

# Appendix 1

## HEALTH 2000 ATTENDANCE

ID: \_\_\_\_\_

Sticker

A1 YOUR NAME: \_\_\_\_\_ A2 BIRTH DATE: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_

A3 SEX: \_\_\_\_\_ (M/F) A4 ETHNIC GROUPS: \_\_\_\_\_  
*(Australian, Greek, Italian, Maltese, English, Scottish, Welsh, H-Irish, New Zealander)*

A5 YOUR FIRST NAME: \_\_\_\_\_ A6 OTHER NAME: \_\_\_\_\_

A7 ARRIVAL YEAR: 19 \_\_\_\_\_ A8 RETURN YEARS: \_\_\_\_\_  
*(Since arriving in Australia, if you have gone overseas, for how long in total have you been outside Australia?)*

A9 MARITAL STATUS: \_\_\_\_\_ (**M**arried / **S**ingle / **D**ivorced / de **F**acto / **W**idow / se**P**arated)

A10 SPOUSE SURNAME: \_\_\_\_\_ A11 BIRTH DATE: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_

A12 SPOUSE FIRST NAME: \_\_\_\_\_ A13 OTHER NAME: \_\_\_\_\_

A14 YOUR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ A15 POSTCODE: \_\_\_\_\_

A16 YOUR HOME PHONE NO: \_\_\_\_\_

A17 YOUR WORK PHONE NO: \_\_\_\_\_ EXT: \_\_\_\_\_

A18 LOCATION: \_\_\_\_\_ (*Coburg / Van*)

A19 ATTENDANCE DATE: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_

# Appendix 2

## MELBOURNE COLLABORATIVE COHORT STUDY LIFESTYLE QUESTIONNAIRE

### FIRSTLY SOME QUESTIONS ABOUT YOUR SOCIAL LIFE

1. Including yourself, how many people live in your household?
  - 1
  - 2
  - 3 or 4
  - 5 or more
  
2. Apart from those who live with you, how many relatives do you usually see at least once a month?
  - none
  - 1 or 2
  - 3 or 4
  - 5 to 9
  - 10 or more
  
3. Excluding your relatives, how many friends do you have who you could visit at any time without an invitation?
  - none
  - 1 or 2
  - 3 or 4
  - 5 to 9
  - 10 or more
  
4. How many hours a week, if any, do you spend involved in social activities outside your home or work? (*e.g. ethnic clubs, work clubs, church or sporting groups and other community groups or regular social meetings with friends*)
  - none
  - 1 or 2
  - 3 or 4
  - 5 to 9
  - 10 or more

### NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BACKGROUND

5. What is the highest level of education you have completed?
  - never attended school
  - some primary school
  - completed primary school
  - some high / technical school
  - completed high / technical school
  - other qualification (*e.g. trade certificate*)
  - some study towards a tertiary degree or diploma
  - completed tertiary degree or diploma
  
6. What is/was your usual occupation? \_\_\_\_\_

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

## NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOUR FAMILY AND THEIR MEDICAL HISTORY

7. Is your father living?  
 yes     no     don't know
8. How old is/was your father?
9. Is your mother living?  
 yes     no     don't know
10. How old is/was your mother?
11. Have any of these relative had:
- |              | 11.1.Father                      | 11.2.Mother                      | 11.3.Brother                     | 11.4.Sister                      | 11.5.Son                         | 11.6.Daughter                    |
|--------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Heart Attack | 11.1.a. <input type="checkbox"/> | 11.2.a. <input type="checkbox"/> | 11.3.a. <input type="checkbox"/> | 11.4.a. <input type="checkbox"/> | 11.5.a. <input type="checkbox"/> | 11.6.a. <input type="checkbox"/> |
| Cancer       | 11.1.b. <input type="checkbox"/> | 11.2.b. <input type="checkbox"/> | 11.3.b. <input type="checkbox"/> | 11.4.b. <input type="checkbox"/> | 11.5.b. <input type="checkbox"/> | 11.6.b. <input type="checkbox"/> |
| Diabetes     | 11.1.c. <input type="checkbox"/> | 11.2.c. <input type="checkbox"/> | 11.3.c. <input type="checkbox"/> | 11.4.c. <input type="checkbox"/> | 11.5.c. <input type="checkbox"/> | 11.6.c. <input type="checkbox"/> |
| Stroke       | 11.1.d. <input type="checkbox"/> | 11.2.d. <input type="checkbox"/> | 11.3.d. <input type="checkbox"/> | 11.4.d. <input type="checkbox"/> | 11.5.d. <input type="checkbox"/> | 11.6.d. <input type="checkbox"/> |
12. How many brothers do/did you have?  
12 a.  don't know
13. How many sisters do/did you have?  
13 a.  don't know
14. How many children do you have?
15. Are you a twin?  
 yes     no

## NOW SOME QUESTIONS ABOUT YOUR HEALTH

16. What was your weight when you were between 18 and 21 years of age?
17. What is the heaviest weight you have been? (*exclude pregnancy weight*)
18. At what age did you achieve your heaviest weight?
19. Over the last five years has your weight:
- 19.1.  increased by more than 5 kg (11lbs)  
19.2.  decreased by more than 5 kg (11lbs)  
19.3.  stayed much the same  
19.4.  don't know

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

20. Has a doctor ever told you that you have had:

	Yes	No
20.1.a. Asthma or wheezy breathing	<input type="checkbox"/>	<input type="checkbox"/>
20.1.b. If yes, how old were you? _____		
20.1.c. If yes, do you take medications?	<input type="checkbox"/>	<input type="checkbox"/>
20.2.a. Angina	<input type="checkbox"/>	<input type="checkbox"/>
20.2.b. If yes, how old were you? _____		
20.2.c. If yes, do you take medications?	<input type="checkbox"/>	<input type="checkbox"/>
20.3.a. Hypertension ( <i>high blood pressure</i> )	<input type="checkbox"/>	<input type="checkbox"/>
20.3.b. If yes, how old were you? _____		
20.3.c. If yes, do you take tablets	<input type="checkbox"/>	<input type="checkbox"/>
20.4.a. Diabetes mellitus ( <i>sugar diabetes</i> )	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
20.4.b. how old were you? _____		
20.4.c. do you take insulin injections?	<input type="checkbox"/>	<input type="checkbox"/>
20.4.d. do you take tablets?	<input type="checkbox"/>	<input type="checkbox"/>
20.5.a. Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
20.5.b. If yes, how old were you? _____		
20.5.c. If yes, do you take aspirin?	<input type="checkbox"/>	<input type="checkbox"/>
20.6.a. Cancer	<input type="checkbox"/>	<input type="checkbox"/>
20.6.b. If yes, how old were you? _____		
20.6.c. If yes, what type of cancer?	<input type="checkbox"/>	<input type="checkbox"/>
20.7.a. Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>
20.7.b. If yes, how old were you? _____		
20.8.a. Gallstones	<input type="checkbox"/>	<input type="checkbox"/>
20.8.b. If yes, have had your gallbladder removed?	<input type="checkbox"/>	<input type="checkbox"/>
20.8.c. If yes, how old were you (when you had your gallbladder removed)? _____		
20.9.a. Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
20.9.b. If yes, how old were you? _____		
20.10.a. Stroke	<input type="checkbox"/>	<input type="checkbox"/>
20.10.b. If yes, how old were you? _____		

**NOW SOME QUESTIONS ABOUT YOUR HABITS THAT MAY AFFECT YOUR HEALTH  
MOST PEOPLE VARY IN THEIR HABITS THROUGH LIFE, I WOULD LIKE TO NOW ASK ABOUT  
YOUR CURRENT HABITS AND THEN GO BACKWARDS IN TIME ASKING YOU ABOUT YOUR  
HABITS AT VARIOUS AGES**

21. Have you ever smoked at least 7 cigarettes a week for at least a year?

yes     no

***If NO, go to Q29***

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

22. How old were you when you first started smoking at least 7 cigarettes a week?
23. How many cigarettes do/did you smoke a day on average?
24. Do you now smoke at least 7 cigarettes a week?  
 yes     no
25. **If NO**, at what age did you stop smoking at least 7 cigarettes a week?
26. Between the age you started and the age you stopped (*or now for current smokers*) have you not smoked for periods of at least a year?  
 yes     no
27. **If YES**, for how many years altogether did you not smoke during this period?
28. So altogether you have smoked cigarettes for how many years?
29. Have you ever smoked at least seven cigars a week for at least a year?  
 yes     no
30. Have you ever smoked at least seven pipes of tobacco a week for at least a year?  
 yes     no
31. Have you ever drunk at least 12 alcoholic drinks a year? (*sips and tastes don't count*)  
 yes     no

**If NO, go to Q42**

32. How old were you when you first drank at least 12 alcoholic drinks in a year? (*sips and tastes don't count*)
33. Between the ages of **10-14** did you drink:
- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| 33.1. beer?                         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 33.2. wine?                         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 33.3. or drinks containing spirits? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**If NO, to all three, go to Q34**

- 33.1.a How often did you drink beer?  
....  day    week    month    year
- 33.1.b When you drank beer how much did you drink on average?  
.....  glasses    pots    cans    stubbies    bottles
- 33.2.a How often did you drink wine?  
.....  day    week    month    year

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

33.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

33.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

33.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

33.4 Between the ages of 10-14, what was the most alcoholic drinks that you consumed on any one occasion?

34. Between the ages of **15-19** did you drink:

34.1. beer?  yes  no

34.2. wine?  yes  no

34.3. or drinks containing spirits?  yes  no

**If NO, to all three, go to Q35**

34.1.a How often did you drink beer?

....  day  week  month  year

34.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

34.2.a How often did you drink wine?

.....  day  week  month  year

34.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

34.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

34.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

34.4 Between the ages of 15-19, what was the most alcoholic drinks that you consumed on any one occasion?

.....

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

35. Between the ages of **20-29** did you drink:

35.1. beer?  yes  no

35.2. wine?  yes  no

35.3. or drinks containing spirits?  yes  no

**If NO, to all three, go to Q36**

35.1.a How often did you drink beer?

....  day  week  month  year

35.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

35.2.a How often did you drink wine?

.....  day  week  month  year

35.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

35.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

35.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

36. Between the ages of **30-39** did you drink:

36.1. beer?  yes  no

36.2. wine?  yes  no

36.3. or drinks containing spirits?  yes  no

**If NO, to all three, go to Q37**

36.1.a How often did you drink beer?

....  day  week  month  year

36.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

36.2.a How often did you drink wine?

.....  day  week  month  year

36.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

36.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

36.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

37. Between the ages of **40-49** did you drink:

37.1. beer?  yes  no

37.2. wine?  yes  no

37.3. or drinks containing spirits?  yes  no

**If NO, to all three, go to Q38**

37.1.a How often did you drink beer?

....  day  week  month  year

37.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

37.2.a How often did you drink wine?

.....  day  week  month  year

37.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

37.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

37.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

38. Between the ages of **50-59** did you drink:

38.1. beer?  yes  no

38.2. wine?  yes  no

38.3. or drinks containing spirits?  yes  no

**If NO, to all three, go to Q39**

38.1.a How often did you drink beer?

....  day  week  month  year

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

38.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

38.2.a How often did you drink wine?

.....  day  week  month  year

38.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

38.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

38.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

39. Between the ages of **60-69** did you drink:

39.1. beer?  yes  no

39.2. wine?  yes  no

39.3. or drinks containing spirits?  yes  no

***If NO, to all three, go to Q40***

39.1.a How often did you drink beer?

....  day  week  month  year

39.1.b When you drank beer how much did you drink on average?

.....  glasses  pots  cans  stubbies  bottles

39.2.a How often did you drink wine?

.....  day  week  month  year

39.2.b When you drank wine how much did you drink on average?

.....  glasses  bottles  litres

39.3.a How often did you drink drinks containing spirits?

.....  day  week  month  year

39.3.b When you drank drinks containing spirits, how many did you drink on average?

.....  glasses

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

40. What alcoholic beverages, if any, did you drink on each day during the last week?

		quantity	unit
Monday	beer	40.1.a .....	40.1.b .....
	wine	40.1.c .....	40.1.d .....
	spirit	40.1.e .....	40.1.f .....
Tuesday	beer	40.2.a .....	40.2.b .....
	wine	40.2.c .....	40.2.d .....
	spirit	40.2.e .....	40.2.f .....
Wednesday	beer	40.3.a .....	40.3.b .....
	wine	40.3.c .....	40.3.d .....
	spirit	40.3.e .....	40.3.f .....
Thursday	beer	40.4.a .....	40.4.b .....
	wine	40.4.c .....	40.4.d .....
	spirit	40.4.e .....	40.4.f .....
Friday	beer	40.5.a .....	40.5.b .....
	wine	40.5.c .....	40.5.d .....
	spirit	40.5.e .....	40.5.f .....
Saturday	beer	40.6.a .....	40.6.b .....
	wine	40.6.c .....	40.6.d .....
	spirit	40.6.e .....	40.6.f .....
Sunday	beer	40.7.a .....	40.7.b .....
	wine	40.7.c .....	40.7.d .....
	spirit	40.7.e .....	40.7.f .....

41. Is the amount you drank last week more, less or about the same as you would drink most weeks?

- more    less    same

## NOW WE WOULD LIKE TO ASK YOU SOME QUESTIONS RELATING TO PHYSICAL ACTIVITY

42. On average, (e.g., over the last 6 months) how many times a week do you walk for recreation or exercise?

- none at all..... **Go to Q45**  
 once or twice a week  
 three or more times a week

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

43. On average, (e.g., over the last 6 months) how many times a week do you exercise vigorously for a period of at least 20 minutes? (*"Vigorously" means making you sweat or feel out of breath, and includes such activities as swimming, tennis, netball, athletics and running.*)
- none at all..... **Go To Q45**
  - once or twice a week
  - three or more times a week
44. If you exercise vigorously "3 or more times a week", for how long have you been doing this level of activity?
- less than 3 months
  - more than 3 months but less than 1 year
  - more than 1 year but less than 5 years
  - 5 years or more
45. On average, (e.g., over the last 6 months) how many times a week do you engage in less vigorous exercise for recreation, sport or health and fitness purposes, which did not make you sweat or feel out of breath (*and includes such activities as bike riding, dancing, etc.*)
- not at all
  - once or twice a week
  - three or more times a week
46. On average, in the course of your tasks at work and around the house, how much time are you involved in moderate to heavy physical exertion (*exertion which made you breathe harder or puff and pant*).
- 46.1. At Work
- 46.1.a. None at all
- 46.1.b. Total time \_\_\_ hours \_\_\_ mins per  day or  week
- 46.2. At Home
- 46.2.a. None at all
- 46.2.b. Total time \_\_\_ hours \_\_\_ mins per  day or  week

## FOR WOMEN ONLY

47. How old were you when you had your first menstrual period?
48. Have you ever been pregnant?  yes  no

**If NO, go to Q50**

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

49. Please give details about all your pregnancies irrespective of outcome (include all miscarriages and terminations)

Year pregnancy	for how many weeks were you pregnant?	live birth Yes/No	Breastfeeding ended (in months)	
			quantity	code (months/years)
49.1.a. _____	49.1.b. _____	49.1.c. _____	49.1.d. _____	49.1.e. _____
49.2.a. _____	49.2.b. _____	49.2.c. _____	49.2.d. _____	49.2.e. _____
49.3.a. _____	49.3.b. _____	49.3.c. _____	49.3.d. _____	49.3.e. _____
49.4.a. _____	49.4.b. _____	49.4.c. _____	49.4.d. _____	49.4.e. _____
49.5.a. _____	49.5.b. _____	49.5.c. _____	49.5.d. _____	49.5.e. _____
49.6.a. _____	49.6.b. _____	49.6.c. _____	49.6.d. _____	49.6.e. _____
49.7.a. _____	49.7.b. _____	49.7.c. _____	49.7.d. _____	49.7.e. _____
49.8.a. _____	49.8.b. _____	49.8.c. _____	49.8.d. _____	49.8.e. _____
49.9.a. _____	49.9.b. _____	49.9.c. _____	49.9.d. _____	49.9.e. _____
49.10.a. _____	49.10.b. _____	49.10.c. _____	49.10.d. _____	49.10.e. _____
49.11.a. _____	49.11.b. _____	49.11.c. _____	49.11.d. _____	49.11.e. _____
49.12.a. _____	49.12.b. _____	49.12.c. _____	49.12.d. _____	49.12.e. _____
49.13.a. _____	49.13.b. _____	49.13.c. _____	49.13.d. _____	49.13.e. _____
49.14.a. _____	49.14.b. _____	49.14.c. _____	49.14.d. _____	49.14.e. _____
49.15.a. _____	49.15.b. _____	49.15.c. _____	49.15.d. _____	49.15.e. _____
49.16.a. _____	49.16.b. _____	49.16.c. _____	49.16.d. _____	49.16.e. _____
49.17.a. _____	49.17.b. _____	49.17.c. _____	49.17.d. _____	49.17.e. _____
49.18.a. _____	49.18.b. _____	49.18.c. _____	49.18.d. _____	49.18.e. _____
49.19.a. _____	49.19.b. _____	49.19.c. _____	49.19.d. _____	49.19.e. _____
49.20.a. _____	49.20.b. _____	49.20.c. _____	49.20.d. _____	49.20.e. _____
49.21.a. _____	49.21.b. _____	49.21.c. _____	49.21.d. _____	49.21.e. _____
49.22.a. _____	49.22.b. _____	49.22.c. _____	49.22.d. _____	49.22.e. _____
49.23.a. _____	49.23.b. _____	49.23.c. _____	49.23.d. _____	49.23.e. _____

50. Have you ever used the contraceptive pill?

- no       yes, in the past       yes, currently

**If NO, go to Q53**

51. How old were you when you first started taking the contraceptive pill?

52. For how long have you used the pill altogether?

\_\_\_\_\_ quantity      Months/Years (circle one)

53. Have you had a menstrual period in the last 12 months?

- yes    no

**\*\*If YES, STOP you have completed the questionnaire \*\***

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

54. If NO, how old were you when you had your last period?
55. Why have your periods stopped?
- naturally, as part of the change of life
  - following a hysterectomy
  - for another reason (specify) .....
56. Have you had a hysterectomy?
- yes     no

**If NO, go to Q59**

57. How old were you when you had your hysterectomy?
58. Were your ovaries removed?
- yes     no
59. Has a doctor prescribed female hormone medications such as oestrogen replacement pills or injections to reduce the symptoms of the menopause?
- no
- yes, in the past
- yes, currently

**\*\*IF NO, STOP you have completed the questionnaire \*\***

60. How old were you when you first started taking female hormone or oestrogen replacement pills or injections?
61. How old were you when you last stopped taking female hormone or oestrogen replacement pills or injections?
62. When you were last taking female hormone or oestrogen replacement pills or injections do/did you regularly take any other pill for part of each month with them as part of your treatment?
- yes     no

**If NO, go to Q64**

63. What was the name of the other pill that you take/took while taking female hormone or oestrogen replacement pills or injections?
64. For about how long altogether (have/did) you take(n) female hormone or replacement oestrogen pills or injections?
- \_\_\_\_\_ quantity                      Months/Years (circle one)

**QUESTIONS 65 AND 66 WERE IMPLEMENTED AFTER PARTICIPANT #28,686**

65. Are your periods regular?  yes     no
66. What was the first day of your last period?

# Melbourne Collaborative Cohort Study Lifestyle Questionnaire

## QUESTIONS ABOUT FEELINGS (Please fill in only one answer per question)

### THIS SECTION WAS ONLY GIVEN TO ENGLISH SPEAKING PARTICIPANTS

67. Listed below are some of the reactions people have when they feel angry or very annoyed. (Fill in the bubble opposite the phrase that indicates how you generally react)

	ALMOST NEVER	SOME TIMES	OFTEN	ALWAYS
When I feel angry ( <i>very annoyed</i> ):				
67.1 I keep quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.2 I refuse to argue or say anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.3 I bottle it up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.4 I say what I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.5 I avoid making a scene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.6 I smother my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.7 I hide my annoyance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. The following words describe feelings and emotions. Read each item and then fill in the appropriate bubble next to that word. Indicate to what extent you usually feel that way.

	VERY SLIGHTLY OR NOT AT ALL	A LITTLE	MODERATELY	QUITE A BIT	EXTREMELY
68.1 interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.2 distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.3 upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.4 enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.5 guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.6 hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.7 alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.8 nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.9 determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.10 scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.11 attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.12 active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FOODS	Number of times you have eaten these foods over the last year	Never or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
<b>CEREAL FOODS, CAKES &amp; BISCUITS</b>										
82	Wheatgerm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Muesli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Other breakfast cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Rice (steamed, fried, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Fried rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Mixed dishes with rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	White bread, rolls or toast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Whole wheat or rye bread, rolls or toast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Fruit bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Crackers or crispbreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Sweet biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Cakes or sweet pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Puddings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Pasta or noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	Dumplings or spring rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Pies or savoury pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DAIRY FOODS &amp; EGGS</b>										
99	Cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Brie or cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Feta cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Low fat, low cholesterol cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Hard grating cheeses (eg, parmesan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Cream cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Cheddar or similar cheeses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Custard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Cream or semi cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Yoghurt (incl. low fat varieties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Eggs, boiled or poached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Eggs, fried or scrambled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Mixed dishes with egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEAT, POULTRY, SEAFOOD &amp; MIXED DISHES</b>										
115	Veal or beef schnitzel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Beef or veal mince	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Beef steak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Biscuits or meatloaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Mixed dishes with beef (ie, stews, curry & meat sauce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Chicken, roast or fried (incl. schnitzel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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121 Chicken, boiled or steamed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122 Mixed dishes with chicken (e.g. casseroles, stir fry)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123 Lamb, chops or meat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124 Mixed dishes with lamb		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125 Pork, chops or meat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126 Rabbit, or other game		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127 Liver (incl. Liverwurst & pâté)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128 Other offal meats		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 Sausen or continental sausages		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Sausages or frankfurters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131 Bacon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132 Ham (incl. gammon)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133 Corned beef (silverado)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 Manufactured luncheon meats (incl. mortadella)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135 Fish, steamed, grilled or baked		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136 Fish, fried (incl. take-away)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137 Fish, smoked		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 Canned fish (incl. tuna, salmon & sardines)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Seafood (other than fish)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOUPS, SALADS &amp; COOKED VEGETABLES</b>										
140 Creamed soup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Bean, pea or lentil soup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Other soup or broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 Pickled vegetables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 Tomato		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 Capsicum		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146 Lettuce, endive or other salad greens		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147 Cucumber		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148 Celery or fennel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149 Beetroot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150 Cauliflower		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151 Potato, fried or roasted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152 Potato, cooked with no fat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153 Carrot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154 Cabbage or Brussels sprouts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155 Cauliflower		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156 Broccoli		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157 Turnip, spinach or other leafy greens		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Green beans or peas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 Cooked dried bean, chick pea or lentil dish (inc. baked beans)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 Pumpkin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161 Onion or leeks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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162 Mushrooms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163 Sweet corn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164 Zucchini, squash or eggplant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 Cooked mixed vegetable dish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DRIED, FRESH, STEWED AND CANNED FRUIT</b>										
166 Dried apricots or peaches		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167 Other dried fruit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 Fruit salad		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 Oranges or mandarin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 Apples		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171 Lemons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172 Peaches or nectarines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Pears		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174 Cantaloupe or honeydew melon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 Watermelon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Strawberries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Plums		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178 Apricots		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179 Grapefruit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Pineapple		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Avocado		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Olives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183 Figs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184 Grapes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BEVERAGES &amp; MISCELLANEOUS</b>										
185 A milk drink (inc. milk shakes, hot chocolate etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186 Orange juice or lemon juice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187 Other fruit juice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188 Tea		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189 Herbal or medicinal tea		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190 Coffee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191 Coffee substitute		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192 Water (inc. soda & plain mineral water)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193 Diet (Low-cal) soft drink		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194 Soft drink (inc. flav. mineral water)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195 Chocolate or confectionery containing chocolate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196 Other confectionery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197 Peanuts or peanut butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198 Other nuts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199 Dips		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 Corn chips, potato chips or similar snacks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201 Jam, honey or syrup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202 Vegetables, margarine or spread		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Appendix 4

DRAFT version3 17 May 2007

EOI NO:

Date Received \_\_\_/\_\_\_/\_\_\_

Electronic File Name:

## HEALTH 2020 COHORT STUDY

### EXPRESSION OF INTEREST

#### For Research Proposals

<b>BRIEF TITLE OF PROJECT</b>	
-------------------------------	--

LEAD INVESTIGATOR					
	Title	Given Name	Initial	Surname	
Department					
Institution					
Address					
City/Suburb			State	Postcode	
Telephone		Fax		Email	

OTHER PRINCIPAL INVESTIGATORS				
	Title	Given Name	Surname	Institution & email address
A				
B				
C				
D				

CONTACT PERSON FOR THIS APPLICATION <u>IF NOT</u> LEAD INVESTIGATOR					
Title	Given Name	Surname		Role in this study	
Department					
Institution					
Address					
City/Suburb			State	Postcode	
Telephone		Fax		Email	

Please complete and submit form online: [http://www.cancervic.org.au/about-our-research/cancer\\_epidemiology\\_centre/health\\_2020](http://www.cancervic.org.au/about-our-research/cancer_epidemiology_centre/health_2020)

## SYNOPSIS OF RESEARCH PLAN

**Aims & Hypotheses** *(limit 700 characters)*

**Background** *(limit 2000 characters)*

**Research Plan** *(limit 2000 characters)*

**Significance of project** *(limit 2000 characters)*

Please complete and submit form online: [http://www.cancervic.org.au/about-our-research/cancer\\_epidemiology\\_centre/health\\_2020](http://www.cancervic.org.au/about-our-research/cancer_epidemiology_centre/health_2020)  
Page 2 of 3

EOI NO:

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Electronic File Name:

### RATIONALE FOR USING THE HEALTH 2020 COHORT STUDY

*Please justify the use of Health 2020 for this project.*

SUBMIT ONLINE

### PROJECT REQUIREMENTS

- a) Are existing data required?      Yes       No
- b) Are existing biospecimens required?      Yes       No
- c) Is subject contact required?      Yes       No

**If yes to ( c ),** please describe what is planned in this regard (e.g. numbers of participants, any requirements of participants, measurements to be made on participant, duration of contact with participant).

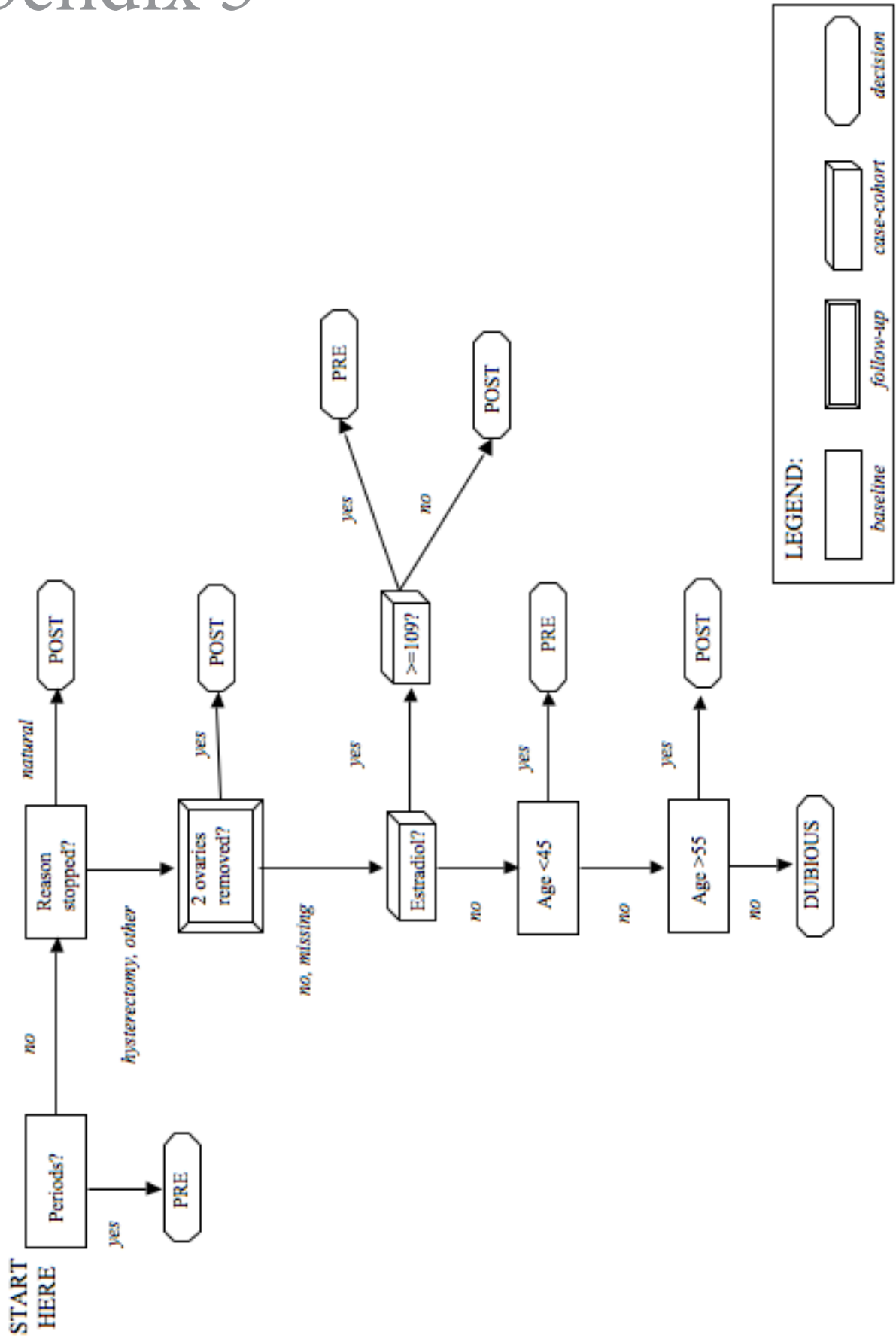
### ANTICIPATED TIMEFRAME

Commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_      Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete and submit form online: [http://www.cancervic.org.au/about-our-research/cancer\\_epidemiology\\_centre/health\\_2020](http://www.cancervic.org.au/about-our-research/cancer_epidemiology_centre/health_2020)

# Appendix 5

Appendix 5  
MENOPAUSE STATUS DECISION FLOWCHART



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