other.....

- A6 At the present time, the legal limit for a fully licensed driver over 20 years of age is 80mg per 100 ml of blood.

Again, without any food and within a one hour period , how much do you think it would take for you to be over that limit?

SHOW PROMPTS (beer can, wine glass, beer bottles, spirits glass)

Type of alcohol:

Beer* (regular strength)...1 Wine..2 Spirits..3

Coolers..4 Other(specify).....6

(49)

NB: CODING 0.5 = 1

(1)Small bottle..... (2)Large bottle.... (3)Can.....

(4) Beer/Spirit/wine glass.... (5)Jug..... (6) Other.....

(50)(51,52)

--	--	--

* Regular strength is 4-5% alcohol, if lower or higher strength beer is reported record as Other and specify the brand or % alcohol.

BICYCLE SAFETY:

B1 In the past year have you ridden a bicycle on a public road? (53) ☐

Yes.....1

No.....0 (*go to Physical Activity, next page*)

Don't Know.....7 (*go to Physical Activity, next page*)

B2 In the past year have you ridden a bicycle on the road at night when it was dark (*ie. when street lights were switched on*) (54) ☐

Yes.....1 No.....0 (*go to B4*) Don't Know.....7 (*go to B4*)

B3 The last time that you did this (i.e. rode a bicycle on the road at night) which of the following applied:

Did your bike have: reflectors Yes..1 No..0 D K..7 (55) ☐

a head light (switched on and working properly) Yes..1 No..0 D K..7 (56) ☐

a tail light (switched on and working properly) Yes..1 No..0 D K..7 (57) ☐

Did you have: Reflective vest or similar item Yes..1 No..0 DK..7 (58) ☐

B4 How often when riding a bicycle on the road do you wear a bicycle safety helmet?

Show card No. 18 (59) ☐

0...Never 1....Sometimes 2....Nearly always 3.....Always

Unless response was "3" or ALWAYS, ask B5:

B5 Why don't you always wear one (i.e. a bicycle safety helmet)?

Record response..... (60,61) ☐

CARD NO. (79,80)

☐ 7 ☐ 2

PHYSICAL ACTIVITIES

ID (1-4)

--	--	--	--

PA1 How many hours have you spent recently (eg. in the past month) doing any mild or moderate physical activity, i.e. time spent "on the move"

on a normal SATURDAY hours each Saturday (5,6)

--	--

on a normal SUNDAYhours each Sunday (7,8)

--	--

on a normal WEEKDAYhours each weekday (9,10)

--	--

TOTAL

(11-14)

--	--	--	--

PA2 Have you been doing any vigorous or strenuous physical activity recently, i.e. breathing hard or puffing a lot?

No.....0000 go to SPORTS Yes.....ask PA3

PA3 How many minutes or hours do you breathe hard or puff a lot in a normal week (weekend and weekdays altogether)?

.....hours / minutes per week (15-18)

--	--	--	--

SPORTS:

Show card No. 20

Here is a list of sports which a lot of people your age take part in, and which also have quite a high risk of injury. I would like to know which of these sports you have taken part in, during the past year, and then I want ask you some questions about each of them.

RUGBY UNION..... RUGBY LEAGUE..... FOOTBALL(SOCCER).....

CYCLING..... NETBALL..... BASKETBALL.....

CRICKET..... VOLLEYBALL..... HOCKEY.....

SOFTBALL..... SQUASH..... HORSE RIDING.....

(i.e. YES response) ask the following questions and complete the applicable sections on the following pages.

1. In the past year, which months of the year did you play?

2. On average, how many times per month did you play it?

3. What was the average length of time per each occasion?

record as hours and minutes, eg. 1 hour 30 minutes

RUGBY UNION

XXI - 209

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Times per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/>
													<input type="text"/>
												hr	min

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(19-24)					

When you are playing rugby union how often do you wear a mouthguard? *Show card no. 21*

(25)

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play rugby?
Yes..... No....

(26)

Are you a registered member of a rugby union club?
Yes..... No..... DK.....

(27) **RUGBY LEAGUE**

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Time per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/>
													<input type="text"/>
												hr	min

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(28-33)					

When you are playing rugby league how often do you wear a mouthguard? *Show card no. 21*

(34)

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play rugby league?
Yes..... No....

(35)

Are you a registered member of a rugby league club?
Yes..... No..... DK.....

(36) **FOOTBALL(SOCCER)**

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Time per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/>
													<input type="text"/>
												hr	min

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(37-42)					

When you are playing football (soccer) how often do you wear shinguards? *Show card no. 21*

(43)

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play football?
Yes..... No....

(44)

Are you a registered member of a football (soccer) club?
Yes.....No..... DK...

(45)

CRICKET

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De		Times per month		Time per occasion		
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
														hr min			

When you are batting at cricket how often do you wear a helmet? *Show card no. 21*

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play cricket?

Yes..... No....

Are you a registered member of a cricket club?

Yes.....No.....D K.....

VOLLEYBALL

Jy Au Se Oc No De

Jy Au Se Oc No De

Times per month Time per occasion
per month hr min

When you are playing volleyball how often do you wear
elbow and knee pads? Show card no. 21

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play volleyball?

Yes.....No.....

Are you a registered member of a volleyball club?

Yes.....No.....DK.....

HOCKEY

Ja Fe Ma Ap Ma Jn Jy Au Se Oc No De

Times per month Time per occasion

 hr min

When you are playing hockey how often do you wear a mouthguard? *Show card no. 21*

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play hockey?

Yes.... No....

Are you a registered member of a hockey club?

Yes.....No.....D K.....

I.D	(1-4)			
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(5-10)

(11)

(12)

(13)

--	--	--	--	--	--

(14-19)

(20)

(21)

(22)

--	--	--	--	--	--

(23-28)

(29) ☐

(30) ☐

(31)

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SOFTBALL

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Times per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/> hr <input type="text"/> min

When you are batting in softball how often do you wear a helmet ? *Show card no. 21*

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play softball?

Yes....No....

Are you a registered member of a softball club?

Yes.....No..... DK.....

SQUASH

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Times per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/> hr <input type="text"/> min

When you are playing squash how often do you wear eye protection? *Show card no. 21*

Do you have a set of warm-up &/or stretching exercises that you do for at least 10 minutes before you play squash?

Yes.....No....

Are you a registered member of a squash club?

Yes.....No..... DK.....

HORSE RIDING

Ja	Fe	Ma	Ap	Ma	Jn	Jy	Au	Se	Oc	No	De	Times per month	Time per occasion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>
													<input type="text"/> hr <input type="text"/> min

When you are riding how often do you wear a protective riding hat? *Show card no. 21*

Are you a registered member of a horse riding (pony) club?

Yes....No... DK...

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(32-37)

(38) (39) (40)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(41-46)

(47) (48) (49)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(50-55)

(56) (57)

CARD NO. (79,80)

74

ID (1-4)

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WATER SAFETY:

The next sections deals with water safety. The first questions are concerned with your current performance in two different water-related situations.

The first one deals with swimming front crawl or freestyle for 50 metres non-stop in a warm heated shallow 50 metre pool.

WS1 a) Can you currently swim 50 metres non-stop in the above conditions?

[WD] Yes.....1 No.....0 (go to WS2) DK.....7 (go to WS2).

(5)

--

b) How do you feel about this swimming task?[WD]

Show card No. 22

(6)

--

The next questions concern treading water:

You are 20 metres off-shore in a deep lake with a wind blowing which gives a 10cm chop. You are wearing only a bathing costume and have no flotation devices.

WS2 a) Can you currently tread water in the above conditions for at least 60 seconds? [WD]

Yes.....1 No.....0 (go to WS3) DK.....7 (go to WS3)

b) How do you feel about this treading water task?[WD]

(7)

--

Show card No. 22

(8)

--

WS3 In the last three years, have you ever had any experience on or near the water when you were afraid you might drown? [GSS]

Yes.....ask b) No.....00 (go to WS4)

b) How many times has this happened?number of times

(9,10)

--	--

c) Could you briefly tell me what happened and where it happened?

(11,12)

--	--

Record response.....

(13,14)

--	--

WS4 In the last three years, have any of your friends ever been in a situation like that? (where they or you thought they might drown)[JD]

Yes..... ask b) No.....00 (go to WS5)

b) How many times has this happened?number of times

(15,16)

--	--

c) Could you briefly tell me what happened, and where it happened

(17,18)

--	--

Record response.....

(19,20)

--	--

WS5 In the past three years, have you been involved in any water based activities (eg, swimming, surfing, boating, ski-ing) in the following places?
Show Card No. 23

(Circle

01.beach (between the flags)

(21)

those

02.beach (patrolled,not between the flags)

(22)

that

03.beach (unpatrolled)

(23)

apply)

04. river

(24)

05.lake

(25)

06. public pool eg. Moana Pool

(26)

07. private pool

(27)

08. harbour

(28)

09. sea

(29)

other (specify).....

(30)

WS6 Have you ever been certified in CPR (cardio-pulmonary resuscitation)

(31)

Yes.....1 No.....0 Don't Know.....7

WS7 a)Have you ever had any life-saving training?

(32)

Yes.....1 No.....0 Don't Know.....7

b) What level of life-saving certification did you attain?

(33,34)

Record response:.....

WS8 a) In the past three years, have you ever gone boating ?

(Includes yachting, rowing, canoeing etc.[JD]

Yes.....1 No.....0 (go to WS11) Don't Know.....7 (go to WS11)

(35)

b) When you go boating, how often do you wear a life-jacket

(36)

(or similar flotation equipment)?[JD] Show card No. 24

If not "3" or ALWAYS then ask:

c) Is there any reason why you don't always wear one??

Record response:.....

(37,38)

WS9 In the past year, how many TIMES have you been boating within 2 hours of drinking alcohol?no. of times

(39,40)

WS10 In the past year, how many TIMES have you done water-related activities, other than boating, eg. windsurfing, water skiing, swimming etc.within 2 hours of drinking alcohol?no. of times

(41,42)

PAID WORK:

Now we move on to work. We are only interested in the work you have done, for at least one month (i.e. four weeks or more) over the last three years. ***

*II1. In the past three years have you had a full-time or part-time PAID job?

Yes.....1 No.....0 go to page 28 DK.....7 go to page 28 (43) ☐

HIGHEST HOURS EXPOSURE JOB

II2. a) We are interested in the job you have spent the most hours working in over the past three years.

(If more than one job with similar hours then follow-up the most recent one)

Ascertain:: Occupation.....

(44-47) ☐ ☐ ☐ ☐

Industry.....

(48-50) ☐ ☐ ☐

b) How long were you employed in this occupation?

Yearsmonths.....

(51-54) ☐ ☐ ☐ ☐

Code in weeks

c) What was the usual number of hours per week you worked over the entire period of employment:

Hrs per wk..... (55,56) ☐ ☐

Protective gear and devices

II3 a) Have there been times when you wore or should have worn protective gear (eg. gloves, glasses, hard hat, safety shoes) in this job?

Yes1ask b) No0 (go to H4) Don't Know7(go to H4)

(57) ☐

b) In these situations how often did you use this gear?

Show card no. 26

(58) ☐

(if not "3" or ALWAYS)

c) Is there any particular reason why you did not always use the gear?

Record.....

(59,60) ☐ ☐

H4. a) Have there been times when you used or should have used protective devices on machines or equipment (eg. machine guards) in this job?

Yes1ask b) No0go to H5. Don't Know7 go to H5

(61) ☐

b) In these situations how often did you use these devices?

Show card no. 26

(62) ☐

(if not "3" or ALWAYS)

c) Is there any particular reason why you did not always use these devices?

Record.....

(63,64) ☐ ☐

Injuries and near misses:

- H5 Did you have any injuries in this job (apart from the injuries you have already told us about) which required medical treatment?
Check that injuries were in the last 3 years

Number of injuries (65,66)

- H6. Did you have any experiences in this job where you came close to being injured.

Check if in the last three years Number of near misses..... (67,68)

- H7. Did you receive any safety training for this job

Yes1 No0 Don't Know7 (69)

- H8 Have you done this job within 2 hours of drinking alcohol?

Yes1 No0 Don't Know7 (70)

- H9. Is this your current or most recent PAID job?

Yes1 (go to high risk occupations, page 26)

No0 (71)

CURRENT OR MOST RECENT PAID JOB

These questions are only to be asked where the current or most recent job is not the job the interviewee has spent the most hours working in over the past three years (i.e the job you have asked the preceeding questions about)

- C1. What is your current or most recent PAID job?

Ascertain:: Occupation.....

(72-75)

Industry.....

(76-78)

Go to C2, next page

CARD NO. (79,80)

ID (1-4)

Do not ask these two questions in the interview.

This data is to be obtained from the background questionnaire.

Length of time employed in this occupation?

Yearsmonths..... (5-8)

Usual number of hours per week worked over the

entire period of employment: Hours per week..... (9,10)

- C2 a) Have there been times when you wore or should have worn protective gear (eg. gloves, glasses, hard hat, safety shoes) in this job?

Yesask b) Nogo to C3 Don't Knowgo to C3

(11) ☐

- b) In these situations how often did you use this gear?

Show card no. 26
(if not "3" or ALWAYS)

(12) ☐

- c) Is there any particular reason why you did not always use the gear?

Record.....

(13,14) ☐

- C3 a) Have there been times when you used or should have used protective devices on machines or equipment (eg. machine guards) in this job?

Yesask b) Nogo to C4 Don't Knowgo to C4

(15) ☐

- b) In these situations how often did you use these devices?

Show card no. 26
(if not "3" or ALWAYS)

(16) ☐

- c) Is there any particular reason why you did not always use the devices?

Record.....

(17,18) ☐

Injuries and near misses:

- C4. Did you have any injuries in this job (apart from the injuries you have already told us about) which required medical treatment?
Check that injuries were in the last 3 years

Number of injuries (19,20)

☐

- C5. Did you have any experiences in this job where you came close to being injured.

Check if in the last three years Number of near misses.....

(21,22) ☐

- C6 Did you receive any safety training for this job?

Yes No Don't Know

(23) ☐

- C7 Have you done this job within 2 hours of drinking alcohol?

Yes No Don't Know

(24) ☐

HIGH RISK OCCUPATIONS*Ascertain for all interviewees*

This is a list of jobs that have a high risk of injury. During the last three years, have you been employed in any of these jobs for at least one month (i.e. four weeks or more)?

Show card No. 27

Yes..... No..... *go to next page* DK.....*go to next page*

(25) ☐

How many months did you work in this job? *record below*

What was the usual number of hours per week you worked? *record below*

<u>Jobs</u>	<i>No. of Months</i>	<i>Usual hrs per Week</i>	<i>No</i>	<i>Don't Know</i>	
Farmer/farm worker(26-29)	<input type="text"/>
Logger / forestry worker (30-33)	<input type="text"/>
Fisherman(34-37)	<input type="text"/>
Miner or quarry worker(38-41)	<input type="text"/>
Butcher or freezing worker (42-45)	<input type="text"/>
Fitter/turner, Fitter/welder (46-49)	<input type="text"/>
Metal process worker (50-53)	<input type="text"/>
Tanner, pelt dresser , Fellmonger (54-57)	<input type="text"/>
Blacksmith/toolmaker (58-61)	<input type="text"/>
Plumber/pipe fitter, Sheet metal worker (62-65)	<input type="text"/>
Bricklayer,carpenter, other construction worker (66-69)	<input type="text"/>
Labourer (70-73)	<input type="text"/>

CARD NO. (79,80) 76

					ID (1-4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck, van or tanker driver	(5-8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction steel erector	(9-12)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jockey	(13-16)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post and Telegraph deliverer	(17-20)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire fighter	(21-24)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sawmill worker	(25-28)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dairy factory worker	(29-32)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baker	(33-36)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fish shop worker	(37-40)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electric power linesperson	(41-44)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waterside worker	(45-48)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Warehouseperson, storeperson	(49-52)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food packer	(53-56)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ship's hand	(57-60)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FIREARMS

F1 *Do you own a firearm?

(61) ☐

Yes.....1 (go to F3) No.....0 Don't Know.....7

F2 Do you have access to a firearm?

(62) ☐

Yes.....1 No.....0 Don't Know.....7

F3 What sort of firearm is it? (eg. shotgun, 303, air-rifle)

Record response.....

(63,64) ☐ ☐

F4 Do you have a firearms licence?

Yes.....1 No.....0

(65) ☐

F5 In the past year, have you discharged a firearm?

Yes.....1 (ask b) No.....0 (go to Thrills) D.K.....7 (go to Thrills)

(66) ☐b) Did you discharge this firearm in any of the following situations?
Show card No. 28

shooting game, (rabbits, ducks, pigs, deer etc)

Yes.....1 No.....0

(67) ☐

sport (eg rifle shooting, clay bird shooting etc.)

Yes.....1 No.....0

(68) ☐

to protect yourself or your property from other persons?

Yes.....1 No.....0

(69) ☐

other (specify).....

(70,71) ☐ ☐**THRILLS**

Lets assume you won first place in a contest in which you won a free ticket for a thrilling experience like: a bungy jump, skydiving, white water rafting, hanggliding, rollercoaster ride.

Show card No. 29

How likely would you be to take advantage of this opportunity to experience the thrill

of a bungy jump

(72) ☐

sky diving

(73) ☐

white water rafting

(74) ☐

hanggliding

(75) ☐

a roller coaster ride

(76) ☐

0 not at all likely 1 not very likely 2 somewhat likely 3 quite likely 4 very likely

Questionnaire given by

(77) ☐

Card No.

(79,80)

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PHASE 21
MOTOR VEHICLE CRASH FORM
(INJURY)

Given name.....

Date of interview.....

ID.

(1-4)

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(5-10)

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Crash No.(11)

--	--

Injury No. (12)

--	--

(13)

--	--

1. How long ago did this crash occur?

Up to one year.....1

More than one, less than two years.....2

More than two, less than three years.....3

2. What happened? *[describe and draw diagram on the back of this page]*

Object(s) struck 1.....

(14,15)

--	--

(to be coded later) 2.....

(16,17)

--	--

3.....

(18,19)

--	--

Movement.....

(20,21)

--	--

3. What type of motor vehicle were you in (on)?

Car.....1 Motorcycle...2 Heavy Truck...3 Bus.....4 Other(specify).....6

(22)

--	--

4. Were you the driver or a passenger?

(23)

--	--

Driver.....1 (go to 6) Passenger.....2

5. How old was the driver of the vehicle you were in? Age.....years

(24,25)

--	--

6. What was the speed limit in the area (where the crash occurred)?

50 kph1 70 kph2 100kph.....3 DK.....7

(26)

--	--

7. Was this trip work-related, eg. were you driving for work?

Yes.....1 No.....0 DK.....7

(27)

--	--

8. What day of the week did this crash occur on?

Mon-Thurs.....1 Fri.....2 Sat.....3 Sun.....4 DK.....7

(28)

--	--

9. What time of day did it occur? Time.....

(29-32)

--	--	--	--

10. Including yourself, how many people were there in (on) the vehicle you were in?

How many were aged:

less than 15 years.....

(33,34)

--	--

15-24 years.....

(35,36)

--	--

more than 24 years.....

(37,38)

--	--

11. How many people were injured badly enough to require medical attention?

Record number

(39,40)

--	--

12. Who was injured?

(41)

--

Interviewee only.....1 (If Injury Q. given go to 15)

Interviewee and others.....3 (If Injury Q. given go to 15)

Others only.....2 (go to 14)

13. What injuries did YOU receive?:

Injury type

Body Part

1.....

(42-45)

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2.....

(46-49)

--	--	--	--

3.....

(50-53)

--	--	--	--

14. Had you been drinking alcohol in the 2 hours before this crash?

Yes.....1 No.....0 (go to 15) DK.....7 (go to 15)

(54)

--

a) What type(s) of alcohol were you drinking?

Beer* (regular strength).....1 Wine.....2 Spirits.....3

Coolers.....4 Other (record).....6

(55)(56)

--	--

b) About how much had you had on that occasion? (show prompts)

NB: CODING 0.5 = 1

(1) Small bottle..... (2) Large bottle..... (3) Can.....

(57)(58,59)

--	--	--

(4) Beer/Spirit/Wine glass.... (5) Jug..... (6) Other..... (7) DK.....

(60)(61,62)

--	--	--

*Regular strength beer is 4-5% alcohol, if lower or higher strength beer is reported then record as other and specify the brand or % alcohol

Card no.(79,80)

8	0
---	---

ID (1-4) Crash No. (5) Injury No. (6) *IF A PASSENGER:*15. Had the driver of your vehicle had too much (alcohol) to drink to drive safely?

Yes.....1 No.....0 DK....7 NA.....8

(7) *IF ANOTHER VEHICLE INVOLVED*16. Had the driver of the other vehicle had too much to drink to drive safely?

Yes.....1 No.....0 DK....7 NA.....8

(8)

17. Do you think this crash could have been avoided if alcohol had not been involved?

Yes.....1 No.....0 DK....7 NA.....8

(9) *MOTORCYCLE CRASHES - GO TO NEXT PAGE**CAR CRASHES*

18. a) At the time of the crash, were you wearing a seat belt?

No.....0 (*ask b*) Yes.....1 (*go to 19*) DK....7 (*go to 19*) NA.....8(10)

b) Was there one available for you to wear?

No.....0 Yes.....1 DK....7

(11)

19. Was this crash reported to the Ministry of Transport or the Police?

Yes.....1 No.....0 DK.....7 NA.....8

(12) *(N.B. This is the last question for car crashes.)*

MOTORCYCLE CRASHES:

20. Were you wearing a motor cycle helmet?

Yes.....1 No.....0 DK.....7 NA.....8

(13) ☐

21. What other clothing were you wearing?

Try to ascertain its composition and thickness, eg. Leather, heavy wool

Upper body

(14) ☐

Arms

(15) ☐

Hands

(16) ☐

Legs

(17) ☐

Feet

(18) ☐

TOTAL SCORE

(19,20) ☐ ☐

22. Were you wearing any items of clothing that included high visibility materials, such as reflective or day-glo material?

Yes1 No.....0 DK.....7 NA.....8

(21) ☐

23. Were the motorcycle lights switched on and working (includes daytime and night-time crashes)?

Yes1 No.....0 DK.....7 NA.....8

(22) ☐

24. Was this crash reported to the Ministry of Transport or the Police?

Yes.....1 No.....0 DK.....7 NA.....8

(23) ☐

(N.B. complete Injury form if injury meets criteria for inclusion) Card No.

(79,80) ☐ 8 ☐ 1

XXI - 225
PHASE 21
PEDESTRIAN INCIDENT FORM

Given name.....ID. (1-4)

Date of interview..... (5-10)

Crash No. (11)

Injury No.(12)

1. Tell me what happened? *(Describe and draw diagram overleaf)*

Movement..... (13,14)

2. How long ago did this incident occur? (15)

Up to one year.....1

More than one, less than two years.....2

More than two, less than three years.....3

3. What type of vehicle was involved (in this incident)? (16)

Car or van1 Motorcycle.....2 Truck 3

Bicycle4 Bus5. Other 6

4. How old was the driver/rider of this vehicle?.....yrs (17,18)

5. What time of day did it happen? *(Use 24 hour clock).*

..... (19-22)

6. How light was it at the time?

Dawn / dusk1 Daylight.....2 (Go to 9) Dark 3 (23)

Other (Specify)6

7. Was the road lit by street lights?

No 0 Yes 1 Don't know.....7 (24)

8. Were you wearing or carrying anything that would have helped the driver(s) of vehicle(s) to see you?

No0 Yes 1 Don't know.....7 (25)

If yes, what were you wearing or carrying? (Specify)

..... (26,27)

9. Who was injured in this incident?

(28)

Interviewee only.....1 (If Injury Q. given go to 14)

Others only.....2 (go to 11)

Interviewee and others.....3 (If Injury Q. given go to 14)

10. What injuries did YOU receive?:

Injury type

Body Part

1 (29-32)

--	--	--	--

2 (33-36)

--	--	--	--

3 (37-40)

--	--	--	--

11. Had you been drinking alcohol in the 2 hours before this crash?

Yes.....1 No.....0 (go to 12) DK.....7 (go to 12)

(41)

a) What type of alcohol were you drinking?

Beer*(regular strength)....1 Wine....2 Spirits.....3 Coolers.....4

Other (record).....6

(42)(43)

--	--

NB: CODING 0.5 = 1

b) About how much had you had on that occasion? (show prompts)

(1) Small bottle..... (2) Large bottle..... (3) Can.....

(44)(45,46)

--	--	--

(4) Beer/Spirit/wine glass.... (5)Jugs..... (6) Other.....

(47)(48,49)

--	--	--

12. Had the driver [rider] of the vehicle had too much to drink to drive[ride] safely?

Yes.....1 No.....0 DK.....7

(50)

13. Do you think this injury could have been avoided if alcohol had not been involved?

Yes.....1 No.....0 DK.....7 NA.....8

(51)

14. Was the incident reported to the Ministry of Transport or the Police?

(52)

Yes.....1 No.....0 DK.....7

Card No. (79,80)

8	3
---	---

* Regular strength beer is 4-5% alcohol, if lower or higher strength beer is reported record as Other and specify the brand or % alcohol

RESPIRATORY HEALTH

**PROFESSOR MALCOLM SEARS, ASSOCIATE
PROFESSOR DAVID HOLDAWAY, DR ROBIN TAYLOR &
MS ERIN FLANNERY**

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT

RESPIRATORY STUDY PHASE 21 - SELF ADMINISTERED QUESTIONNAIRE

ID

1					4
					5

TO ANSWER THE QUESTIONS, PLEASE CIRCLE THE APPROPRIATE ANSWER.
IF YOU ARE **UNSURE** OF THE ANSWER, PLEASE CHOOSE '**NO**'

Wheeze and tightness in the chest

1. Have you, at any time in your life, heard a wheezing noise coming from your chest? YES NO ☐ 6
("Wheezing" means a whistling sound, however high or low pitched and however faint)

IF 'NO', GO TO QUESTION 2; IF 'YES' GO TO QUESTION 1.1:

- 1.1 Have you ever been at all breathless when the wheezing noise was present? YES NO ☐ 7
- 1.2 Have you, at any time in your life, had this wheezing noise when you did not have a cold? YES NO ☐ 8
2. Have you had wheezing or whistling in your chest at any time in the last 12 months? YES NO ☐ 9
3. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? YES NO ☐ 10

Shortness of breath

4. Have you had an attack of shortness of breath that came on during the day when you were at rest, at any time in the last 12 months? YES NO ☐ 11
5. Have you had an attack of shortness of breath that came on following strenuous activity at any time in the last 12 months? YES NO ☐ 12
6. Have you been woken at night by an attack of shortness of breath at any time in the last 12 months? YES NO ☐ 13

ID.....

Cough and phlegm from the chest

7. Have you been woken by an attack of coughing, at any time in the last 12 months?

YES NO

☐

14

IF 'NO', GO TO QUESTION 8; IF 'YES', GO TO QUESTION 7.1

- 7.1 Have you woken with coughing when you did not have a cold?

YES NO

☐

15

8. Do you usually cough on getting up or first thing in the morning?

YES NO

☐

16

IF 'NO', GO TO QUESTION 10; IF 'YES', GO TO QUESTION 9

9. Have you coughed on getting up or first thing in the morning, on most mornings for at least 3 months each year?

YES NO

☐

17

10. Do you usually bring up phlegm from your chest on getting up or first thing in the morning?

YES NO

☐

18

IF 'NO', GO TO QUESTION 12; IF 'YES', GO TO QUESTION 11

11. Have you brought up phlegm from your chest on getting up or first thing in the morning, on most mornings for at least 3 months each year?

YES NO

☐

19

Breathing

12. Do you ever have trouble with your breathing?

YES NO

☐

20

IF 'NO', GO TO QUESTION 13; IF 'YES', GO TO QUESTION 12.1

- 12.1 Do you have this trouble: (circle A or B or C)

A. continuously, so that your breathing is never quite right?

B. repeatedly, but it always gets completely better?

C. only rarely?

☐

21

ID

13. Does your chest ever sound wheezy or whistling:

- a. when you have a cold? YES NO
- b. occasionally apart from colds? YES NO
- c. most days or nights? YES NO

	22
	23
	24

IF 'NO', GO TO QUESTION 14; IF 'YES', GO TO QUESTION 13.1

13.1 For how many years has this been present years

		26
--	--	----

14. Have you ever had an attack of wheezing that made you feel short of breath?

YES NO

	27
--	----

IF 'NO', GO TO QUESTION 15; IF 'YES', GO TO QUESTION 14.1

14.1 How old were you when you had your first such attack?

..... years

		29
--	--	----

14.2 Have you had two or more such episodes?

YES NO

	30
--	----

14.3 Have you ever required medicine or treatment for these attacks?

YES NO

	31
--	----

If YES, list those that you took

	32
	33
	34
	35

15. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

YES NO

	36
--	----

Animals, Dust, Feathers16. When you are in a dusty part of the house or with animals (for instance, dogs, cats or horses) or near feathers (including pillows, quilts and eiderdowns) do you ever:

- a. get a feeling of tightness in your chest? YES NO
- b. start to feel short of breath? YES NO

	37
	38

ID.....

Asthma

17. Have you ever had asthma? YES NO

☐ 39IF 'NO', GO TO QUESTION 18; IF 'YES', GO TO QUESTION 17.1

17.1 Was this confirmed by a doctor? YES NO

☐ 40

17.2 How old were you when you had your first attack of asthma? years

 42

17.3 How old were you when you had your most recent attack of asthma? years

 44

17.4 Have you had an attack of asthma in the last 12 months? YES NO

☐ 45

17.5 Are you currently taking any medications (including inhalers, aerosols, or tablets) for asthma? YES NO

☐ 46

17.6 Do you still have asthma? YES NO

☐ 47

17.7 If you no longer have asthma, at what age did it stop? years

 49**Smoking**

You may have already answered similar questions in another part of the study, but for purposes of international comparisons we need to ask certain questions in a standardised manner. Like all other information obtained in this study, your replies to these questions are fully confidential.

18. Have you ever smoked for as long as a year? YES NO

☐ 50

(NO means less than 20 packs of cigarettes in your lifetime or less than one cigarette/day for as long as a year)

IF 'NO', GO TO QUESTION 19; IF 'YES', GOT TO QUESTION 18.1

18.1 How old were you when you first started smoking? years

 52

18.2 How old were you when you began to smoke regularly? years

 54

18.3 Have you cut down or stopped smoking? YES NO

☐ 55IF 'NO' GO TO QUESTION 18.4; IF 'YES', GO TO QUESTION 18.3.1

18.3.1 How long ago did you cut down or stop smoking? years ago

 5718.3.2 How many cigarettes per day did you smoke on average before the change? per day 5918.4 How many cigarettes per day do you now smoke on average? per day 61

ID.....

19. Does anyone else in your home (where you now live) smoke regularly? YES NO

(Specify _____)

	62
--	----

Other conditions

20. Have you ever had sinusitis? YES NO

	63
--	----

21. Have you ever had frequent heartburn? YES NO

	64
--	----

22. Have you ever had "hay fever" YES NO

	65
--	----

23. Have you ever had any eczema or any kind of skin allergy YES NO

	66
--	----

24. Are you allergic to insect stings? YES NO

	67
--	----

IF 'NO', GO TO QUESTION 25; IF 'YES', GO TO QUESTION 24.1

24.1 Which insects? _____

			70
--	--	--	----

25. Are you allergic to any medicines? YES NO

	71
--	----

25.1 Which medicine(s)? _____

			74
--	--	--	----

			77
--	--	--	----

A	A	1	80
---	---	---	----

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT

RESPIRATORY STUDY - PHASE 21 - ADMINISTERED QUESTIONNAIRES

STUDY NUMBER:

ID

--	--	--	--

BOXES 5-14 BLANK

- | | | | | | |
|----|---|-----|----|--------------------------|----|
| 1. | Have you ever been troubled by coughing a lot when you run or just after stopping running? | YES | NO | <input type="checkbox"/> | 15 |
| 2. | Does going into cold air make you cough a lot even when you do not have a cold? | YES | NO | <input type="checkbox"/> | 16 |
| 3. | Do you sometimes cough in bed at night when you do not have a cold? (more than occasional nights) | YES | NO | <input type="checkbox"/> | 17 |
| 4. | Have you ever had asthma? | YES | NO | <input type="checkbox"/> | 18 |
| 5. | Have you ever had wheezy breathing (a whistling noise in the chest)? | YES | NO | <input type="checkbox"/> | 19 |
| 6. | Have you ever noticed wheezy breathing (a whistling noise in the chest) when you: | | | | |
| a. | have a cold? | YES | NO | <input type="checkbox"/> | 20 |
| b. | go out in cold air? | YES | NO | <input type="checkbox"/> | 21 |
| c. | run or just after running? | YES | NO | <input type="checkbox"/> | 22 |
| d. | are in bed at night? | YES | NO | <input type="checkbox"/> | 23 |
| e. | wake up in the morning? | YES | NO | <input type="checkbox"/> | 24 |

IF 'YES' TO ANY OF QUESTIONS 4-6, GO TO QUESTION 7; IF 'NO', GO TO QUESTION 14

- | | | | | | |
|----|---|-----|----|--------------------------|----|
| 7. | Have you had any of these symptoms (any of the above) | | | <input type="checkbox"/> | |
| a. | in the last 3 years? | YES | NO | <input type="checkbox"/> | 25 |
| b. | in the last 12 months? | YES | NO | <input type="checkbox"/> | 26 |

IF SYMPTOMS HAVE OCCURRED IN THE LAST 3 YEARS, GO TO QUESTION 8, BUT IF NOT, GO TO QUESTION 14

- | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. | How often have you had attacks of asthma or wheezing | | | | |
| a. | in the last 3 years? | episodes per | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | in the last 12 months? | episodes per | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | On average, how long does each attack last? | | | | |
| | minutes/hours/days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 |

ID.....

10. When did you last notice any wheeze or asthma?

..... days ago

--	--	--

38

11. Have you had any treatment for asthma or wheezing

a. in the last 3 years?

YES NO

b. in the last 12 months?

YES NO

--

39

--

40

If YES, what treatment did you take?

Drug name (generic)	Formulation (tab, inhaler)	Dose	Frequency (daily/prn)	Current (yes/no)	Age when commenced

--	--	--

43

--	--	--

46

--	--	--

49

--	--	--

52

--	--	--

55

--	--	--

58

c. Have you taken any treatment today?

Specify drug and timeam/pm

12. In the last 3 years, have you lost any time off school or work or University because of asthma or wheezing?

YES NO

--

59

12.1 If YES, how many days have you lost

(a) in the last 3 years?

..... days

(b) in the last 12 months?

..... days

--	--	--

62

--	--	--

65

13. Have you ever been admitted to hospital because of asthma or wheezing?

YES NO

--

66

13.1 If YES, how many times altogether?

..... admissions

--	--

68

13.2 Have you been admitted to hospital for asthma or wheezing in the last 3 years?

YES NO

--

69

If YES, how many times

(a) in the last 3 years?

..... admissions

--	--

71

(b) in the last 12 months?

..... admissions

--	--

73

--	--

75

--	--

77

A	A	2
---	---	---

80

Occupation

14. What is your current job? (or, what was your most recent job?)
(Be as precise as possible; include job or occupation, position, or
job title, and business, field or industry. If a student, include
holiday work).

15. Have you ever had a medical problem as a result of
your work?

YES NO

IF 'NO', GO TO QUESTION 15.2; IF 'YES', TO TO QUESTION 15.1

15.1 What was the major medical problem? _____

- 15.2 Have you ever had to change your job because it
affected your breathing?

YES NO

IF 'NO', GO TO QUESTION 15.3; IF 'YES', GO TO QUESTION 15.2.1

15.2.1 What was this job? (be as precise as possible)

- 15.3 Have you ever worked in a job which exposed you to
dust or fumes?

YES NO

IF 'NO', GO TO QUESTION 15.4; IF 'YES', GO TO QUESTION 15.3.1

15.3.1 What was this job? (Be as precise as possible)

- 15.4 In your work, are you exposed to other people's
cigarette smoke?

YES NO

GIVE SUBJECT THE CHECKLIST OF EXPOSURES AND OCCUPATIONS
(Page 5 of SCOR Exposure History 4/1/83)

- 15.5 Have you EVER had REGULAR exposure to any of the substances
of the list given to you?

(If YES, circle and list each in columns 1,2 and 7 of the table,
and complete the line. Include occupation, hobbies, or
recreational activity or work at home).

16. Have you EVER worked in any of the industries or worked in any
of the jobs shown at the bottom of the table?

(If YES, circle and list each in columns 4 and 5 of the table, and
complete columns 6 and 7).

				4
--	--	--	--	---

5				7
				9

		10
--	--	----

		12
--	--	----

		13
--	--	----

			16
--	--	--	----

			18
--	--	--	----

		19
--	--	----

			22
--	--	--	----

			24
--	--	--	----

		25
--	--	----

COLUMNS 26-77 BLANK

A	A	3	80
---	---	---	----

- | | | |
|--------------------|--------------------------|--------------------------------|
| 01 silica | 10 other dusts (SPECIFY) | 28 foam fumes |
| 02 asbestos | 11 cotton dust | 29 TDI or other isocyanates |
| 03 beryllium | 12 road dust | 31 solvents (SPECIFY) |
| 04 talc | 21 freon or refrigerants | 36 insecticides (SPECIFY) |
| 05 graphite | 23 automobile exhaust | 41 radiation |
| 06 fiberglass | 24 other fumes (SPECIFY) | 42 other significant exposures |
| 07 rock wool | 25 formaldehyde | 43 resins or glues |
| 08 sawdust | 26 solder or flux | 74 diesel fumes |
| 09 molybdenum dust | 27 plastic fumes | |

10	smelting	38	chemical industry (include	56	quarrying (include stone
11	foundry work		synthetics and plastics)		cutting)
12	welding	39	detergent industry	57	construction or road work
18	electronic manufacture	41	rubber industry	58	painting
31	flour, feed or	51	insulation (manufacture)	60	mining (open pit)
	grain industry	52	insulation (installing)	61	mining (underground)
34	cotton/jute processing	55	sandblasting	65	farming
				66	logging

Date: _____

Your home environment:

ID

1					4
---	--	--	--	--	---

17. Are you living at home or away from home?

Parent's home Own home Board Flat Hostel Other

	5
--	---

18. What type of mattress do you sleep on?

Innersprung Foam Rubber Kapok Waterbed Other

	6
--	---

19. Is there a sheepskin/woolrest on the bed? YES NO

	7
--	---

20. Do you have any animals at home or at your current residence? YES NO

Cat Dog Horse Other

	8
	11

21. Is there any mould in your home? YES NO

Kitchen Bathroom Bedroom Other

	12
	15

22. Is your home damp? YES NO

	16
--	----

23. Is your home dusty? YES NO

	17
--	----

24. How many persons are there living in the same house as yourself?

Under age 18?

	19
--	----

Age 18 - 61?

	21
--	----

Age 62 or more?

	23
--	----

25. Does anyone regularly smoke inside your home? YES NO

	24
--	----

26. Do you have any gas appliances (cookers, gas heaters, gas fires) in your home? YES NO

	25
--	----

27. What is the main type of fuel used to heat your home?

Electric Coal Gas Oil Other

	26
--	----

28. Do you have a furnace or heating system to centrally heat your home? If so, of what type? YES NO

Electric Coal Gas Oil Other

	27
--	----

29. Do you use portable kerosene heaters in your home? YES NO

	28
--	----

35. Do you use a wood burning stove to help heat your home? YES NO

	29
--	----

36. Do you use an open fireplace to heat your home in cold weather? YES NO

	30
--	----

	31
--	----

					ID.....		32
Background questionnaire - Data Available					YES NO		
Occupation							
38. Are you a full-time student?					YES NO		33
39. What was your highest educational qualification?.....							35
If 'YES' to 38, LEAVE REST BLANK							
40. Are you currently employed (include self employment)					YES NO		36
41. Are you not employed because you are							
- a homemaker					YES NO		37
- in a training scheme					YES NO		38
- looking for work					YES NO		39
- poor health					YES NO		40
- other reasons (specify)					YES NO		41
							43
42. To what extent have you experienced the following digestion related symptoms in the past year:							
	Never	Rarely	Sometimes	Often	All the time		
a. Indigestion/Heartburn	0	1	2	3	4		44
b. Abdominal pain or discomfort	0	1	2	3	4		45
Date Seen							51
Barometric Pressure							54
Temperature							57
COLUMNS 58-77 BLANK							
							80

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT
RESPIRATORY STUDY PHASE 21

METHACHOLINE CHALLENGE

CHALLENGE						ID	
							4
					Height (mm)		8
					Weight (kg)		11
					Pre-challenge FEV ₁		14
					VC		17
Methacholine	0.025 mg/ml	30 sec		FEV ₁			20
				VC			23
		2 min		FEV ₁			26
				VC			29
Methacholine	0.25 mg/ml	30 sec		FEV ₁			32
				VC			35
		2 min		FEV ₁			38
				VC			41
Methacholine	2.50 mg/ml	30 sec		FEV ₁			44
				VC			47
		2 min		FEV ₁			50
				VC			53
Methacholine	25.0 mg/ml	30 sec		FEV ₁			56
				VC			59
		2 min		FEV ₁			62
				VC			65
				Post salbutamol FEV ₁			68
				VC			71
				No Methacholine data			72
				Obstructed (FEV ₁ /VC < 60%)			73
				PC ₂₀ mg/ml			77
					A	A	5

Codes: (Box 72)

1. Refused methacholine
2. Protocol violation
3. Incomplete test
4. Prior bronchodilator use (< 6 hrs)
5. Unsatisfactory performance

RESPIRATORY STUDY PHASE 21 - EXPOSURES/INDUSTRIAL AGENTS

Coding instructions

ID

1

--	--	--	--

4

For each 4 digit box

Exposure or Industry = 2 digits

Exposures

--	--	--	--

8

Intensity - light = 1
 - moderate = 2
 - heavy = 3

--	--	--	--

12

Duration - < 1 month = 1
 - < 6 months = 2
 - < 1 year = 3
 - 1 < 2 years = 4
 - 2 < 5 years = 5
 - 5 < 10 years = 6
 - > 10 years = 7

--	--	--	--

16

--	--	--	--

20

--	--	--	--

24

--	--	--	--

28

For industries, code 0 in 3rd box in each line
 (Intensity not recorded)

Industries

--	--	--	--

32

--	--	--	--

36

--	--	--	--

40

--	--	--	--

44

--	--	--	--

48

--	--	--	--

52

Leave all unused lines blank

COLUMNS 53 - 77 BLANK

A	A	6
---	---	---

80

DUNEDIN MULTIDISCIPLINARY HEALTH & DEVELOPMENT RESEARCH UNIT

RESPIRATORY STUDY - PHASE 21

Skin Test Results

	Weal	Flare	Weal (mm)	Flare (mm)	
					4
House Dust					8
Cat Fur					12
Horse					16
Dog					20
Kapok					24
Grass Pollen					28
Penicillium Mould					32
Alternaria Mould					36
Cladosporium Mould					40
Aspergillus Fumigatus Mould					44
Wool					48
Cockroach					52
Negative Control					56
Positive Control					60
Drug therapy (specifically ask about allergy or hayfever tablets or medicines and antihistamines)	Yes = 1, No = 0				61
..... Last doseam/pm					COLUMN 62-77 BLANK
CARD NO.			A	A	7
					80

DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT RESEARCH UNIT

BLOOD RESULTS

ID	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4
IgE (1)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9
(2)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14
WBC			<input type="text"/>	<input type="text"/>	<input type="text"/>	17
% Eosinophil			<input type="text"/>	<input type="text"/>	<input type="text"/>	20
Absolute Eosinophil		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	24
25-77 BLANK						
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	80

SEXUAL BEHAVIOUR & REPRODUCTIVE HEALTH

DRS NIGEL DICKSON & CHARLOTTE PAUL

record subject responses

Phase XXI

Dunedin Multidisciplinary Health and Development Study
Male Questionnaire

CONFIDENTIAL

Study number Sex ☐

Subject Age yrs months

Start Interview 

Change to "Female" Quest

QUIT

Although some of the questions are about very personal matters, your answers are strictly confidential and will not be linked to your name.

Most responses are given by using the 'mouse' to move the 'hand', and clicking the button on the 'mouse' to indicate your answer.

Start by pointing the 'hand' on the arrow below and clicking the button once.


Click this arrow 
to go on

Well Done!

Most questions will have a choice of answers. Indicate your answer by putting the 'hand' in the appropriate box, or on the answer you want to give, click and release the mouse button.

This answer can be changed by clicking a second time with the 'hand' on that box and then selecting the correct answer. For some questions (we will tell you which) more than one box can be chosen.

When you are happy with your answer click on the arrow at the bottom of the page.

Click this arrow 
to go on

Try this question:

Which country is Dunedin in?


☐ Australia

☐ New Zealand

☐ Canada

☐ USA

☐ Germany

Click this arrow 
to go on

WELL DONE

Some questions require you to enter a number. You do this with the top row of the keypad.

Try this by putting in your age now.

What is your age (in years)?

years

Click this arrow
to go on



If you don't want to answer a question move the 'hand' onto the word 'skip' at the top of the screen. Please do not do this unless absolutely necessary.

If the computer can't accept your answer an 'error' message will show. Click on the word 'OK' that appears and this will give you another opportunity to answer.

Click this arrow
to go on



If you want any help please ask the interviewer.

Now if you are happy...

Click this arrow
to go on



skip

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

We would like to start by asking you about
getting medical help.

to

Next Card

No. of Boxes

CLICK ARROW TO GO ON

[skip](#)

Is there someone you consider to be your own Doctor /General Practitioner/GP/or Family Doctor? [Multi answer](#)

☐ Yes

☐ No

Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

9

[skip](#)

Is your Doctor male or female?

☐ Male

☐ Female

☐ Multi_answer
☐ Text_entry
 Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

10

[skip](#)

Have you consulted a Doctor of any kind in the last year? [Multi answer](#)

☐ Yes

☐ No

Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

11

What kind of Doctor have you consulted in the last year? More than one answer can be given. [skip](#)

- ☐ Your own Doctor/GP/General Practitioner
- ☐ Another GP/General Practitioner
- ☐ Student health Doctor
- ☐ Family planning Doctor
- ☐ Hospital specialist
- ☐ Private specialist
- ☐ Accident and emergency Doctor
- ☐ STD clinic Doctor
- ☐ Sports clinic Doctor
- ☐ Other

☐ Text_entry
 Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

12

skip

Do you prefer to discuss your health problems with a male or female Doctor?

☐ Male

☐ Female

☐ Don't mind

☐ It depends on the problem

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

13

skip

Have you ever attended a Family Planning Clinic? **user**

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

☐ Yes

☐ No

CLICK ARROW TO GO ON 

14

skip

Have you ever attended an STD clinic? **Answer**

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

☐ Yes

☐ No

CLICK ARROW TO GO ON 

15

skip

Do you have a "Community Services Card"? **Multi Answer**

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

☐ Yes

☐ No

☐ Don't know

CLICK ARROW TO GO ON 

16

[skip](#)

Do you have a "High Use Health Card"?

☐ Yes☐ No☐ Don't know☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

17

[skip](#)☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

18

[skip](#)☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

19

[skip](#)☐ Multi_answer☐ Text_entry

Now we would like to ask you some more
personal questions about your sexual
experiences.

Remember the answers will not be linked to
your name. Please answer them honestly.

CLICK ARROW TO GO ON 

20

skip

Have you ever had sexual intercourse with a woman? ☐ Multi_answer

By sexual intercourse we mean when a man's penis enters a woman's vagina.

2

50

☐ Yes☐ Skipped

Card to skip to 50

Next Card 22

No. of Boxes 2

☐ No

CLICK ARROW TO GO ON ➡

21

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to

The next questions are about your most recent female sexual partner.

23

23

No. of Boxes 0

CLICK ARROW TO GO ON ➡

22

Have you had sexual intercourse more than once with the woman you last had sex with?

skip

super

☐ Text_entry

Jump option no. 2

Card to jump to 30

☐ Yes, more than once☐ Skipped

Card to skip to 38

Next Card 24

No. of Boxes 2

☐ No, once only

CLICK ARROW TO GO ON ➡

23

skip

Are you currently having a sexual relationship with a woman? ☐ Multi_answer

ry

no. 2

Card to jump to 25

☐ Yes☐ Skipped

Card to skip to 36

Next Card 27

No. of Boxes 2

☐ No

CLICK ARROW TO GO ON ➡

24

skip

When was the last time you had sexual intercourse?

- ☐ less than one month ago
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year ago

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

25

skip

How long had the sexual relationship with your last sexual partner lasted?

- ☐ less than one month
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

26

skipWhen did you first have sex with your most recent sexual partner?

- ☐ less than one month ago
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year ago

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

27

skipWhen you first had sex with your most recent sexual partner, do you think that she had had sex with fewer, more, or about the same number of partners in her life compared to you?

- ☐ Fewer
- ☐ More
- ☐ About the same
- ☐ Don't know

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

28

skip

When you first had sex with your most recent sexual partner were you having a sexual relationship with anyone else?

☐ Yes

☐ No

 Card to jump to
☐ Skipped

 Card to skip to 33

 Next Card 33

 No. of Boxes 2

CLICK ARROW TO GO ON ➡

29

skip

When did you last have sex?

☐ Less than a month ago

☐ Between one and six months ago

☐ Between six months and a year ago

☐ More than a year ago

☐ Multi_answer

 nt_entry
option no.

 Card to jump to
☐ Skipped

 Card to skip to 35

 Next Card 31

 No. of Boxes 4

CLICK ARROW TO GO ON ➡

30

skip

When you had sex with your most recent sexual partner, do you think that she had had sex with fewer, more, or about the same number of partners in her life compared to you?

☐ Fewer

☐ More

☐ About the same

☐ Don't know

 Card to jump to
☐ Skipped

 Card to skip to 32

 Next Card 32

 No. of Boxes 4

CLICK ARROW TO GO ON ➡

31

skip

When you had sex with your most recent sexual partner, were you having a sexual relationship with anyone else?

☐ Yes

☐ No

 Card to jump to
☐ Skipped

 Card to skip to 33

 Next Card 33

 No. of Boxes 2

CLICK ARROW TO GO ON ➡

32

☐ Multi_answer

How old was your most recent sexual partner compared to you?

☐ About the same age (within 2 years)?☐ More than 2 years older☐ More than 2 years younger☐ Don't knowCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

33

About your most recent sexual partner, are you, or were you ever...

☐ Married to each other☐ Living together (but never married)☐ Regular partners (but never lived together)☐ Not regular partners (so far)☐ Other *Not applicable*Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

34

On the last occasion you had sex was a condom used...

☐ Yes☐ NoJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

35

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

36

[skip](#)☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

37

[skip](#)☐ Multi_answer☐ Text_entry

The next questions are about the number of
women (females of any age) you have had sex
with.

Please include everyone, whether you had sex
with them just once, a few times, or they were a
regular partner, or your wife.

Please be as accurate as you can. Give your best
estimate if you can't remember exactly.

CLICK ARROW TO GO ON 

38

[skip](#)☐ Multi_answer

In the last 4 weeks, with how many women have you had
sexual intercourse?

[Just type in the number with the top row of the keyboard]

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

39

[skip](#)

In the last 12 months, with how many women have you had
sexual intercourse?

This should include those who you have had sex with in the last 4 weeks

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

40

In the last three years, with how many women have you had sexual intercourse?

This should include those you have had sex with in the last 12 months.

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

41

Altogether, in your life so far, with how many women (females of any age) have you had sexual intercourse?

This should include those you have had sex with in the last 3 years.

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

42

When you have had sexual intercourse during the last 12 months, did you use a condom?

☐ Not had sex in the last 12 months☐ Never☐ Sometimes☐ Usually☐ AlwaysJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

43

When you have had sexual intercourse during the last 12 months, have you or your partner used contraception/birth control (including condoms)?

☐ Never☐ Sometimes☐ Usually☐ AlwaysCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

44

What contraception have you or your partner used in the last 12 months? More than one answer can be given **skip**

- | | |
|--|---|
| <input type="checkbox"/> Pill | <input type="checkbox"/> Text_entry |
| <input type="checkbox"/> Injection (Depo-Provera) | Jump option no. <input type="text" value="10"/> |
| <input type="checkbox"/> Diaphragm | Card to jump to <input type="text" value="46"/> |
| <input type="checkbox"/> IUD(cuI) | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> Spermicide | Card to skip to <input type="text" value="47"/> |
| <input type="checkbox"/> Withdrawal | Next Card <input type="text" value="47"/> |
| <input type="checkbox"/> Safe period/rhythm method | No. of Boxes <input type="text" value="10"/> |
| <input type="checkbox"/> 'Morning-after-pill' | |
| <input type="checkbox"/> Condom | |
| <input type="checkbox"/> Another method | |

CLICK ARROW TO GO ON ➡

45

You said another method of contraception was used, what was that?)

Please type in what was used as contraception - don't worry about the spelling!

Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON ➡

46

During the last 12 months has your partner been, or been trying to get, pregnant?

☐ Yes

☐ No

skip
 r

☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON ➡

47

In the two year period between 1 year ago and 3 years ago, when you had sexual intercourse, did you use a condom?


- ☐ Did not have sex in that time period
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

skip
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON ➡


48

Have you ever had sex with another man (that is oral, anal, or other forms of genital contact)

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

49

Have you ever had sex with another man (that is oral, anal, or other forms of genital contact)

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

50

☐ Multi_answer

Have you ever had anal intercourse (insertive or receptive) with another man?

ry
no.

By anal intercourse we mean when a man's penis enters a partner's anus (rectum or back passage)

to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

51

☐ Multi_answer

The next questions are about the number of men you have had anal intercourse with.

no. to

Please include everyone you had this with, whether it was just once, a few times, or a regular partner.

to 1

Please be as accurate as you can. Give your best estimate if you can't remember exactly.

CLICK ARROW TO GO ON 

52

☐ Multi_answer

In the last four weeks, with how many men have you had
anal intercourse?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

53

☐ Multi_answer

In the last 12 months, with how many men have you had
anal intercourse?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

54

☐ Multi_answer

In the last 3 years, with how many men have you had
anal intercourse?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

55

☐ Multi_answer

Altogether, in your life so far, with how many men
have you had anal intercourse?

no. to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

56

skip☐ Multi_answer

On the last occasion you had anal intercourse with another man, was a condom used?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

57

skip

During the last 12 months when you have had anal intercourse with another man, were condoms used?

Jump option no. ☐ Not had anal intercourse in the last 12 months☐ Never☐ Sometimes☐ Usually☐ Always☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

58

skip

In the two year period between 1 year ago and 3 years ago, when you had anal intercourse, did you use a condom?

Jump option no. ☐ Did not have anal sex in that time period☐ Never☐ Sometimes☐ Usually☐ Always☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

59

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

60

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

61

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to

In this section we would like to ask you about
any pregnancies you have been responsible for.

Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

62

skip

Have you ever made anyone pregnant?

☐ Yes☐ No☐ Unsure☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

63

skip

How many times have you made someone pregnant?

☐ Once☐ 2 or more times☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

64

How old were you when you made someone pregnant?

☐ 17yr or younger

☐ 18yr

☐ 19yr

☐ 20yr

☐ 21yr

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

65

When you found out about the pregnancy how did you feel?

☐ Happy

☐ Unhappy

☐ Mixed reaction

☐ Can't remember

☐ Try

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

66

How did the pregnancy end?

☐ A live baby

☐ Miscarriage

☐ Abortion (Termination)

☐ Stillbirth

☐ Ectopic pregnancy

☐ She is still pregnant

☐ Don't know

☐ Multi Answer

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

67

Were you in a regular relationship with the mother, when the baby was born?

☐ Yes

☐ No

☐ Multi Answer

☐ Try

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

68

skip☐ Multi_answer

Are you currently living with the mother and that child as a family?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

69

skip☐ Multi_answer

Were you in a regular relationship with the mother when the pregnancy occurred?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

70

skip☐ Multi answer

How old were you the 1st time you made someone pregnant?

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yrCard to jump to Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

71

skip

When you found out about the 1st pregnancy, how did you feel?

☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't rememberJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

72

How did that 1st pregnancy end?

- ☐ A live baby
- ☐ Miscarriage
- ☐ Abortion(Termination)
- ☐ Stillbirth
- ☐ Ectopic pregnancy
- ☐ She is still pregnant
- ☐ Don't know

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

skip

CLICK ARROW TO GO ON 

73

Were you in a regular relationship with the mother, when the baby from that 1st pregnancy was born?

☐ Yes

☐ No

ver

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

skip

CLICK ARROW TO GO ON 

74

Are you currently living with the mother and that child as a family?

☐ Yes

☐ No

☐ Multi_answer

ntry

in no.

Card to jump to


☐ Skipped

Card to skip to

Next Card

No. of Boxes

skip

CLICK ARROW TO GO ON 

75

Were you in a regular relationship with the mother when that 1st pregnancy occurred?

☐ Yes

☐ No

☐ Multi_answer

y

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

skip

CLICK ARROW TO GO ON 

76

skip

How old were you the 2nd time you made someone pregnant?

- ☐ 17yr or younger
- ☐ 18yr
- ☐ 19yr
- ☐ 20yr
- ☐ 21yr

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

77

skip

When you found out about that 2nd pregnancy, how did you feel?

- ☐ Happy
- ☐ Unhappy
- ☐ Mixed reaction
- ☐ Can't remember

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

78

skip

How did that 2nd pregnancy end?

- ☐ A live baby
- ☐ Miscarriage
- ☐ Abortion(Termination)
- ☐ Stillbirth
- ☐ Ectopic pregnancy
- ☐ She is still pregnant
- ☐ Don't know

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

79

skip

Were you in a regular relationship with the mother, when the baby from that 2nd pregnancy was born?

- ☐ Yes
- ☐ No

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

80

skip☐ Multi_answer☐ Text_entry

Are you currently living with the mother and that child as a family?

1. 0. ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

81

skip☐ Multi_answer

Were you in a regular relationship with the mother when that 2nd pregnancy occurred?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

82

skip☐ Multi_answer

Have you made someone pregnant more than twice?

Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

83

skip

How old were you the 3rd time you made someone pregnant?

Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yrCLICK ARROW TO GO ON 

84

[skip](#)

When you found out about that 3rd pregnancy, how did you feel?

- ☐ Happy
- ☐ Unhappy
- ☐ Mixed reaction
- ☐ Can't remember

Jump option no.


Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

85

[skip](#)

How did that 3rd pregnancy end?

- ☐ A live baby
- ☐ Miscarriage
- ☐ Abortion(Termination)
- ☐ Stillbirth
- ☐ Ectopic pregnancy
- ☐ She is still pregnant
- ☐ Don't know

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

86

[skip](#)

Were you in a regular relationship with the mother, when the baby from that 3rd pregnancy was born?

- ☐ Yes
- ☐ No

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

87

[skip](#)

Are you currently living with the mother and that child as a family?

- ☐ Yes
- ☐ No

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

88

[skip](#)☐ Multi_answer

Were you in a regular relationship with the mother when that 3rd pregnancy occurred?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

89

[skip](#)☐ Multi_answer

Have you made someone pregnant more than 3 times?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

90

[skip](#)

How old were you the 4th time you made someone pregnant?

Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yrCLICK ARROW TO GO ON 

91

[skip](#)

When you found out about that 4th pregnancy, how did you feel?

Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't rememberCLICK ARROW TO GO ON 

92

How did that 4th pregnancy end?

- ☐ A live baby
☐ Miscarriage
☐ Abortion(Termination)
☐ Stillbirth
☐ Ectopic pregnancy
☐ She is still pregnant
☐ Don't know

☐ Multi_answer☐ Text_entry

Jump option no. 1

Card to jump to 94

☐ Skipped

Card to skip to 98

Next Card 98

No. of Boxes 7

skip

CLICK ARROW TO GO ON ➡

93

Were you in a regular relationship with the mother, when the baby from that 4th pregnancy was born?

☐ Yes☐ No☐ Multi_answer

Jump option no. 1

Card to jump to

☐ Skipped

Card to skip to 95

Next Card 95

No. of Boxes 2

skip

CLICK ARROW TO GO ON ➡

94

Are you currently living with the mother and that child as a family?

☐ Yes☐ No☐ Multi_answer

Jump option no. 1

Card to jump to

☐ Skipped

Card to skip to 96

Next Card 97

No. of Boxes 2

skip

CLICK ARROW TO GO ON ➡

95

Were you in a regular relationship with the mother when that 4th pregnancy occurred?

☐ Yes☐ No☐ Multi_answer

Jump option no. 1

Card to jump to

☐ Skipped

Card to skip to 97

Next Card 97

No. of Boxes 2

skip

CLICK ARROW TO GO ON ➡

96

skip☐ Multi_answer

Have you made someone pregnant more than 4 times?

Jump option no. Card to jump to ☐ Yes☐ SkippedCard to skip to ☐ NoNext Card No. of Boxes

CLICK ARROW TO GO ON ➡

97

skip

How old were you the 5th time when you made someone pregnant?

☐ 17yr or youngerJump option no. Card to jump to ☐ 18yr☐ SkippedCard to skip to ☐ 19yrNext Card ☐ 20yrNo. of Boxes ☐ 21yr

CLICK ARROW TO GO ON ➡

98

skip

When you found out about that 5th pregnancy, how did you feel?

☐ HappyJump option no. Card to jump to ☐ Unhappy☐ SkippedCard to skip to ☐ Mixed reactionNext Card No. of Boxes ☐ Can't remember

CLICK ARROW TO GO ON ➡

99

skip

How did that 5th pregnancy end?

☐ A live baby☐ Multi_answer☐ Text_entryJump option no. ☐ MiscarriageCard to jump to ☐ Abortion(Termination)☐ SkippedCard to skip to ☐ StillbirthNext Card ☐ Ectopic pregnancyNo. of Boxes ☐ She is still pregnant☐ Don't know

CLICK ARROW TO GO ON ➡

100

skip

Were you in a regular relationship with the mother, answer
when the baby from that 5th pregnancy was born?

Country

Jump option no. Card to jump to ☐ Yes☐ SkippedCard to skip to Next Card No. of Boxes ☐ NoCLICK ARROW TO GO ON 

101

skip☐ Multi_answer

Are you currently living with the mother and that
child as a family?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

102

skip☐ Multi_answer


Were you in a regular relationship with the mother
when that 5th pregnancy occurred?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

103

skip☐ Multi answer

Have you made someone pregnant more than 5 times?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

104

skip

How old were you the 6th time you made someone pregnant?

☐ 17yr or younger

☐ 18yr

☐ 19yr

☐ 20yr

☐ 21yr

 Jump option no.

 Card to jump to
☐ Skipped

 Card to skip to 108

 Next Card 108

 No. of Boxes 5

 CLICK ARROW TO GO ON 

105

skip

When you found out about that 6th pregnancy how did you feel?

☐ Happy

☐ Unhappy

☐ Mixed reaction

☐ Can't remember

 Jump option no.

 Card to jump to
☐ Skipped

 Card to skip to 107

 Next Card 107

 No. of Boxes 4

 CLICK ARROW TO GO ON 

106

skip

How did that 6th pregnancy end?

☐ A live baby

☐ Miscarriage

☐ Abortion(Termination)

☐ Stillbirth

☐ Ectopic pregnancy

☐ She is still pregnant

☐ Don't know

☐ MultiAnswer

☐ Text entry

 Jump option no. 1

 Card to jump to 108

☐ Skipped

 Card to skip to 110

 Next Card 110

 No. of Boxes 7

 CLICK ARROW TO GO ON 

107

skip

Were you in a regular relationship with the mother, when the baby from that 6th pregnancy was born?

☐ Yes

☐ No

☐ Multi answer

☐ Text entry

 Jump option no.

 Card to jump to
☐ Skipped

 Card to skip to 109

 Next Card 109

 No. of Boxes 2

 CLICK ARROW TO GO ON 

108

skip☐ Multi_answer

Are you currently living with the mother and that child as a family?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

109

skip☐ Multi_answer☐ Text_entry

Were you in a regular relationship with the mother when that 6th pregnancy occurred?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

110

skip

How many times in total have you made someone pregnant?

☐ 6☐ 7☐ 8☐ 9☐ 10Jump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

111

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

112

skip☐ Multl_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

113

skip☐ Multl_answer☐ Text_entryJump option no. Card to jump to

The next questions are about the first time you
had sexual intercourse with a woman (a female
of any age).

No. of Boxes

CLICK ARROW TO GO ON ➡

114

skip☐ Multl_answer

How old were you when you first had sexual intercourse
with a woman (a female of any age)?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes yrs

If this has not happened use the click on the 'skip' box

CLICK ARROW TO GO ON ➡

115

skip

How old was the person you first had sex with at
that time?

1. 2.

If you are not sure, about how old was she?

3. ☐ SkippedCard to skip to Next Card No. of Boxes yrs

CLICK ARROW TO GO ON ➡

116

30/3/93 11:53 AM MALE - DMHDS 30 DMHDS Sexual Behaviour Questionnaire

skip

As far as you now know, was it your partner's first time ever, or not?

- ☐ Yes, first time
- ☐ Think it was first time
- ☐ Think it was not first time
- ☐ No, not first time
- ☐ Don't know

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

117

skip

Would you say that you were both equally willing to have intercourse that first time, or was one of you more willing than the other?

- ☐ Both equally willing
- ☐ I was more willing
- ☐ Partner was more willing
- ☐ Can't remember

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

⇒ 1198

? where is skip to

CLICK ARROW TO GO ON ➡

118

skip

On the occasion you first had intercourse, you said that your partner was more willing, would you say that...

- ☐ ...you were also willing
- ☐ ...you had to be persuaded
- ☐ ...you were forced

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

119

kip

Did you or your partner use any form of contraception or take any precautions that first time?

More than one answer can be given.

- ☐ Condom
- ☐ Other contraceptive
- ☐ I withdrew
- ☐ Made sure it was the "safe period"
- ☐ No precautions by me, don't know about my partner
- ☐ No precautions by either of us
- ☐ Can't remember

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

120

Which one of these descriptions applies best to you and your partner at the time you first had intercourse? skip

- | | |
|---|--|
| <input type="checkbox"/> She was a prostitute | <input type="checkbox"/> Text_entry |
| <input type="checkbox"/> We had just met for the first time | Jump option no. 8 |
| <input type="checkbox"/> We had met recently | Card to jump to 123 |
| <input type="checkbox"/> We knew each other, but didn't have a steady relationship then | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> We had a steady relationship at the time | Card to skip to 122 |
| <input type="checkbox"/> We were living together (but not married or engaged) | Next Card 122 |
| <input type="checkbox"/> We were engaged to be married | No. of Boxes 9 |
| <input type="checkbox"/> We were married | |
| <input type="checkbox"/> Other | |

CLICK ARROW TO GO ON 

121

Which of these statements is closest to how that first time of intercourse came about? skip

- | | |
|---|--|
| <input type="checkbox"/> It just happened at the spur of the moment | <input type="checkbox"/> Text_entry |
| <input type="checkbox"/> I expected it to happen soon, but wasn't sure when | Jump option no. |
| <input type="checkbox"/> I expected it to happen at that time | Card to jump to |
| <input type="checkbox"/> I planned it to happen at that time | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> We planned it together beforehand | Card to skip to 123 |
| <input type="checkbox"/> Can't remember | Next Card 123 |
| | No. of Boxes 8 |

CLICK ARROW TO GO ON 

122

Which, if any, of these applied to you at the time? skip
More than one answer can be given.

- | | |
|---|--|
| <input type="checkbox"/> I was curious about what it would be like | <input type="checkbox"/> Text_entry |
| <input type="checkbox"/> I got carried away by my feelings | Jump option no. |
| <input type="checkbox"/> Most people of my age group seemed to be doing it | Card to jump to |
| <input type="checkbox"/> It seemed like a natural 'follow on' in the relationship | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> I was a bit drunk at the time | Card to skip to 124 |
| <input type="checkbox"/> I wanted to lose my virginity | Next Card 124 |
| <input type="checkbox"/> I was in love | No. of Boxes 9 |
| <input type="checkbox"/> None of these apply | |
| <input type="checkbox"/> Can't remember | |

CLICK ARROW TO GO ON 

123

Which one was the main one that applied at the time? skip

- | | |
|---|--|
| <input type="checkbox"/> I was curious about what it would be like | <input type="checkbox"/> Text_entry |
| <input type="checkbox"/> I got carried away by my feelings | Jump option no. |
| <input type="checkbox"/> Most people of my age group seemed to be doing it | Card to jump to |
| <input type="checkbox"/> It seemed like a natural 'follow on' in the relationship | <input type="checkbox"/> Skipped |
| <input type="checkbox"/> I was a bit drunk at the time | Card to skip to 125 |
| <input type="checkbox"/> I wanted to lose my virginity | Next Card 125 |
| <input type="checkbox"/> I was in love | No. of Boxes 9 |
| <input type="checkbox"/> None of these apply | |
| <input type="checkbox"/> Can't remember | |

CLICK ARROW TO GO ON 

124

How long did the sexual relationship with your first partner continue after the first time you had sex? skip

- ☐ Still continuing now Jump option no.
- ☐ Did not continue at all (ie once only with first partner) Card to jump to
- ☐ Continued, but ended after less than 3 months ☐ Skipped
Card to skip to
- ☐ Continued, but ended after 3 to 12 months Next Card
- ☐ Continued, but ended after more than a year No. of Boxes
- ☐ Can't remember

CLICK ARROW TO GO ON 

125

Looking back now at the first time you had sexual intercourse, do you think...

- ☐ You should have waited longer before having sex Jump option no.
- ☐ You should not have waited so long ☐ Skipped
Card to skip to
- ☐ It was at about the right time Next Card
- ☐ Don't know/No opinion No. of Boxes

CLICK ARROW TO GO ON 

126

How long was it after the first time you had sex until you had sex with another person or hasn't answer that happened? skip

- ☐ Hasn't happened Jump option no.
- ☐ Happened after less than 3 months Card to jump to
- ☐ Happened after 3 to 12 months ☐ Skipped
Card to skip to
- ☐ Happened after more than a year Next Card
- ☐ Can't remember how long after No. of Boxes

CLICK ARROW TO GO ON 

127

For how long did the relationship with that (your second) sexual partner continue? skip

- ☐ Still continuing now Jump option no.
- ☐ Did not continue at all (ie once only with second partner) Card to jump to
- ☐ Continued, but ended after less than 3 months ☐ Skipped
Card to skip to
- ☐ Continued, but ended after 3 to 12 months Next Card
- ☐ Continued, but ended after more than a year No. of Boxes
- ☐ Can't remember

CLICK ARROW TO GO ON 

128

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

129

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

130

skip☐ Multi_answer☐ Text_entry

There are some diseases, or infections, that can
be passed on during sex. These are called
sexually transmitted diseases or STD'S.

Examples of STD's are gonorrhoea, chlamydia,
herpes, genital warts, urethritis, syphilis etc.

We will be using the term STD to refer to any of
them.

CLICK ARROW TO GO ON ➡

131

skip

Have you ever had an STD?

☐ Yes☐ No☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

132

30/3/93 11:53 AM MALE - DMHDS 34 DMHDS Sexual Behaviour Questionnaire

How many times have you had an STD?

er

Count as once, an STD that has recurred (ie recurrent genital warts, or herpes)

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Once☐ More than onceCLICK ARROW TO GO ON 

133

How old were you when you had an STD?

Multi_answer

☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yrCLICK ARROW TO GO ON 

134

What was the STD called?

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ gonorrhoea☐ chlamydia☐ urethritis/NSU/T-strain☐ genital warts☐ herpes☐ syphilis☐ another STD/don't knowCLICK ARROW TO GO ON 

135

You said you had "another STD", do you know what it was called?

r

☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

136

[skip](#)Please write the name of the STD you had. ☐ Multi_answer

Don't worry about the spelling!

☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

137

[skip](#)

What problem did that STD cause you?

☒ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ ...a discharge/drip from my penis☐ ...a skin rash☐ ...swellings on the penis☐ ...no problem at all☐ ...none of these thingsCLICK ARROW TO GO ON 

138

[skip](#)

Was the STD diagnosed...

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ because you had symptoms you yourself were worried about☐ when you went for help for something else?☐ when you were checked as you had been in contact with another person with an STD?☐ none of the aboveCLICK ARROW TO GO ON 

139

[skip](#)

Where did you go for treatment?

More than one answer can be given.


☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Own Doctor/GP/Family Doctor☐ Another GP/Family Doctor☐ Family Planning clinic☐ STD clinic☐ Other specialist☐ Student Health clinic☐ Accident and Emergency Depart☐ After hours centre☐ Somewhere else☐ I did not seek any treatCLICK ARROW TO GO ON 

140

How old were you the 1st time you had an STD?

[skip](#)

answer

☐ 17yr or younger☐ 18yr☐ 19yr☐ 28yr☐ 21yr☐ Text EntryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

141

The 1st time you had an STD what was it called?

[skip](#)

answer

☐ gonorrhoea☐ chlamydia☐ urethritis/NSU/T-strain☐ genital warts☐ herpes☐ syphilis☐ another STD/don't know☐ Text EntryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

142

You said you had "another STD", do you know what it was called?

[skip](#)☐ Yes☐ NoJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

143

Please write the name of the STD you first had.

[skip](#)

answer

Don't worry about the spelling!

entry

ion no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

144

What problem did that 1st STD cause you?

skip

ulti_answer

☐ ...a discharge/drip from my penis☐ Text_entryJump option no. Card to jump to ☐ ...a skin rash☐ SkippedCard to skip to ☐ ...swellings on the penisNext Card ☐ ...no problem at allNo. of Boxes ☐ ...none of these thingsCLICK ARROW TO GO ON 

145

Was the first STD you had diagnosed...

skip☐ Multi_answer☐ Text_entryJump option no. ☐ because you had symptoms you yourself were worried about☐ SkippedCard to skip to ☐ when you went for help for something else?Next Card ☐ when you were checked as you had been in contact with another person with an STD?No. of Boxes ☐ none of the aboveCLICK ARROW TO GO ON 

146

Where did you go for treatment the first time you had an STD? More than one answer can be given.

skip

ier

☐ Own Doctor/GP/Family Doctor☐ Text_entryJump option no. ☐ Another GP/Family DoctorCard to jump to ☐ Family Planning clinic☐ Skipped☐ STD clinicCard to skip to ☐ Other specialistNext Card ☐ Student Health clinicNo. of Boxes ☐ Accident and Emergency Departm☐ After hours centre☐ Somewhere else☐ I did not seek any treatmentCLICK ARROW TO GO ON 

147

How old were you the 2nd time you had an STD? answer

skip☐ 17yr or younger☐ Text_entryJump option no. Card to jump to ☐ 18yr☐ SkippedCard to skip to ☐ 19yrNext Card ☐ 20yrNo. of Boxes ☐ 21yrCLICK ARROW TO GO ON 

148

30/3/93 11:53 AM MALE - DMHDS 38 DMHDS Sexual Behaviour Questionnaire

The 2nd time you had an STD what was the STD called? per[skip](#)

- ☐ gonorrhoea
- ☐ chlamydia
- ☐ urethritis/NSU/T-strain
- ☐ genital warts
- ☐ herpes
- ☐ syphilis
- ☐ another STD/don't know

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

149

You said you had "another STD", do you know what it was called?

[skip](#)

- ☐ Yes
- ☐ No

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

150

Please write the name of what you had the 2nd time you had an STD.

[skip](#)

☐ Multi_answer


Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

151

What problem did that 2nd STD cause you?

[skip](#)

- ☐ ...a discharge/drip from my penis
- ☐ ...a skin rash
- ☐ ...swellings on the penis
- ☐ ...no problem at all
- ☐ ...none of these things

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

152

skip

Was your 2nd STD diagnosed...

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ because you had symptoms you yourself were worried about?☐ when you went for help for something else?☐ when you were checked as you had been in contact with another person with an STD?☐ none of the aboveCLICK ARROW TO GO ON 

153

Where did you go for treatment the 2nd time you had an STD? More than one answer can be given.

skip

answer

☐ Own Doctor/GP/Family Doctor☐ Another GP/Family Doctor☐ Family Planning clinic☐ STD clinic☐ Other specialist☐ Student Health clinic☐ Accident and Emergency Department☐ After hours centre☐ Somewhere else☐ I did not seek any treatment☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

154

skip

Have you had an STD more than twice?

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ NoCLICK ARROW TO GO ON 

155

skip

How old were you the 3rd time you had an STD? answer

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yr☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

156

skipThe 3rd time you had an STD what was the STD called? **wer**

- ☐ gonorrhoea
- ☐ chlamydia
- ☐ urethritis/NSU/T-strain
- ☐ genital warts
- ☐ herpes
- ☐ syphilis
- ☐ another STD/don't know

Jump option no. **7**

Card to jump to **158**

☐ Skipped

Card to skip to **158**

Next Card **161**

No. of Boxes **7**

CLICK ARROW TO GO ON 

157

skip

You said you had "another STD", do you know what it was called?

☐ Yes☐ No

☐ Multi_answer

Text_entry

Jump option no. **2**

Card to jump to **160**

☐ Skipped

Card to skip to **159**

Next Card **159**

No. of Boxes **2**

CLICK ARROW TO GO ON 

158

skipPlease write the name of what you had the 3rd time **y**
you had an STD. **no.**

☐ Multi_answer

Card to jump to **no.**

☐ Skipped

Card to skip to **160**

Next Card **161**

No. of Boxes **0**

CLICK ARROW TO GO ON 

159

skip

What problem did that 3rd STD cause you?

- ☐ ...a discharge/drip from my penis
- ☐ ...a skin rash
- ☐ ...swellings on the penis
- ☐ ...no problem at all
- ☐ ...none of these things

☐ Multi_answer

Text_entry

Jump option no. **no.**

Card to jump to **no.**

☐ Skipped

Card to skip to **161**

Next Card **161**

No. of Boxes **5**

CLICK ARROW TO GO ON 

160

Was your 3rd STD diagnosed...

☐ Multi_answer☐ Text_entryJump option no. ☐ because you had symptoms you yourself were worried about ☐ Skipped☐ when you went for help for something else?Card to skip to ☐ when you were checked as you had been in contact with another person with an STD?No. of Boxes ☐ none of the aboveCLICK ARROW TO GO ON 

161

Where did you go for treatment the 3rd time you had an STD? More than one answer can be given.

☐ skip☐ Own Doctor/GP/Family Doctor☐ Text_entry☐ Another GP/Family DoctorJump option no. ☐ Family Planning clinicCard to jump to ☐ STD clinic☐ Skipped☐ Other specialistCard to skip to ☐ Student Health clinicNext Card ☐ Accident and Emergency DepartmentNo. of Boxes ☐ After hours centre☐ Somewhere else☐ I did not seek any treatmentCLICK ARROW TO GO ON 

162

Have you had an STD more than three times?

☐ Multi_answer☐ Text_entryJump option no. ☐ YesCard to jump to ☐ SkippedCard to skip to Next Card ☐ NoNo. of Boxes CLICK ARROW TO GO ON 

163

How old were you the 4th time you had an STD?

☐ skip☐ 17yr or younger☐ Text_entryJump option no. ☐ 18yrCard to jump to ☐ 19yr☐ SkippedCard to skip to ☐ 20yrNext Card ☐ 21yrNo. of Boxes CLICK ARROW TO GO ON 

164

The 4th time you had an STD what was the STD called? :wer

[skip](#)

- ☐ gonorrhoea
- ☐ chlamydia
- ☐ urethritis/NSU/T-strain
- ☐ genital warts
- ☐ herpes
- ☐ syphilis
- ☐ another STD/don't know

☐ Text_entry
Jump option no.
Card to jump to
☐ Skipped
Card to skip to
Next Card
No. of Boxes

CLICK ARROW TO GO ON 

165

You said you had "another STD", do you know what it was called?

[skip](#)

☐ Yes

☐ No

☐ Multi_answer
Jump option no.
Card to jump to
☐ Skipped
Card to skip to
Next Card
No. of Boxes

CLICK ARROW TO GO ON 

166

Please write the name of what you had the 4th time you had an STD.

[skip](#)

☐ Multi_answer
Jump option no.
Card to jump to
☐ Skipped
Card to skip to
Next Card
No. of Boxes

CLICK ARROW TO GO ON 

167

What problems did that 4th STD cause you?

[skip](#)

- ☐ ...a discharge/drip from my penis
- ☐ ...a skin rash
- ☐ ...swellings on the penis
- ☐ ...no problem at all
- ☐ ...none of these things

☐ Multi_answer
☐ Text_entry
Jump option no.
Card to jump to
☐ Skipped
Card to skip to
Next Card
No. of Boxes

CLICK ARROW TO GO ON 

168

skip

Was your 4th STD diagnosed...

☐ because you had symptoms you yourself were worried about?

☐ when you went for help for something else?

☐ when you were checked as you had been in contact with another person with an STD?

☐ none of the above

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

169

Where did you go for treatment the 4th time you had an STD? More than one answer can be given. **skip**

☐ Own Doctor/GP/Family Doctor

☐ Another GP/Family Doctor

☐ Family Planning clinic

☐ STD clinic

☐ Other specialist

☐ Student Health clinic

☐ Accident and Emergency Department

☐ After hours centre

☐ Somewhere else

☐ I did not seek any treatment

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

170

skip

How many times in total have you had an STD? ☐ Multi_answer

☐ 4

☐ 5

☐ 6 or more

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

171

skip

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

172

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

CLICK ARROW TO GO ON ➡

173

skip☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

We would now like to ask you about your
feelings towards other people.

CLICK ARROW TO GO ON ➡

174

skip

What best describes who you have ever felt
sexually attracted to?

answer

☐ only to females, never to males☐ Text_entryJump option no. ☐ more often to females and at least once to a maleCard to jump to ☐ about equally often to females and males☐ SkippedCard to skip to ☐ more often to males, and at least once to a femaleNext Card ☐ only ever to males, never to femalesNo. of Boxes ☐ I have never felt attracted to anyone at all

CLICK ARROW TO GO ON ➡

175

skip

These days do you feel sexually attracted...

Multi_answer

☐ only to females, never to males☐ Text_entryJump option no. ☐ more often to females and occasionally to a male/malesCard to jump to ☐ about equally often to females and males☐ SkippedCard to skip to ☐ more often to males, and occasionally to a female/femalesNext Card ☐ only ever to males, never to femalesNo. of Boxes ☐ I am not attracted to anyone at all these days

CLICK ARROW TO GO ON ➡

176

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or full intercourse, or any other form of sex.)

[skip](#)

Have you had some sexual experience..?

- ☐ only with females(or a female), never with a male
- ☐ more often with females and at least once with a male
- ☐ about equally often with females and males
- ☐ more often with males, and at least once with a female
- ☐ only with males(or a male), never with females
- ☐ I have never had a sexual experience with anyone at all

180

180

6

CLICK ARROW TO GO ON ➡

177

[skip](#)

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

178

[skip](#)

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

179

[skip](#)

☐ Multi_answer

☐ Text_entry

Jump option no.

Card to jump to

Now to finish up we would like to ask you some questions on your views about sexual relationships.

kip to

..... Card

No. of Boxes

CLICK ARROW TO GO ON ➡

180

In general, is there an age below which you think that young men/boys nowadays ought not to start having sexual intercourse?

ip

- ☐ 14 years
☐ 15 years
☐ 16 years
☐ 17 years
☐ 18 years
☐ 19 years
☐ 20 years
☐ 21 years
☐ It depends/Other/Don't know

Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

181

skip

What is the main reason you say that age? Before that age...

:wer

- ☐ Young men/boys are not physically mature enough
☐ Young men/boys are not emotionally mature enough
☐ Young men/boys have not learnt enough about sex
☐ It is morally wrong
☐ The risks to health are increased
☐ It is illegal
☐ Other reason
☐ Don't know

Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

182

skip

What do you think about the age below which young men/boys ought not to have sexual intercourse...

- ☐ This depends on the individual, not age
☐ They should not have sex before marriage
☐ Other views
☐ Don't know

Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

183

In general, is there an age below which you think that young women/girls nowadays ought not to start having sexual intercourse?

ip

- ☐ 14 years
☐ 15 years
☐ 16 years
☐ 17 years
☐ 18 years
☐ 19 years
☐ 20 years
☐ 21 years
☐ It depends/Other/Don't know

Jump option no.
 Card to jump to
☐ Skipped
 Card to skip to
 Next Card
 No. of Boxes

CLICK ARROW TO GO ON 

184

What is the main reason you say that age?
Before that age...

[skip](#)

wer

- ☐ Young women/girls are not physically mature enough
- ☐ Young women/girls are not emotionally mature enough
- ☐ Young women/girls have not learnt enough about sex
- ☐ It is morally wrong
- ☐ The risks to health are increased
- ☐ It is illegal
- ☐ Other reason
- ☐ Don't know

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

185

What do you think about the age below which young women/girls ought not to have sexual intercourse...

[skip](#)

- ☐ This depends on the individual, not age
- ☐ They should not have sex before marriage
- ☐ Other views
- ☐ Don't know

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

186

Which of these lifestyles would you regard as the ideal one for you at this stage of your life?

[skip](#)

wer

- ☐ Prefer to have no sexual activity
- ☐ No regular partners, but casual partners when I feel like it
- ☐ A few regular partners
- ☐ One regular partner, but not living together
- ☐ Living with a partner(not married) with some sex activity outside partnership
- ☐ Living with a partner(not married) and no other sex partners
- ☐ Married, with some sex activity outside the marriage
- ☐ Married with no other sex partners
- ☐ Have no ideal/None of these/Don't know

☐ Text Entry

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

187

What about the future, say in five years time, which one do you think will be your ideal then?

[skip](#)

er

- ☐ Prefer to have no sexual activity
- ☐ No regular partners, but casual partners when I feel like it
- ☐ A few regular partners
- ☐ One regular partner, but not living together
- ☐ Living with a partner(not married) with some sex activity outside partnership
- ☐ Living with a partner(not married) and no other sex partners
- ☐ Married, with some sex activity outside the marriage
- ☐ Married with no other sex partners
- ☐ Have no ideal/None of these/Don't know

Jump option no.

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

188

☐ Multi_answer☐ Text_entryJump option no. Card to jump to

That is the end of the questionnaire about your experiences. Thank you for answering the questions.

Please tell the interviewer you have finished and leave the computer as it is.

LAST CARD OF STACK

Tool Box Card of buttons used.

☐ Multi_answer☐ Text_entryJump option no. Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

30/3/93 11:22 AM FEMALE-DMHDS 1 DMHDS Sexual Behaviour Questionnaire

record subject responses

Phase 21 DMHDS Sexual Behaviour Questionnaire
Female

Would the interviewer please fill in the following details:

Study number Sex ☐Subject Age yrs months

Change to "Male" Quest


Start Interview 

QUIT

Although some questions are about personal matters, your answers are strictly confidential and will not be linked to your name.

Most responses are given by using the 'mouse' to move the 'hand', and clicking the button on the 'mouse' to indicate your answer.

Start by pointing the 'hand' on the arrow below and clicking the button once.


Click this arrow 
to go on

Well done!

Most questions will have a choice of answers. Indicate your answer by putting the 'hand' in the appropriate box, or on the answer you want to give. Click and release the mouse button.

This answer can be changed by clicking a second time with the 'hand' on that box, and then selecting the correct answer. For some questions (we tell you which) more than one box can be chosen.


When you are happy with your answer click on the arrow at the bottom of the page.

Click this arrow 
to go on

Try this question

Which country is Dunedin in?

- ☐ Australia
☐ New Zealand
☐ Canada
☐ USA
☐ Germany

Click this arrow 
to go on

CONFIDENTIAL


30/3/93 11:22 AM FEMALE-DMHDS 2 DMHDS Sexual Behaviour Questionnaire

WELL DONE

Some questions require you to enter a number. You do this with the top row of the keypad. Try this now.


What is your age (in years)?

years

Click this arrow
to go on 


If you don't want to answer a question move the 'hand' onto the word 'skip' at the top of the screen. Please do not do this unless absolutely necessary.

If the computer can't accept your answer an 'error' message will show. Click on the word 'OK' that appears and this will give you another opportunity to answer.

Click this arrow
to go on 

If you want any help please ask the interviewer.

Now if you are happy...

Click this arrow
to go on 

☐ Multi_answer

☐ Text_Entry

Jump option

Card to jump to

We would like to start by asking you
about getting medical help.

1

ip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

30/3/93 11:22 AM FEMALE-DMHDS 3 DMHDS Sexual Behaviour Questionnaire

skip

Is there someone you consider to be your own
Doctor /General Practitioner /GP/Family Doctor?

☐ Yes☐ No

Card to jump to 11

☐ Skipped

Card to skip to 11

Next Card 10

No. of Boxes 2

CLICK ARROW TO GO ON ➡

9

skip

Is your Doctor male or female?

☐ Male☐ Female☐ Multi_answer☐ Text_Entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to 11

Next Card 11

No. of Boxes 2

CLICK ARROW TO GO ON ➡

10

skip

Have you consulted a Doctor of any kind in the
last year?

☐ Yes☐ No☐ Multi_answer☐ Text_Entry

Jump option n

Card to jump to 13

☐ Skipped

Card to skip to 12

Next Card 12

No. of Boxes 2

CLICK ARROW TO GO ON ➡

11

skip

What kind of Doctor have you consulted in the last
year? More than one answer can be given.

☐ Your own Doctor/GP/General Practitioner☐ Another GP/General Practitioner☐ Student health Doctor☐ Family planning Doctor☐ Hospital specialist☐ Private specialist☐ Accident and emergency Doctor☐ STD clinic Doctor☐ Sports clinic Doctor☐ Other☐ Text_Entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to 13

Next Card 13

No. of Boxes 10

CLICK ARROW TO GO ON ➡

12

30/3/93 11:22 AM FEMALE-DMHDS 4 DMHDS Sexual Behaviour Questionnaire

skip

Do you prefer to discuss your health problems with a male or female Doctor?

☐ Male

☐ Female

☐ Don't mind

☐ It depends on the problem

Jump option r

Card to jump to

☐ Skipped

Card to skip to 14

Next Card 14

No. of Boxes 4

CLICK ARROW TO GO ON ➡

13

skip

Have you ever attended a Family Planning Clinic?

☐ Yes

☐ No

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to 15

Next Card 15

No. of Boxes 2

CLICK ARROW TO GO ON ➡

14

skip

Have you ever attended an STD (Sexually Transmitted Disease) clinic?

☐ Yes

☐ No

☐ Multi_answer

ext_entry

p option r

Card to jump to

☐ Skipped

Card to skip to 16

Next Card 16

No. of Boxes 2

CLICK ARROW TO GO ON ➡

15

skip

Do you have a "Community Services Card"?

☐ Yes

☐ No

☐ Don't know

☐ Multi_answer

xt_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 17

Next Card 17

No. of Boxes 3

CLICK ARROW TO GO ON ➡

16

30/3/93 11:22 AM FEMALE-DMHDS 5 DMHDS Sexual Behaviour Questionnaire

[skip](#)

Do you have a "High Use Health Card"?

☐ Yes☐ No☐ Don't know☐ Multi_answer☐ Text_entry

Jump option n


Card to jump to

☐ Skipped

Card to skip to 20

Next Card 20

No. of Boxes 3

CLICK ARROW TO GO ON 

17

[skip](#)☐ Multi_answer☐ Text_entry

Jump option n


Card to jump to

☐ Skipped

Card to skip to 19

Next Card 19

No. of Boxes 0

CLICK ARROW TO GO ON 

18

[skip](#)☐ Multi_answer☐ Text_entry

Jump option n


Card to jump to

☐ Skipped

Card to skip to 20

Next Card 20

No. of Boxes 0

CLICK ARROW TO GO ON 

19

[skip](#)☐ Multi_answer☐ Text_entry

Jump option n

Now we would like to ask you some more personal questions about your sexual experiences.

Remember the answers will not be linked to your name. Please answer them honestly.

mp to

d

ip to 21

ord 21

es 0

CLICK ARROW TO GO ON 

20

30/3/93 11:22 AM FEMALE-DMHDS 6 DMHDS Sexual Behaviour Questionnaire

Have you ever had sexual intercourse with a man?

By sexual intercourse we mean a man's penis entering a woman's vagina

☐ Yes☐ No

Card to jump to 171

☐ Skipped

Card to skip to 171

Next Card 22

No. of Boxes 2

CLICK ARROW TO GO ON ➡

21

The next questions are about your most recent male sexual partner

Card to skip to 23

Next Card 23

No. of Boxes 0

CLICK ARROW TO GO ON ➡

22

Have you had sexual intercourse more than once with the man you last had sex with?

☐ Yes, more than once☐ No, once only

Card to jump to 30

☐ Skipped

Card to skip to 38

Next Card 24

No. of Boxes 2

CLICK ARROW TO GO ON ➡

23

Are you currently having a sexual relationship with a man?

☐ Yes☐ No

Card to jump to 25

☐ Skipped

Card to skip to 35

Next Card 27

No. of Boxes 2

CLICK ARROW TO GO ON ➡

24

30/3/93 11:22 AM FEMALE-DMHDS 7 DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

When was the last time you had sexual intercourse?

- ☐ less than one month ago
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year ago

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

25

skip☐ Multi_answer

How long had the sexual relationship with your last sexual partner lasted?

- ☐ less than one month
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

26

skip

When did you first have sex with your most recent sexual partner?

- ☐ less than one month ago
- ☐ between 1 and 6 months
- ☐ between 6 months and a year
- ☐ more than 1 year ago

Jump option Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

27

skip

When you first had sex with your most recent sexual partner, do you think that he had had sex with fewer, more, or about the same number of partners in his life compared to you?

- ☐ Fewer
- ☐ More
- ☐ About the same
- ☐ Don't know


Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

28

30/3/93 11:22 AM FEMALE-DMHDS 8 DMHDS Sexual Behaviour Questionnaire

skip


When you first had sex with your most recent sexual partner, were you having a sexual relationship with anyone else?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

29

skip


When did you last have sex?

☐ Less than a month ago☐ Between one and six months ago☐ Between six months and a year ago☐ More than a year ago☐ Multi_answerEntry
option Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

30

skip

When you first had sex with your most recent sexual partner, do you think that he had had sex with fewer, more, or about the same number of partners in his life compared to you?

☐ Fewer☐ More☐ About the same☐ Don't knowCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

31

skip

When you had sex with your most recent sexual partner, were you having a sexual relationship with anyone else?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

32

30/3/93 11:22 AM FEMALE-DMHDS 9 DMHDS Sexual Behaviour Questionnaire

skip

How old was your most recent sexual partner compared to you? **_answer**

entry

Jump option r

Card to jump to

☐ About the same age(within 2 years)?☐ Skipped

Card to skip to 34

☐ More than 2 years older

Next Card 34

☐ More than 2 years younger

No. of Boxes 4

☐ Don't know

CLICK ARROW TO GO ON ➡

33

skip

About your most recent sexual partner, are you, **_answer**
or were you ever...?

entry

Jump option r

Card to jump to

☐ Married to each other☐ Skipped☐ Living together (but never married)

Card to skip to 35

☐ Regular partners (but never lived together)

Next Card 35

☐ Not regular partners (so far)

No. of Boxes 5

☐ Other/Not applicable

CLICK ARROW TO GO ON ➡

34

skip

On the last occasion you had sex was a condom used... **_if**

Jump option r

Card to jump to

☐ Yes☐ Skipped

Card to skip to 38

☐ No

Next Card 38

No. of Boxes 2

CLICK ARROW TO GO ON ➡

35

skip☐ Multi_answer☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 37


Next Card 37

No. of Boxes 0

CLICK ARROW TO GO ON ➡

36

30/3/93 11:22 AM FEMALE-DMHDS 10DMHDS Sexual Behaviour Questionnaire

☐ Multi_answer☐ Text_entryJump option to Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

37

☐ Multi_answer☐ Text_entry


The next questions are about the number of men (males of any age) you have had sex with.

over different periods of time

Please include everyone, whether it was just once, a few times, a regular partner, or your husband.

to to d

Please be as accurate as you can. Give your best estimate if you can't remember exactly.

CLICK ARROW TO GO ON 

38

In the last four weeks, with how many men have you had sexual intercourse?

[Just type in the number with the top row of the keyboard]

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

39

☐ Multi_answer

In the last 12 months, with how many men have you had sexual intercourse?

This should include those you have had sex with in the last 4 weeks.

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

40

30/3/93 11:22 AM FEMALE-DMHDS 11 DMHDS Sexual Behaviour Questionnaire

☐ Multi answer

In the last three years, with how many men have you had sexual intercourse?

This should include those you have had sex with in the last 12 months.

☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

41

Altogether, in your life so far, with how many men have you had sexual intercourse?

This should include those you have had sex with in the last 3 years

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

42

When you have had sexual intercourse during the last 12 months did your partner use a condom?

Jump option to ☐ Not had sex in the last 12 monthsCard to jump to ☐ SkippedCard to skip to ☐ NeverNext Card ☐ SometimesNo. of Boxes ☐ Usually☐ AlwaysCLICK ARROW TO GO ON 

43

When you have had sexual intercourse during the last 12 months have you or your partner used contraception/birth control (including condoms)?

Jump option to ☐ NeverCard to jump to ☐ SkippedCard to skip to ☐ SometimesNext Card ☐ UsuallyNo. of Boxes ☐ AlwaysCLICK ARROW TO GO ON 

44

30/3/93 11:22 AM FEMALE-DMHDS 12DMHDS Sexual Behaviour Questionnaire

What contraception have you or your partner
used in the last 12 months?

skip

More than one answer can be given.

- ☐ Pill
- ☐ Injection (Depo-Provera)
- ☐ Diaphragm
- ☐ IUD(coll)
- ☐ Spermicide
- ☐ Withdrawal
- ☐ Safe period/rhythm method
- ☐ 'Morning-after-pill'
- ☐ Condom
- ☐ Another method

Jump option

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

45

You said another method of contraception was used,
what was that?

skip

38

Please type in what was used as contraception - don't
worry about the spelling!

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

46

During the last 12 months have you been pregnant or
trying to get pregnant?

skip

☐ Yes

☐ No

Jump option

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

47

In the two year period between 1 ~~year~~ and 3 years
ago, when you had sexual intercourse, did your partner
use a condom?

skip

☐ Did not have sex in that time period

☐ Never

☐ Sometimes

☐ Usually

☐ Always

Card to jump to

☐ Skipped

Card to skip to


Next Card

No. of Boxes


CLICK ARROW TO GO ON 

48


30/3/93 11:22 AM FEMALE-DMHDS 13DMHDS Sexual Behaviour Questionnaire

[skip](#)☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

49

[skip](#)☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

50

[skip](#)☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

51

[skip](#)☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes

In this section we ask you about any
times you have ever been pregnant.

CLICK ARROW TO GO ON 

52

30/3/93 11:22 AM FEMALE-DMHDS 14DMHDS Sexual Behaviour Questionnaire

Have you ever been pregnant?

- ☐ Yes
- ☐ No
- ☐ Unsure

☐ Multi_answer☐ Text_entry

Jump option r1

Card to jump to 54

☐ Skipped

Card to skip to 111

Next Card 111

No. of Boxes 3

skip

CLICK ARROW TO GO ON →

53

skip

How many times have you been pregnant?

- ☐ Once
- ☐ 2 or more times

☐ Multi_answer

Jump option r2

Card to jump to 62

☐ Skipped

Card to skip to 55

Next Card 55

No. of Boxes 2

CLICK ARROW TO GO ON →

54

How old were you when you became pregnant?

- ☐ 17yr or younger
- ☐ 18yr
- ☐ 19yr
- ☐ 20yr
- ☐ 21yr

☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 56

Next Card 56

No. of Boxes 5

skip

CLICK ARROW TO GO ON →

55

When you found out about the pregnancy how did you feel?

- ☐ Happy
- ☐ Unhappy
- ☐ Mixed reaction
- ☐ Can't remember

Jump option r

Card to jump to

☐ Skipped

Card to skip to 57

Next Card 57

No. of Boxes 4

skip

CLICK ARROW TO GO ON →

56

30/3/93 11:22 AM FEMALE-DMHDS 15 DMHDS Sexual Behaviour Questionnaire

How did the pregnancy end?

- ☐ A live baby
- ☐ Miscarriage
- ☐ Abortion (Termination)
- ☐ Stillbirth
- ☐ Ectopic pregnancy
- ☐ I am still pregnant

☐ Multi_answer☐ Text_entry

Jump option n.1

Card to jump to 58

☐ Skipped

Card to skip to 81

Next Card 61

No. of Boxes 8

[skip](#)

CLICK ARROW TO GO ON ➡

57

Were you in a regular relationship with the father, when the baby was born?

☐ Yes☐ No☐ Multi_answer☐ Text_entry

Jump option n.1

Card to jump to

☐ Skipped

Card to skip to 59

Next Card 59

No. of Boxes 2

[skip](#)

CLICK ARROW TO GO ON ➡

58

Are you currently living with the this child and his/her father as a family?

☐ Yes☐ No☐ Multi_answer

Card to jump to 80

☐ Skipped

Card to skip to 111

Next Card 111

No. of Boxes 2

[skip](#)

CLICK ARROW TO GO ON ➡

59

About this child. Generally is he/she...?

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other☐ Multi_answer☐ Text_entry

Jump option n.1

Card to jump to

☐ Skipped

Card to skip to 111

Next Card 111

No. of Boxes 5

[skip](#)

CLICK ARROW TO GO ON ➡

60

30/3/93 11:22 AM FEMALE-DMHDS 16DMHDS Sexual Behaviour Questionnaire

Were you in a regular relationship with the father when the pregnancy occurred?

☐ Yes

☐ No

☐ Multi_answer


 Jump option to

 Card to jump to
☐ Skipped

 Card to skip to 111

 Next Card 111

 No. of Boxes 2

 CLICK ARROW TO GO ON 

61

How old were you the 1st time you became pregnant?

☐ 17yr or younger

☐ 18yr

☐ 19yr

☐ 20yr

☐ 21yr

 Jump option to

 Card to jump to
☐ Skipped

 Card to skip to 63

 Next Card 63

 No. of Boxes 5

 CLICK ARROW TO GO ON 

62

When you found out about the 1st pregnancy, how did you feel?

☐ Happy

☐ Unhappy

☐ Mixed reaction

☐ Can't remember

 Jump option to

 Card to jump to
☐ Skipped

 Card to skip to 64

 Next Card 64

 No. of Boxes 4

 CLICK ARROW TO GO ON 

63

How did that 1st pregnancy end?

☐ A live baby

☐ Miscarriage

☐ Abortion(Termination)

☐ Stillbirth

☐ Ectopic pregnancy

☐ I am still pregnant

☐ Multi_answer

☐ Text_entry

 Jump option to

 Card to jump to 65

☐ Skipped

 Card to skip to 68

 Next Card 68

 No. of Boxes 6


 CLICK ARROW TO GO ON 

64

30/3/93 11:22 AM FEMALE-DMHDS 17DMHDS Sexual Behaviour Questionnaire

[skip](#)


Were you in a regular relationship with the father, when the baby from that 1st pregnancy was born?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

65

[skip](#)


Are you currently living with this child and his/her father as a family?

☐ Yes☐ No☐ Multi_answerCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

66

[skip](#)


About this child. Generally is he/she?

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other☐ Multi_answerJump option Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

67

[skip](#)

Were you in a regular relationship with the father when that 1st pregnancy occurred?

☐ Yes☐ No☐ Multi_answerJump option Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

68

30/3/93 11:22 AM FEMALE-DMHDS 18DMHDS Sexual Behaviour Questionnaire

skip

How old were you the 2nd time you became pregnant?

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yr

Jump option r_____

Card to jump to _____

☐ Skipped

Card to skip to 70

Next Card 70

No. of Boxes 5

CLICK ARROW TO GO ON ➡

69

skip

When you found out about that 2nd pregnancy, how did you feel?

☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't remember

Jump option r_____

Card to jump to _____

☐ Skipped

Card to skip to 71

Next Card 71

No. of Boxes 4

CLICK ARROW TO GO ON ➡

70

skip

How did that 2nd pregnancy end?

☐ A live baby☐ Miscarriage☐ Abortion(Termination)☐ Stillbirth☐ Ectopic pregnancy☐ I am still pregnant☐ Multi_answer☐ Text_entry _____

Jump option r_____

Card to jump to 72

☐ Skipped

Card to skip to 75

Next Card 75

No. of Boxes 6

CLICK ARROW TO GO ON ➡

71

skip

Were you in a regular relationship with the father, when the baby from that 2nd pregnancy was born?

☐ Yes☐ No☐ Multi_answer

Card to jump to _____

☐ Skipped

Card to skip to 73

Next Card 73

No. of Boxes 2

CLICK ARROW TO GO ON ➡

72.

30/3/93 11:22 AM FEMALE-DMHDS 19DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

Are you currently living with this child and his/her father as a family?

☐ Yes☐ No

Card to jump to 74

☐ Skipped

Card to skip to 75

Next Card 78

No. of Boxes 2

CLICK ARROW TO GO ON ➡

73

skip☐ Multi_answer

About this child. Generally is he/she...?

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other

Jump option 74

Card to jump to

☐ Skipped

Card to skip to 78

Next Card 78

No. of Boxes 6

CLICK ARROW TO GO ON ➡

74

skip☐ Multi_answer

Were you in a regular relationship with the father when that 2nd pregnancy occurred?

☐ Yes☐ No

Card to jump to

☐ Skipped

Card to skip to 78

Next Card 78

No. of Boxes 2

CLICK ARROW TO GO ON ➡

75

skip☐ Multi_answer

Have been pregnant more than two times?

☐ Yes☐ No

Jump option 75

Card to jump to 111

☐ Skipped

Card to skip to 111

Next Card 77

No. of Boxes 2

CLICK ARROW TO GO ON ➡

76

30/3/93 11:22 AM FEMALE-DMHDS 20DMHDS Sexual Behaviour Questionnaire

[skip](#)

How old were you the 3rd time you became pregnant? :r

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yrJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

77

[skip](#)


When you found out about that 3rd pregnancy, how did you feel?

☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't rememberJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

78

[skip](#)

How did that 3rd pregnancy end?

☐ A live baby☐ Miscarriage☐ Abortion(Termination)☐ Stillbirth☐ Ectopic pregnancy☐ I am still pregnant☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

79

[skip](#)

Were you in a regular relationship with the father, when the baby from that 3rd pregnancy was born?

☐ Yes☐ No☐ Multi_answerCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

80

30/3/93 11:22 AM FEMALE-DMHDS 21 DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

Are you currently living with this child and his/her father as a family?

☐

Card to jump to 82

☐ Skipped

Card to skip to 83

Next Card 84

No. of Boxes 2

☐ Yes☐ No

CLICK ARROW TO GO ON ➡

81

skip☐ Multi_answer

About this first child. Generally is he/she?

4

Jump option 4

Card to jump to

☐ Skipped

Card to skip to 84

Next Card 84

No. of Boxes 5

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other

CLICK ARROW TO GO ON ➡

82

skip☐ Multi_answer

Were you in a regular relationship with the father when that 3rd pregnancy occurred?

☐

Card to jump to

☐ Skipped

Card to skip to 84

Next Card 84

No. of Boxes 2

☐ Yes☐ No

CLICK ARROW TO GO ON ➡

83

skip☐ Multi_answer

Have you been pregnant more than three times?

]

Card to jump to 111

☐ Skipped

Card to skip to 111

Next Card 85

No. of Boxes 2

☐ Yes☐ No

CLICK ARROW TO GO ON ➡

84

30/3/93 11:22 AM FEMALE-DMHDS 22DMHDS Sexual Behaviour Questionnaire

skip

How old were you the 4th time you became pregnant?

- ☐ 17yr or younger
- ☐ 18yr
- ☐ 19yr
- ☐ 20yr
- ☐ 21yr

Jump option r

Card to jump to

☐ Skipped

Card to skip to 86

Next Card 86

No. of Boxes 5

CLICK ARROW TO GO ON ➡

85

skip

When you found out about that 4th pregnancy, how did you feel?

- ☐ Happy
- ☐ Unhappy
- ☐ Mixed reaction
- ☐ Can't remember

Jump option r

Card to jump to

☐ Skipped

Card to skip to 87

Next Card 87

No. of Boxes 4

CLICK ARROW TO GO ON ➡

86

skip

How did that 4th pregnancy end?

- ☐ A live baby
- ☐ Miscarriage
- ☐ Abortion(Termination)
- ☐ Stillbirth
- ☐ Ectopic pregnancy
- ☐ I am still pregnant

☐ Multi_answer☐ Text_entry

Jump option r

Card to jump to 88

☐ Skipped

Card to skip to 91

Next Card 91

No. of Boxes 6

CLICK ARROW TO GO ON ➡

87

skip

Were you in a regular relationship with the father, when the baby from that 4th pregnancy was born?

- ☐ Yes
- ☐ No

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to 89

Next Card 89

No. of Boxes 2

CLICK ARROW TO GO ON ➡

88

30/3/93 11:22 AM FEMALE-DMHDS 23DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

Are you currently living with this child and his/her father as a family?

☐Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

89

skip☐ Multi_answer

About this child. Generally is he/she...?

Jump option Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other

CLICK ARROW TO GO ON ➡

90

skip☐ Multi_answer

Were you in a regular relationship with the father when that 4th pregnancy occurred?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

91:

skip☐ Multi_answer

Have you been pregnant more than four times?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes ☐ Yes☐ No

CLICK ARROW TO GO ON ➡

92

30/3/93 11:22 AM FEMALE-DMHDS 24DMHDS Sexual Behaviour Questionnaire

skip

How old were you when you became pregnant?

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yr☐ Multi_answer

Jump option n

Card to jump to

☐ Skipped

Card to skip to 94

Next Card 94

No. of Boxes 5

CLICK ARROW TO GO ON ➡

93

skip

When you found out about that 5th pregnancy, how did you feel?

☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't remember☐ Multi_answer

Jump option n

Card to jump to

☐ Skipped

Card to skip to 95

Next Card 95

No. of Boxes 4

CLICK ARROW TO GO ON ➡

94

skip

How did that 5th pregnancy end?

☐ A live baby☐ Miscarriage☐ Abortion(Termination)☐ Stillbirth☐ Ectopic pregnancy☐ I am still pregnant☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to 96

☐ Skipped

Card to skip to 99

Next Card 99

No. of Boxes 6

CLICK ARROW TO GO ON ➡

95

skip

Were you in a regular relationship with the father, answer when the baby from that 5th pregnancy was born?

☐ Yes☐ No☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to 97

Next Card 97

No. of Boxes 2


CLICK ARROW TO GO ON ➡

96

30/3/93 11:22 AM FEMALE-DMHDS 25DMHDS Sexual Behaviour Questionnaire

☐ Multi_answer


Are you currently living with this child and his/her father as a family?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

97

☐ Multi_answer


About this child. Generally is he/she...?

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ OtherJump option n^o Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

98

☐ Multi_answer

Were you in a regular relationship with the father when that 5th pregnancy occurred?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

99

☐ Multi_answer

Have you been pregnant more than five times?

☐ Yes☐ NoCard to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

100

30/3/93 11:22 AM FEMALE-DMHDS 26DMHDS Sexual Behaviour Questionnaire

skip

How old were you the 6th time you became pregnant? r

☐ 17yr or younger☐ 18yr☐ 19yr☐ 28yr☐ 21yr

Jump option r

Card to jump to

☐ Skipped

Card to skip to 102

Next Card 102

No. of Boxes 5

CLICK ARROW TO GO ON ➡

101

skip

When you found out about that 6th pregnancy how did you feel?

☐ Happy☐ Unhappy☐ Mixed reaction☐ Can't remember

Jump option r

Card to jump to

☐ Skipped

Card to skip to 103

Next Card 103

No. of Boxes 4

CLICK ARROW TO GO ON ➡

102

skip

How did that 6th pregnancy end?

☐ A live baby☐ Miscarriage☐ Abortion(Termination)☐ Stillbirth☐ Ectopic pregnancy☐ I am still pregnant☐ Multi_answer☐ Text_entry

Jump option r

Card to jump to 104

☐ Skipped

Card to skip to 107

Next Card 107

No. of Boxes 6

CLICK ARROW TO GO ON ➡

103

skip

Were you in a regular relationship with the father, when the baby from that 6th pregnancy was born?

☐ Yes☐ No☐ Multi answer

Jump option r

Card to jump to

☐ Skipped

Card to skip to 105

Next Card 105

No. of Boxes 2

CLICK ARROW TO GO ON ➡

104

30/3/93 11:22 AM FEMALE-DMHDS 27DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

Are you currently living with this child and his/her father as a family?

☐ Yes☐ No

Card to jump to 108

☐ Skipped

Card to skip to 107

Next Card 108

No. of Boxes 2

CLICK ARROW TO GO ON ➡

105

skip☐ Multi_answer

About this child. Generally is he/she...?

☐ Living with you☐ Living with his/her father☐ Living with other members of your family☐ Adopted out☐ Other

Jump option r

Card to jump to

☐ Skipped

Card to skip to 108

Next Card 108

No. of Boxes 5

CLICK ARROW TO GO ON ➡

106

skip☐ Multi_answer

Were you in a regular relationship with the father when that 6th pregnancy occurred?

☐ Yes☐ No

Card to jump to

☐ Skipped

Card to skip to 108

Next Card 108

No. of Boxes 2

CLICK ARROW TO GO ON ➡

107

skip

How many times in total have you been pregnant?

☐ 6☐ 7☐ 8☐ 9☐ 10

Jump option r

Card to jump to

☐ Skipped

Card to skip to 111


Next Card 111

No. of Boxes 5

CLICK ARROW TO GO ON ➡

108

30/3/93 11:22 AM FEMALE-DMHDS 28DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

109

skip☐ Multi_answer☐ Text_entryJump option r Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

110

skip☐ Multi_answer☐ Text_entryJump option r Card to jump to

The next questions are about the first time
you had sexual intercourse with a man (a male
of any age).

Card to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

111

skip☐ Multi_answer

How old were you when you first had sexual
intercourse with a man?

Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes yrsCLICK ARROW TO GO ON 

112

30/3/93 11:22 AM FEMALE-DMHDS 29DMHDS Sexual Behaviour Questionnaire

skip☐ Multi answerHow old was the person you first had sex
with at that time?ntry
on n

(If you are not sure, about how old was he?)

mp to

.....yrs

☐ Skipped

Card to skip to 114

Next Card 114

No. of Boxes 0

CLICK ARROW TO GO ON ➡

113

skipAs far as you now know, was it your partner's first
time ever, or not?

Jump option to

☐ Yes, first time

Card to jump to

☐ Think it was first time☐ Skipped

Card to skip to 115

☐ Think it was not first time

Next Card 115

☐ No, not first time

No. of Boxes 5

☐ Don't know

CLICK ARROW TO GO ON ➡

114

skipWould you say that you were both equally willing to
have intercourse that first time, or was one of you
more willing than the other?

Jump option to

☐ Both equally willing

Card to jump to 116

☐ I was more willing☐ Skipped

Card to skip to 117

☐ Partner was more willing

Next Card 117

No. of Boxes 4

☐ Can't remember

CLICK ARROW TO GO ON ➡

115

skipOn the occasion you first had intercourse, you said
that your partner was more willing, would you say
that...

Jump option to

☐ ...you were also willing

Card to jump to 124

☐ ...you had to be persuaded☐ Skipped

Card to skip to 117

☐ ...you were forced

Next Card 117

No. of Boxes 3

CLICK ARROW TO GO ON ➡

116

30/3/93 11:22 AM FEMALE-DMHDS 30DMHDS Sexual Behaviour Questionnaire

Did you or your partner use any form of contraception
or take any precautions that first time?
More than one answer can be given.

☐ Condom

Jump option r

☐ Other contraceptive

Card to jump to

☐ Made sure it was the "safe period"☐ Skipped

Card to skip to

☐ No precautions by me, don't know about my partner

Next Card

☐ No precautions by either of us

No. of Boxes

☐ Can't remember

CLICK ARROW TO GO ON

117

Which one of these descriptions applies best to you
and your partner at the time you first had intercourse?

☐ We had just met for the first time☐ Text entry☐ We had met recently

Jump option r

☐ We knew each other, but didn't have a steady relationship then

Card to jump to

☐ We had a steady relationship at the time

Card to skip to

☐ We were living together (but not married or engaged)

Next Card

☐ We were engaged to be married

No. of Boxes

☐ We were married☐ Other

CLICK ARROW TO GO ON

118

Which of these statements is closest to how that first
time of intercourse came about?

☐ It just happened at the spur of the moment☐ Text entry☐ I expected it to happen soon, but wasn't sure when

Jump option r

☐ I expected it to happen at that time

Card to jump to

☐ I planned it to happen at that time☐ Skipped

Card to skip to

☐ We planned it together beforehand

Next Card

☐ Can't remember

No. of Boxes

CLICK ARROW TO GO ON

119

Which, if any, of these applied to you at the time?
More than one answer can be given.

☐ I was curious about what it would be like☐ Text entry☐ I got carried away by my feelings

Jump option r

☐ Most people of my age group seemed to be doing it

Card to jump to

☐ It seemed like a natural 'follow on' in the relationship☐ Skipped

Card to skip to

☐ I was a bit drunk at the time

Next Card

☐ I wanted to lose my virginity

No. of Boxes

☐ I was in love☐ None of these apply☐ Can't remember

CLICK ARROW TO GO ON

120

30/3/93 11:22 AM FEMALE-DMHDS 31 DMHDS Sexual Behaviour Questionnaire

Which one was the main one that applied at the time?

[skip](#)

- ☐ I was curious about what it would be like ☐ Text entry
 Jump option to
- ☐ I got carried away by my feelings ☐ Card to jump to
- ☐ Most people of my age group seemed to be doing it ☐ Skipped
 Card to skip to
- ☐ It seemed like a natural 'follow on' in the relationship ☐ Next Card
- ☐ I was a bit drunk at the time ☐ No. of Boxes
- ☐ I wanted to lose my virginity
- ☐ I was in love
- ☐ None of these apply
- ☐ Can't remember


CLICK ARROW TO GO ON 

121

How long did the sexual relationship with your first partner continue after the first time you had sex?

[skip](#)

- ☐ Still continuing now ☐ Jump option to
- ☐ Did not continue at all (ie once only with first partner) ☐ Card to jump to
- ☐ Continued, but ended after less than 3 months ☐ Skipped
 Card to skip to
- ☐ Continued, but ended after 3 to 12 months ☐ Next Card
- ☐ Continued, but ended after more than a year ☐ No. of Boxes
- ☐ Can't remember


CLICK ARROW TO GO ON 

122

Looking back now at the first time you had sexual intercourse, do you think...

[skip](#)

- ☐ You should have waited longer before having sex ☐ Jump option to
- ☐ You should not have waited so long ☐ Skipped
 Card to skip to
- ☐ It was at about the right time ☐ Next Card
- ☐ Don't know/No opinion ☐ No. of Boxes

CLICK ARROW TO GO ON 

123

How long was it after the first time you had sex until you had sex with another person or hasn't that happened?

[skip](#)

- ☐ Hasn't happened ☐ Jump option to
- ☐ Happened after less than 3 months ☐ Card to jump to
- ☐ Happened after 3 to 12 months ☐ Skipped
 Card to skip to
- ☐ Happened after more than a year ☐ Next Card
- ☐ Can't remember how long after ☐ No. of Boxes

CLICK ARROW TO GO ON 

124

30/3/93 11:22 AM FEMALE-DMHDS 32DMHDS Sexual Behaviour Questionnaire

For how long did the relationship with that person, skip
 your second sexual partner, continue? wer

- ☐ Still continuing now ☐ Text_entry
Jump option r
- ☐ Did not continue at all (ie once only with second partner) Card to jump to
- ☐ Continued, but ended after less than 3 months ☐ Skipped
Card to skip to
- ☐ Continued, but ended after 3 to 12 months Next Card
- ☐ Continued, but ended after more than a year No. of Boxes
- ☐ Can't remember

CLICK ARROW TO GO ON ➡

125

skip

- ☐ Multi_answer
- ☐ Text_entry
Jump option r
- Card to jump to
- ☐ Skipped
Card to skip to
- Next Card
- No. of Boxes

CLICK ARROW TO GO ON ➡

126

skip

- ☐ Multi_answer
- ☐ Text_entry
Jump option r
- Card to jump to
- ☐ Skipped
Card to skip to
- Next Card
- No. of Boxes

CLICK ARROW TO GO ON ➡

127

skip

- ☐ Multi_answer
- ☐ Text_entry

There are some diseases, or infections, that can
 be passed on during sex. These are called
 sexually transmitted diseases or STD'S.

Examples of STD's are gonorrhoea, chlamydia,
herpes, genital warts, urethritis, syphilis etc.

We will be using the term STD to refer to any
 of them.

CLICK ARROW TO GO ON ➡

128

30/3/93 11:22 AM FEMALE-DMHDS 33DMHDS Sexual Behaviour Questionnaire

Have you ever had an STD?

☐ Yes☐ No[skip](#)☐ Multi_answer☐ Text_entry

Jump option n2


Card to jump to 171

☐ Skipped

Card to skip to 171

Next Card 130

No. of Boxes 2

CLICK ARROW TO GO ON 

129

How many times have you had an STD?

[skip](#)

[Count as once, an STD that has recurred (ie recurrent genital warts, or herpes)]

☐ Once☐ More than once

er


Card to jump to 138

☐ Skipped

Card to skip to 131

Next Card 131

No. of Boxes 2

CLICK ARROW TO GO ON 

130

How old were you when you had an STD? Multi_answer

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yr☐ Text_entry

Jump option n


Card to jump to

☐ Skipped

Card to skip to 132

Next Card 132

No. of Boxes 5

CLICK ARROW TO GO ON 

131

What was the STD called?

[skip](#)☐ gonorrhoea☐ chlamydia☐ urethritis/NSU/T-strain☐ genital warts☐ herpes☐ syphilis☐ Thrush/Candida☐ Trichomonas☐ another STD/don't know☐ Multi_answer☐ Text_entry

Jump option n9

Card to jump to 133

☐ Skipped

Card to skip to 133

Next Card 136

No. of Boxes 9

CLICK ARROW TO GO ON 

132

30/3/93 11:22 AM FEMALE-DMHDS 34DMHDS Sexual Behaviour Questionnaire

skip☐ Multi_answer

You said you had "another STD", do you know what it was called?

☐ Yes☐ No

Jump option r...

Card to jump to 135

☐ Skipped

Card to skip to 134

Next Card 134

No. of Boxes 2

CLICK ARROW TO GO ON ➡

133

skip☐ Multi_answer

Please write the name of the STD you had.

Don't worry about the spelling!

ent_entry

p option r

Card to jump to

☐ Skipped

Card to skip to 135

Next Card 136

No. of Boxes 0

CLICK ARROW TO GO ON ➡

134

skip☒ Multi_answer

What problem did that STD cause you?

☐ Text_entry

Jump option r

☐ ...a discharge from your vagina☐ ...a skin rash☐ ...painful blisters in the genital area☐ ...no problem at all☐ ...none of these things

Card to jump to

☐ Skipped

Card to skip to 136

Next Card 136

No. of Boxes 5

CLICK ARROW TO GO ON ➡

135

skip☐ Multi_answer

Was the STD diagnosed...

☐ Text_entry

Jump option r

☐ because you had symptoms you yourself were worried about☐ when you went for help for something else?☐ Skipped

Card to skip to 137

☐ when you were checked as you had been in contact with another person with an STD?

Next Card 137

No. of Boxes 4

☐ none of the above

CLICK ARROW TO GO ON ➡

136

30/3/93 11:22 AM FEMALE-DMHDS 35DMHDS Sexual Behaviour Questionnaire

Where did you go for treatment?

[skip](#)

More than one answer can be given.

- ☐ Own Doctor/GP/Family Doctor
☐ Another GP/Family Doctor
☐ Family Planning clinic
☐ STD clinic
☐ Other specialist
☐ Student Health clinic
☐ Accident and Emergency Department
☐ After hours centre
☐ Somewhere else
☐ I did not seek any treatment

☒ Multi_answer☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 171

Next Card 171

No. of Boxes 10

CLICK ARROW TO GO ON ➡

137

How old were you the 1st time you had an STD?

[skip](#)

answer

- ☐ 17yr or younger
☐ 18yr
☐ 19yr
☐ 20yr
☐ 21yr

☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 139

Next Card 139

No. of Boxes 5

CLICK ARROW TO GO ON ➡

138

The 1st time you had an STD what was it called?

[skip](#)

answer

- ☐ gonorrhoea
☐ chlamydia
☐ urethritis/NSU/T-strain
☐ genital warts
☐ herpes
☐ syphilis
☐ thrush/candida
☐ trichomonas
☐ another STD/don't know

☐ Text_entry

Jump option r9

Card to jump to 140

☐ Skipped

Card to skip to 140

Next Card 143

No. of Boxes 9

CLICK ARROW TO GO ON ➡

139

You said you had "another STD", do you know what it was called?

[skip](#)☐ Yes☐ No

Jump option r2

Card to jump to 142

☐ Skipped

Card to skip to 141

Next Card 141

No. of Boxes 2

CLICK ARROW TO GO ON ➡

140

30/3/93 11:22 AM FEMALE-DMHDS 36DMHDS Sexual Behaviour Questionnaire

Please write the name of the STD you first had.

skip

Don't worry about the spelling!

entry

ion r

Card to jump to

☐ Skipped

Card to skip to 142

Next Card 143

No. of Boxes 0

CLICK ARROW TO GO ON ➡

141

What problem did that first STD cause you?

ulti_answer

skip

☐ ...a discharge from your vagina☐ ...a skin rash☐ ...painful blisters in the genital area☐ ...no problem at all☐ ...none of these things☐ Text_entry
Jump option r

Card to jump to

☐ Skipped

Card to skip to 143

Next Card 143

No. of Boxes 5

CLICK ARROW TO GO ON ➡

142

Was the first STD you had diagnosed...

☐ Multi_answer☐ Text_entry
Jump option r☐ because you had symptoms you yourself were worried about☐ when you went for help for something else?☐ Skipped

Card to skip to 144

Next Card 144

☐ when you were checked as you had been in contact with another person with an STD?

No. of Boxes 4

☐ none of the above

CLICK ARROW TO GO ON ➡

143

Where did you go for treatment the first time you had an STD? More than one answer can be given.

wer

skip

☐ Own Doctor/GP/Family Doctor☐ Another GP/Family Doctor☐ Family Planning clinic☐ STD clinic☐ Other specialist☐ Student Health clinic☐ Accident and Emergency Department☐ After hours centre☐ Somewhere else☐ I did not seek any treatment☐ Text_entry
Jump option r

Card to jump to

☐ Skipped

Card to skip to 145

Next Card 145

No. of Boxes 10

CLICK ARROW TO GO ON ➡

144

30/3/93 11:22 AM FEMALE-DMHDS 37DMHDS Sexual Behaviour Questionnaire

[skip](#)

How old were you the 2nd time you had an STD? answer

☐ 17yr or younger☐ 18yr☐ 19yr☐ 20yr☐ 21yr☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to 146

Next Card 146

No. of Boxes 5

CLICK ARROW TO GO ON ➡

145

The 2nd time you had an STD what was the STD called? [skip](#)☐ gonorrhoea☐ chlamydia☐ urethritis/NSU/T-strain☐ genital warts☐ herpes☐ syphilis☐ thrush/candida☐ trichomonas☐ another STD/don't know☐ Multi_answer☐ Text_entry

Jump option r9

Card to jump to 147

☐ Skipped

Card to skip to 147

Next Card 150

No. of Boxes 9

CLICK ARROW TO GO ON ➡

146

You said you had "another STD", do you know what it was called?

☐ Yes☐ No☐ Multi_answer

Jump option r12

Card to jump to 149

☐ Skipped

Card to skip to 148

Next Card 148

No. of Boxes 2

CLICK ARROW TO GO ON ➡

147

[skip](#)☐ Multi_answer

Please write the name of what you had the 2nd time you had an STD.

Card to jump to

☐ Skipped

Card to skip to 149

Next Card 150

No. of Boxes 0

CLICK ARROW TO GO ON ➡

148

30/3/93 11:22 AM FEMALE-DMHDS 38 DMHDS Sexual Behaviour Questionnaire

What problem did that 2nd STD cause you?

skip

Multi_answer

☐ Text_entry

Jump option r

☐ ...a discharge from your vagina

Card to jump to

☐ ...a skin rash☐ Skipped

Card to skip to 150

☐ ...painful blisters in the genital area

Next Card 150

☐ ...no problem at all

No. of Boxes 5

☐ ...none of these things

CLICK ARROW TO GO ON

149

Was your 2nd STD diagnosed...

skip

☐ Multi_answer☐ Text_entry

Jump option r

☐ because you had symptoms you yourself were worried about?

Card to jump to

☐ Skipped

Card to skip to 151

☐ when you went for help for something else?

Next Card 151

☐ when you were checked as you had been in contact with another person with an STD?

No. of Boxes 4

☐ none of the above

CLICK ARROW TO GO ON

150

Where did you go for treatment the 2nd time you had an STD? More than one answer can be given.

skip

Multi_answer

☐ Own Doctor/GP/Family Doctor☐ Text_entry

Jump option r

☐ Another GP/Family Doctor

Card to jump to

☐ Family Planning clinic☐ Skipped☐ STD clinic

Card to skip to 152

☐ Other specialist

Next Card 152

☐ Student Health clinic

No. of Boxes 10

☐ Accident and Emergency Department☐ After hours centre☐ Somewhere else☐ I did not seek any treatment

CLICK ARROW TO GO ON

151

Have you had an STD more than twice?

skip

☐ Multi_answer☐ Text_entry

Jump option r 2

☐ Yes

Card to jump to 171

☐ Skipped

Card to skip to 171

☐ No

Next Card 153

No. of Boxes 2

CLICK ARROW TO GO ON

152

How old were you the 3rd time you had an STD? **skip**

☐ 17yr or younger

☐ 18yr

☐ 19yr

☐ 20yr

☐ 21yr

☐ Text_entry
Jump option r

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

153

The 3rd time you had an STD what was the STD called? **skip**

☐ gonorrhoea

☐ chlamydia

☐ urethritis/NSU/T-strain

☐ genital warts

☐ herpes

☐ syphilis

☐ thrush/candida

☐ trichomonas

☐ another STD/don't know

☐ Multi_answer
☐ Text_entry
Jump option r

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

154

You said you had "another STD", do you know what it was called? **skip**

☐ Yes

☐ No

☐ Multi_answer
☐ Text_entry
Jump option r

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

155

Please write the name of what you had the 3rd time you had an STD. **skip**

☐ Multi_answer

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON 

156

skip

What problem did that 3rd STD cause you? **iti_answer**

- ☐ ...a discharge from your vagina
- ☐ ...a skin rash
- ☐ ...painful blisters in the genital area
- ☐ ...no problem at all
- ☐ ...none of these things

☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 158
Next Card 158
No. of Boxes 6

CLICK ARROW TO GO ON ➡

157

skip

Was your 3rd STD diagnosed...

- ☐ because you had symptoms you yourself were worried about
- ☐ when you went for help for something else?
- ☐ when you were checked as you had been in contact with another person with an STD?
- ☐ none of the above

☐ Multi_answer
☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 159
Next Card 159
No. of Boxes 4

CLICK ARROW TO GO ON ➡

158

Where did you go for treatment the 3rd time you had an STD? More than one answer can be given.

- ☐ Own Doctor/GP/Family Doctor
- ☐ Another GP/Family Doctor
- ☐ Family Planning clinic
- ☐ STD clinic
- ☐ Other specialist
- ☐ Student Health clinic
- ☐ Accident and Emergency Department
- ☐ After hours centre
- ☐ Somewhere else
- ☐ I did not seek any treatment

☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 180
Next Card 180
No. of Boxes 10

CLICK ARROW TO GO ON ➡

159

skip

Have you had an STD more than three times?

- ☐ Yes
- ☐ No

☐ Multi_answer
☐ Text_entry
Jump option r
Card to jump to 171
☐ Skipped
Card to skip to 171
Next Card 181
No. of Boxes 2

CLICK ARROW TO GO ON ➡

160

How old were you the 4th time you had an STD? skip
answer

☐ 17yr or younger

☐ 18yr

☐ 19yr

☐ 20yr

☐ 21yr

☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to 162

Next Card 162

No. of Boxes 5

CLICK ARROW TO GO ON ➡

161

The 4th time you had an STD what was the STD called? skip

☐ gonorrhoea

☐ chlamydia

☐ urethritis/NSU/T-strain

☐ genital warts

☐ herpes

☐ syphilis

☐ thrush/candida

☐ trichomonas

☐ another STD/don't know

☐ Multi_answer

☐ Text_entry

Jump option n

Card to jump to 163

☐ Skipped

Card to skip to 163

Next Card 166

No. of Boxes 9

CLICK ARROW TO GO ON ➡

162

You said you had "another STD", do you know what it was called?

☐ Yes

☐ No

☐ Multi_answer

Jump option n

Card to jump to 165

☐ Skipped

Card to skip to 164

Next Card 164

No. of Boxes 2

CLICK ARROW TO GO ON ➡

163

Please write the name of what you had the 4th time you had an STD.

☐ Multi_answer

Jump option n

Card to jump to

☐ Skipped

Card to skip to 165

Next Card 166

No. of Boxes 0

CLICK ARROW TO GO ON ➡

164

skip

What problems did that 4th STD cause you? Iti_answer

- ☐ ...a discharge from your vagina
- ☐ ...a skin rash
- ☐ ...painful blisters in the genital area
- ☐ ...no problem at all
- ☐ ...none of these things

☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 166
Next Card 166
No. of Boxes 5

CLICK ARROW TO GO ON ➡

165

skip

Was your 4th STD diagnosed...

- ☐ because you had symptoms you yourself were worried about?
- ☐ when you went for help for something else?
- ☐ when you were checked as you had been in contact with another person with an STD?
- ☐ none of the above

☐ Multi_answer
☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 167
Next Card 167
No. of Boxes 4

CLICK ARROW TO GO ON ➡

166

Where did you go for treatment the 4th time you had an STD? More than one answer can be given.

wer

- ☐ Own Doctor/GP/Family Doctor
- ☐ Another GP/Family Doctor
- ☐ Family Planning clinic
- ☐ STD clinic
- ☐ Other specialist
- ☐ Student Health clinic
- ☐ Accident and Emergency Department
- ☐ After hours centre
- ☐ Somewhere else
- ☐ I did not seek any treatment

☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 168
Next Card 168
No. of Boxes 10

CLICK ARROW TO GO ON ➡

167

skip

How many times in total have you had an STD?

- ☐ 4
- ☐ 5
- ☐ 6 or more

☐ Multi_answer
☐ Text_entry
Jump option r
Card to jump to
☐ Skipped
Card to skip to 171
Next Card 171
No. of Boxes 3

CLICK ARROW TO GO ON ➡

168

skip

☐ Multi_answer

☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON

169

skip

☐ Multi_answer

☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON

170

skip

☐ Multi_answer

☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

We would now like to ask you about your
feelings towards other people.

CLICK ARROW TO GO ON

171

skip

What best describes who you have ever felt sexually
attracted to...

☐ only to males, never to females

☐ more often to males and at least once to a female

☐ about equally often to males and females

☐ more often to females, and at least once to a male

☐ only ever to females, never to males

☐ I have never felt attracted to anyone at all

☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON

172

These days do you feel sexually attracted...**skip**

Multi_answer

☐ only to males, never to females☐ Text_entry

Jump option n

☐ more often to males and occasionally to a female/females

Card to jump to

☐ Skipped☐ about equally often to males and females

Card to skip to

☐ more often to females, and occasionally to a male/males

Next Card

☐ only ever to females, never to males

No. of Boxes

☐ I am not attracted to anyone at all these days

CLICK ARROW TO GO ON ➡

173

Sexual experience is any kind of contact with another person that you felt was sexual (it could be just kissing or touching, or intercourse, or any other form of sex.)

skipHave you had some sexual experience..☐ only with males(or a male), never with a female☐ Skipped☐ more often with males and at least once with a female

Card to skip to

☐ about equally often with males and females

Next Card

☐ more often with females, and at least once with males

No. of Boxes

☐ only with females(or a female), never with males☐ I have never had a sexual experience with anyone at all

CLICK ARROW TO GO ON ➡

174

skip☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

175

skip☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to

Next Card

No. of Boxes

CLICK ARROW TO GO ON ➡

176

skip☐ Multi_answer☐ Text_entryJump option n Card to jump to

A cervical smear is a test on cells taken from the cervix (at the top of the vagina) to check for signs of precancer.

No. of Boxes CLICK ARROW TO GO ON 

177

skip

Have you ever had a cervical smear test?

☐ Multi_answer☐ Text_entryJump option n ☐ YesCard to jump to ☐ No☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

178

skip

How many times have you ever had a smear test?

☐ Multi_answer☒ Text_entryJump option n Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

179

skip☐ Multi_answer☐ Text_entryJump option n Card to jump to ☐ SkippedCard to skip to Next Card No. of Boxes CLICK ARROW TO GO ON 

180

skip☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to

☐ Skipped

Card to skip to 182

Next Card 182

No. of Boxes 0

CLICK ARROW TO GO ON ➡

181

skip☐ Multi_answer☐ Text_entry

Jump option n

Card to jump to

Now to finish up we would like to ask you
some questions on your views about
sexual relationships.

kip to 183

Next Card 183

No. of Boxes 0

CLICK ARROW TO GO ON ➡

182

In general, is there an age below which you think that
young men/boys nowadays ought not to start having
sexual intercourse?

ip☐ 14 years☐ 15 years☐ 16 years☐ 17 years☐ 18 years☐ 19 years☐ 20 years☐ 21 years☐ It depends/Other/Don't know

Jump option n 9

Card to jump to 185

☐ Skipped

Card to skip to 185

Next Card 184

No. of Boxes 9

CLICK ARROW TO GO ON ➡

183

skip

What is the main reason you say that age?
Before that age...

iwer

☐ Young men/boys are not physically mature enough☐ Young men/boys are not emotionally mature enough☐ Young men/boys have not learnt enough about sex☐ It is morally wrong☐ The risks to health are increased☐ It is illegal☐ Other reason☐ Don't know

Jump option n

Card to jump to

☐ Skipped

Card to skip to 186

Next Card 186

No. of Boxes 8

CLICK ARROW TO GO ON ➡

184


skip

What do you think about the age below which young men/boys ought not to have sexual intercourse...

Jump option n. Card to jump to ☐ This depends on the individual, not age☐ Skipped☐ They should not have sex before marriageCard to skip to Next Card ☐ Other viewsNo. of Boxes ☐ Don't knowCLICK ARROW TO GO ON 

185

In general, is there an age below which you think that young women/girls nowadays ought not to start having sexual intercourse?


ip☐ 14 yearsJump option n. ☐ 15 yearsCard to jump to ☐ 16 years☐ Skipped☐ 17 yearsCard to skip to ☐ 18 yearsNext Card ☐ 19 yearsNo. of Boxes ☐ 20 years☐ 21 years☐ It depends/Other/Don't knowCLICK ARROW TO GO ON 

186

What is the main reason you say that age? Before that age...

skip

:wer

☐ Young women/girls are not physically mature enoughJump option n. ☐ Young women/girls are not emotionally mature enoughCard to jump to ☐ Young women/girls have not learnt enough about sex☐ Skipped☐ It is morally wrongCard to skip to ☐ The risks to health are increasedNext Card ☐ It is illegalNo. of Boxes ☐ Other reason☐ Don't knowCLICK ARROW TO GO ON 

187

skip

What do you think about the age below which young women/girls ought not to have sexual intercourse...

Jump option n. Card to jump to ☐ This depends on the individual, not age☐ Skipped☐ They should not have sex before marriageCard to skip to Next Card ☐ Other viewsNo. of Boxes ☐ Don't knowCLICK ARROW TO GO ON 

188

Which of these lifestyles would you regard as the ideal one for you at this stage of your life?

skip

wer

- ☐ Prefer to have no sexual activity
- ☐ No regular partners, but casual partners when I feel like it
- ☐ A few regular partners
- ☐ One regular partner, but not living together
- ☐ Living with a partner(not married) with some sex activity outside the partnership
- ☐ Living with a partner(not married) and no other sex partners
- ☐ Married, with some sex activity outside the marriage
- ☐ Married with no other sex partners
- ☐ Have no ideal/None of these/Don't know

☐ Text_entry

Jump option r

Card to jump to

☐ Skipped

Card to skip to

190

Next Card

190

No. of Boxes

9

CLICK ARROW TO GO ON

189

What about the future, say in five years time, which one do you think will be your ideal then?

skip

er

- ☐ Prefer to have no sexual activity
- ☐ No regular partners, but casual partners when I feel like it
- ☐ A few regular partners
- ☐ One regular partner, but not living together
- ☐ Living with a partner(not married) with some sex activity outside the partnership
- ☐ Living with a partner(not married) and no other sex partners
- ☐ Married, with some sex activity outside the marriage
- ☐ Married with no other sex partners
- ☐ Have no ideal/None of these/Don't know

Jump option r

Card to jump to

☐ Skipped

Card to skip to

191

Next Card

191

No. of Boxes

9

CLICK ARROW TO GO ON

190

☐ Multi_answer

☐ Text_entry

That is the end of the questionnaire about your experiences. Thank you for answering the questions.

Please tell the interviewer you have finished and leave the computer as it is.

LAST CARD OF STACK

skip

Tool Box Card of buttons used.

hider hider

Fix hider

Add hider

Clean Up

record subject responses

Merge Two Stacks

CLICK ARROW TO GO ON

hider hider

☐ Multi_answer

☐ Text_entry

Jump option r

Card to jump to

☒ Skipped

Card to skip to

Next Card

No. of Boxes

0

ALCOHOL USE

DR SALLY CASSWELL & MR GARY CONNOLLY

DUNEDIN PH21 FACE-TO-FACE ALCOHOL QUESTIONNAIRE

--	--	--	--

(CARD 40)

Series No. (1-4)

I would like to ask you some more questions about alcohol.
Please remember that your participation is voluntary and
that you are free not to answer any questions.

NON DRINKER (defined by computer)

0. No - goto *MEDIA* section
1. Yes

--

(5)

NQ1. We are also interested in people who don't drink.

Have you ever been a drinker?

0. No - goto *NQ3*
1. Yes

--

(6)

NQ2a How long ago did you stop drinking?

Record number of months

--	--

(7-8)

NQ2b Could you tell me the reasons why you stopped
drinking?

--	--

(9-10)

--	--

(11-12)

--	--

(13-14)

--	--

(15-16)

(if more than one reason)

--	--

(17-18)

NQ2c And of these reasons which one is the main reason
why you decided to stop drinking?

goto *MEDIA* section

NQ3 Have you ever wanted to try drinking alcohol?

- 0. No
- 1. Yes

--

(19)

NQ4 Why havent you tried / wanted to try?

--	--

(20-21)

--	--

(22-23)

--	--

(24-25)

--	--

(26-27)

(if more than one reason)

NQ2c And of these reasons which one is the main reason
why you havent tried / wanted to try?

--	--

(28-29)

MEDIA QUESTIONS

Can you remember having seen or heard any adverts
for beer? Can you describe the adverts

0. No
1. Yes

Media *Brand* *Description*

--

(30)

--	--	--	--	--	--	--

(31-32) (33-34) (35-37)

--	--	--	--	--	--	--

(38-39) (40-41) (42-44)

--	--	--	--	--	--	--

(45-46) (47-48) (49-51)

--	--	--	--	--	--	--

(52-53) (54-55) (56-58)

--	--	--	--	--	--	--

(59-60) (61-62) (63-65)

--	--	--	--	--	--	--

(66-67) (68-69) (70-72)

Card (79-80)

4	0
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--	--	--	--

Series No. (1-4)

--	--	--	--	--	--	--

(5-6) (7-8) (9-11)
(CARD 41)

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(12-13) (14-15) (16-18)

1a. Can you remember having seen or heard any adverts for Wine? Can you describe the adverts

0. No

1. Yes

3. Wine & Beer.

4. Wine & Spirits.

*Media**Brand**Description*

--

(19)

--	--	--	--	--	--	--

(20-21)

(22-23)

(24-26)

--	--	--	--	--	--	--

(27-28)

(29-30)

(31-33)

--	--	--	--	--	--	--

(34-35)

(36-37)

(38-40)

--	--	--	--	--	--	--

(41-42)

(43-44)

(45-47)

--	--	--	--	--	--	--

(48-49)

(50-51)

(52-54)

--	--	--	--	--	--	--

(55-56)

(57-58)

(59-61)

--	--	--	--	--	--	--

(62-63)

(64-65)

(66-68)

--	--	--	--	--	--	--

(69-70)

(71-72)

(73-75)

4	1
---	---

Card (79-80)

1b. Can you remember having seen or heard any adverts
for Spirits/liqueurs? Can you describe the adverts

0. No
1. Yes

Media *Brand* *Description*

(1-4)
ID

--	--	--	--

5

--

(5)
(CARD 42)

--	--	--	--	--	--	--

(6-7) (8-9) (10-12)

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(13-14) (15-16) (17-19)

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(20-21) (22-23) (24-26)

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(27-28) (29-30) (31-33)

--	--	--	--	--	--	--

(34-35) (36-37) (38-40)

--	--	--	--	--	--	--

(41-42) (43-44) (45-47)

--	--	--	--	--	--	--

(48-49) (50-51) (52-54)

--	--	--	--	--	--	--

(55-56) (57-58) (59-61)

3. To be completed by the interviewer:
How much help did you give the respondent to read and understand the questions on the computer?

0. None
1. a little
2. some
3. a lot

Do Not Ask

Code from Self-report Delinquency section.

Ao-17 Number of times drinking before attacked
person living with

Ao-17D Drug used before most serious attack on
person living with

0. None 1. Alcohol 2. Marijuana 3. Other drug

Ao-18 Number of times drinking before hit person
living with

Ao-18C Drug used before hit person (most serious)
living with

0. None 1. Alcohol 2. Marijuana 3. Other drug

Ao-19 Number of times drinking before attacked
person Not Living With

Ao-19E Drug used before most serious attack on
person Not Living With

0. None 1. Alcohol 2. Marijuana 3. Other drug

Ao-20 Number of times drinking before hit person
Not Living With

Ao-20D Drug used before hit person (most serious)
Not Living With

0. None 1. Alcohol 2. Marijuana 3. Other drug

(62)

Card (79-80)

4	2
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--	--	--	--

Series No. (1-4)

--	--	--

(CARD 43) (5-7)

(8)

--	--	--

(9-11)

(12)

--	--	--

(13-15)

(16)

--	--	--

(17-19)

(20)

DO NOT ASK
Code from Assault section.

A1. Times alcohol involved when assaulted
HOSPITALISATION

--	--	--

(21-23)

A2. Times alcohol involved when assaulted
MEDICAL ATTENTION

--	--	--

(24-26)

A3. Times alcohol involved when assault
FIRST AID

--	--	--

(27-29)

A4. Times alcohol involved when assault
NO TREATMENT

--	--	--

(30-32)

A5. Times alcohol involved when
ATTEMPTED ASSAULT

--	--	--

(33-35)

A6. Times alcohol involved when
THREAT OF ASSAULT

--	--	--

(36-38)

ASSAULT WITH GREATEST IMPACT

ALSV1. Had you been drinking alcohol in the 2
hours before the incident

1. yes 7. don't know
0. no 8. not applicable

--

(39)

ALSV2. Had the person/s who attacked/
threatened you been drinking in the 2
hours before the incident

1. yes 7. don't know
0. no 8. not applicable

--

(40)

TYPICAL ASSAULT

ALTY1. Has the person who attacks/threatens
you usually been drinking?

0. No 3. Usually
1. Sometimes 4. Always
2. Occasionally

--

(41)

ALTY2. Have you yourself usually been drinking?

0. No 3. Usually
1. Sometimes 4. Always
2. Occasionally

--

(42)

Card (79-80)

4	3
---	---

>int1< ALCOHOL-USE COMPUTER QUESTIONNAIRE

To get you started here are some practice questions.

If you make a mistake during typing use the BACKSPACE key.

If you want to change an earlier answer or if you are unsure of what the question asks just ask [fill int].

Most of the questions will be like this one.

Just type the number (or letter) that matches your choice and then press the ENTER key.

Do you like ice-cream?

- <1> like a lot
- like a little
- <c> dislike a little
- <2> dislike a lot

= = = = >

>int2< GOOD

For some answers you might have to type words.

The line above the arrow ---- shows how much you can type.

When you answer don't worry about capital letters or too much about spelling.

Which colour do you most prefer
red or blue?

Please type in the colour and press ENTER

= = = = >

>int3< VERY GOOD

We are now ready to begin

This is NOT a test, the interviewer and people who know you will never see your answers. All of your answers are kept completely confidential

It is IMPORTANT that you read all of each question and know the options available before answering.

If you run into difficulties just ask [fill int] for help.

Some of the questions might seem similar to ones you were asked earlier, but the questions asked here collect different information.

Type <g> followed by ENTER to start

= = = = >

>gend< Are you female or male?

<1> Female

<2> Male

= = = = >

[# all resps get this - weed out non-drkrers for next section]

> Qf1 < We're interested in what you think about drinking alcohol.

Have you ever tried drinking alcohol?

< 1 > Yes [goto Q1]

< 2 > No

===== >

> Qf1a < By 'tried' we don't necessarily mean a whole glass, it may have been just a sip, have you tried a sip?

< 1 > Yes [goto Q1]

< 2 > No

===== >

[# *** USUAL FREQUENCY IF NO Qf1a GOTO Qf3]

> Q1 < How often do you usually drink any kind of alcohol?

(This includes low-alcohol beer, wine coolers,
or home-made alcohol)

< 1 > Once a day or more [get number of times]

< 2 > 5 or 6 times a week

< 3 > 3 or 4 times a week

< 4 > 1 or 2 times a week

< 5 > Once every 10 days

< 6 > Once a fortnight

< 7 > Once a month

< 8 > Once every 2 or 3 months

< 9 > 2 or 3 times a year

< 10 > Once a year

< 11 > Less than once a year

< 0 > Never / Don't drink

===== >

[IF Qf1 = 1; IF Q1 = 11 THEN ASK Q2 ELSE IF Q1 = 0 THEN ASK Qf3]

[IF Qf1a = 1 AND Q1 = 11 or 0 THEN ASK Qf3]

> Qf3 < Do you think you will drink later on in life?

< 1 > definitely will

< 2 > probably will

< 3 > probably not

< 4 > definitely not

===== >

[IF Qf1 = 1 AND Q1 = 11 (INFREQUENT DRINKER) THEN GOTO HARMFUL EFFECT
FROM OWN DRINKING effi ELSE (NON-DRINKER) GOTO m1 TELEVISION.]

[# *** USUAL AMOUNT OF ALCOHOL - MAX OF 3 BEV TYPES ASKED]

> Q2< Now thinking about one drinking occasion that would be most typical of your overall drinking.

What alcohol do you usually have on this typical occasion?

(You will be able to report more than one type, but enter only one type for now.)

<1> Beer

<2> Low-alcohol beer

<3> Home brew

<4> Wine

<5> Wine-cooler

<6> Spirits (eg: Whisky, Gin, Rum)

<7> Mixed cocktail

<8> Liqueur

<9> Fortified wine (eg: sherry, port, etc)

<10> Other sort of alcoholic drink [goto Q2a]

====> [goto bevt]

> Q2a< What other type of drink do you usually have?

Type the other kind of alcoholic drink

====>

> bevt< beverage name

> cbv1< indicator for containers to choose

> Q2b5< Looking at Card 1 beside the computer, enter the container and number of containers that show how much TYPE OF ALCOHOL you would usually have on a typical occasion.

<a> <c> <d> <e> <f> <g> <h>

<j> <k> <m> <n>

<p> <q> <r> <s> <t>

<u> <v> <w> <x>

(Number asked after)

CONTAINER ====>

> Q2c<[no erase] Type the NUMBER of containers ====>

[# ASKED ENCASE THERE IS A 4TH USUAL BEVERAGE CONSUMED]

> Q5< On a typical drinking occasion do you usually drink any other kind of alcohol along with the types you have already mentioned?

<1> Yes

<2> No [goto tust]

====>

> inte< Could you please ask [fill int] to note down the other type(s) of alcohol you usually drink and how much

====>

[# *** FREQ at LOCATIONS only asked of those who usually drink at least 1 / yr]
 > Q2Ia < Now thinking about the places where you sometimes drink alcohol

How often do you usually: drink alcohol in your own home ?

< 1 > More than once per day

< 2 > Once a day

< 3 > 5 or 6 times a week

< 4 > 3 or 4 times a week

< 5 > 1 or 2 times a week

< 6 > Once every 10 days

< 7 > Once a fortnight

< 8 > Once a month

< 9 > Once every 2 or 3 months

< 10 > 2 or 3 times a year

< 11 > Once a year

< 12 > Less than once a year

< 0 > Never

= = = = >

> Q2Ib < drink alcohol at someone else's home ?
 AS ABOVE

> Q2Ic < drink alcohol at a hotel, tavern or bar ?
 AS ABOVE

> Q2Id < drink alcohol at a sports club ?
 AS ABOVE

> Q2Ie < drink alcohol at a nightclub ?
 AS ABOVE

> Q2If < And how often do you usually drink alcohol
 at a cafe or coffee shop ?

< 1 > One or more times per year

< 2 > Less than once per year

< 0 > Never

= = = = >

> Q2Ig < drink alcohol at a restaurant ?
 AS ABOVE

> Q2Ih < drink alcohol at a chartered club?
 (e.g. RSA, Cosmopolitan, Working Men's Clubs)
 AS ABOVE

> Q2Ii < drink alcohol at a workplace ?
 AS ABOVE

> Q2Ij < drink alcohol on a plane within NZ ?
 AS ABOVE

> Q2Ik < drink alcohol in a private motor vehicle ?
 AS ABOVE

> Q2Il < drink alcohol at a sports event ?
 AS ABOVE

> Q2lm < drink alcohol at an outdoor public place ?
 (e.g. a beach or park)
 AS ABOVE

> Q2ln < drink alcohol at other places ?
 AS ABOVE

> Q2lo < Type the other locations where you drank in the last 12 months

 = = = = >

[# *** USUAL AMOUNT ASKED ONLY FOR FIRST FIVE LOCATIONS AND ONLY
 WHERE USUALLY CONSUME ONCE OR MORE PER YEAR. THESE AMOUNT QUESTIONS
 TAKE THE SAME FORM AS THE USUAL AMOUNT ABOVE]

> H2 < Now thinking about one typical occasion of your drinking AT HOME,
 what alcohol would you usually drink?

> O2 < Now thinking of a typical drinking occasion at SOMEONE ELSE'S HOME,
 what alcohol would you usually drink?

> P2 < Now thinking of a typical drinking occasion at HOTELS, TAVERNS or
 BARS, what alcohol would you usually drink?

> S2 < Now thinking of a typical drinking occasion at SPORTS CLUBS,
 what alcohol would you usually drink?

> N2 < Now thinking of a typical drinking occasion at NIGHTCLUBS,
 what alcohol would you usually drink?

[*** LAST OCCASION *****]

> Q6 < Now thinking about the [reverse]last time[normal] you had alcohol.

Whereabouts did you have your last drink of alcohol

- < 1 > at home
 - < 2 > at someone else's home
 - < 3 > at a hotel, tavern or bar
 - < 4 > at a sports club
 - < 5 > at a nightclub
 - < 6 > at a cafe or coffee shop
 - < 7 > at a restaurant
 - < 8 > at a chartered club
 - < 9 > at a workplace
 - < 10 > on a plane within NZ
 - < 11 > in a private motor vehicle
 - < 12 > at a sports event
 - < 13 > at an outdoor public place
 - < 14 > other place
 - < 77 > Can't remember
- = = = = >

[# *** AMOUNTS ASKED SAME AS USUAL]

> Q11 < About how long was your last drinking occasion?

Enter the number of [reverse]hours[normal].

Type decimals for fractions e.g. 0.5 for half hour (30 mins);
 0.33 for 1/3rd hour (20 mins); 0.25 for quarter hour (15 mins)

= = = = >

> Q12 <

Did you have any food shortly before or during
your last drinking occasion?

- < 1 > full meal
 - < 2 > light meal
 - < 3 > snack
 - < 4 > no food
- ===== >

> Q51 <

How often do you drink enough to feel drunk?

- < 1 > More than once a week [goto Q51a]
- < 2 > Once a week
- < 3 > Once every 2 weeks
- < 4 > Once every 3-4 weeks/ once a month
- < 5 > Once every 2-3 months
- < 6 > Once every 4-6 months
- < 7 > Once a year
- < 8 > Less than once a year
- < 0 > Never

< 99 > Don't know
===== > [goto effi]

> Q51a <

How many times in a week do you drink enough to feel drunk?

Type the NUMBER of times

[black] < 1-35 >

===== >

[# *** PROBLEMS FROM OWN DRINKING]

> effi < You'll now be shown some experiences people report
in connection with their OWN drinking. For each
please indicate whether it has happened to you in the
last 12 months, before the last 12 months, both of
these times or never.

Remember that all of your answers are confidential
and you can refuse any questions.

Type < g > to begin.
===== >

> efd1 < Was there ever a time when you felt YOUR drinking had a harmful
effect on:

Your friendships and social life

- < 1 > In the last 12 months
- < 2 > Before the last 12 months
- < 3 > Both
- < 4 > Never

< 9 > Refused
===== >

>efd2< XXI - 351

Your health
AS ABOVE

>efd3<

Your outlook on life
AS ABOVE

>efd4<

Your home life or marriage
AS ABOVE

>efd5<

Your work and employment
AS ABOVE

>efd6<

Your financial position
AS ABOVE

>efd7<

Your energy and vitality
AS ABOVE

>efd8<

Your appearance
AS ABOVE

>efd9<

Your children's health or well-being
AS ABOVE
<0> NO CHILDREN

>pr1< Have any of the following EVER happened to you?

Felt you should cut down on or stop your drinking but
not been able to do so?

>pr2<

Sometimes got drunk when there was an important
reason to stay sober?
AS ABOVE

>pr3<

Felt the effects of alcohol after drinking the
night before?
AS ABOVE

>pr4<

Awakened the next day not being able to remember some of the
things you had done while drinking?
AS ABOVE

>pr5<

Felt the effects of alcohol while at work, study, or engaged in
household duties?
AS ABOVE

>pr6<

Taken an alcoholic drink first thing when you got
up in the morning?
AS ABOVE

- > pr7 <
Had your hands shake a lot in the morning after drinking?
AS ABOVE
- > pr8 <
Stayed intoxicated for several days at a time?
AS ABOVE
- > pr9 <
Been told to leave a place because of your drinking?
AS ABOVE
- > pr10 <
Been away from work because of your drinking?
AS ABOVE
<0> Not in paid employment
- > pr11 <
Got into a physical fight because of your drinking?
AS ABOVE
- > pr12 <
Been ashamed of something you did while drinking?
AS ABOVE
- > pr13 <
Been drinking and driving and had a motor vehicle crash?
AS ABOVE
- > pr14 <
Been involved in an accident while at work, study or doing
household duties after you have been drinking?
AS ABOVE
- > pr15 <
Been involved in a serious argument after you have been drinking?
AS ABOVE

[# *** PROPORTION EACH BEV]

> Q52 < Now, thinking of all the alcohol you drink

how much of it would be BEER
(including low-alcohol beer)

<0> None <1> A little <2> About half <3> Most <4> All

> Q52a < how much of it would be WINE (including wine coolers)
AS ABOVE

> Q52b < how much of it would be SPIRITS
AS ABOVE

> Q52c < how much of it would be OTHER types of alcohol
AS ABOVE

[# **** FAVOURITE BRANDS]

> Q53 < What is your favourite brand of BEER?

- | | |
|----------------------|---------------------|
| <1> DB Draught | <10> Speights |
| <2> DB Double Brown | <11> Red Band |
| <3> DB Bitter | <12> Rheineck Lager |
| <4> DB Export Dry | <13> Rheineck Dry |
| <5> DB Export Gold | <14> Khutze |
| <6> Lion Red | <15> Waikato |
| <7> Lion Brown | <16> Kiwi Lager |
| <8> Steinlager Blue | <17> Mc Gavins |
| <9> Steinlager Green | <18> Wards |

<66> Other brand [asked]

<88> Dont have a favourite brand

<0> Don't like/drink beer

===== > [goto Q54]

> Q54 < Do you have a favourite brand of SPIRITS/LIQUEURS ?

(This is a brand name like Glenfidich not
a type like Whisky)

<1> Yes

<2> Don't have a favourite brand [goto Q55]

<3> Don't like/drink spirits [goto Q55]

===== >

> Q54a < Please type the name of your favourite brand of spirits

===== >

> Q55 < Do you have a favourite brand of WINE?

(This is a brand name like Libestraum not
a type like sparkling white)

<1> Yes

<2> Don't have a favourite brand [goto m1]

<3> Don't like/drink wine [goto m1]

===== >

> Q55a < Please type the name of your favourite brand of wine

===== >

[# ***** TELEVISION *****]

> m1 < Now thinking about television, do you ever watch any television?

<1> Yes

<2> No, never watch television [goto sloa]

===== >

> m2 < About how many hours of television do you usually watch
on a single day during the week (Mon-Fri)

Enter the number of hours

(0 for none/don't watch every day)

ASKED IF NOT EVERY DAY

>m2a1< That was every day, how about the number of hours you usually watch over the space of a whole week (Mon-Fri)?

Enter the number of hours (0 for none)

===== [goto m3]

>m3< About how many hours of television do you usually watch on a SINGLE DAY at the weekend?

Enter the number of hours (0 for none)[no erase]

=====

***** check time and abort if over

>kill< [store <0> in kill]

>slob< [subtime stim from sloa into slob]

[if slob gt <15>] [call <sound>] [store <1> in kill]

[goto tfin] [endif]

>at23<

Now we would like to know how much your friends and family approve of people drinking. Although this may vary with how much is drunk we would like to know generally how much they approve or disapprove.

Which of these do your male friends feel about people who drink alcohol?

<1> strongly approve

<2> approve

<3> don't mind either way

<4> disapprove

<5> strongly disapprove

<0> no male friends

=====

>at24<

Which of these do your female friends feel about people who drink alcohol?

<1> strongly approve

<2> approve

<3> don't mind either way

<4> disapprove

<5> strongly disapprove

<0> no female friends

=====

> at25 <

Which of these does your mother feel about people
your age who drink alcohol?

- < 1 > strongly approves
- < 2 > approves
- < 3 > doesn't mind either way
- < 4 > disapproves
- < 5 > strongly disapproves

< 0 > no mother
= = = = >

> at26 <

Which of these does your father feel about people
your age who drink alcohol?

- < 1 > strongly approves
- < 2 > approves
- < 3 > doesn't mind either way
- < 4 > disapproves
- < 5 > strongly disapproves

< 0 > no father
= = = = >

[# ***** Who wants you to act differently drink less]

> d4 < [IF NON DRINKER OR INFREQUENT DRINKER THEN GOTO bye]

Has anyone around you felt that you should drink less or
act differently when you drank?

- < 1 > Yes
- < 2 > No [goto tfin]

= = = = >

> d4a <

Who were those people?

(You will be able to report more than one person
but select only one for now)

- < 1 > birth mother
- < 2 > birth father
- < 3 > father's wife, live in partner
- < 4 > mother's husband, live in partner
- < 5 > spouse, defacto partner
- < 6 > other female relative
- < 7 > other male relative
- < 8 > close friend
- < 9 > other person

= = = = >

ASKED UNTIL NO MORE

> bye <

That's all of the computer questions.

Thankyou very much for taking part

Please tell INTERVIEWER that we've finished.

= = = = >

> drin< [if drkr lt <2>] [store <NON DRKR> in drin]
 > answ< [fill drin]

CHECKS

Gender = [fill gend] 1 = female 2 = male

Brand wine: [fill Q55] (1 = Yes), brand = [fill Q55a]

Brand spirit: [fill Q54] (1 = Yes), brand = [fill Q54a]

Duration of last drink occasion = [fill Q11] hrs

Number of drinks

Typical [fill Q2c] [fill Q3c] [fill Q4c]

Home [fill H2c] [fill H3c] [fill H4c]

Others home [fill O2c] [fill O3c] [fill O4c]

Pub [fill P2c] [fill P3c] [fill P4c]

Sports club [fill S2c] [fill S3c] [fill S4c]

Night club [fill N2c] [fill N3c] [fill N4c]

Last [fill Q7c] [fill Q8c] [fill Q9c]

<g> TO FINISH == =>

> comp< [complete]

→

