# TASMANIAN LONG TERM HEALTH SURVEY 1968–1991 (Adult)

FUNDED BY THE
NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

The University of Melbourne
Faculty of Medicine Epidemiology Unit
151 Barry Street, Carlton
Victoria 3053
Ph (03) 344 6990

HOW TO ANSWER THE QUESTIONS

Please answer all questions as accurately as possible. Where you are given a choice please place a tick in the appropriate box.

Today's date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
*day* *month* *year*

**IDENTIFICATION QUESTIONS**

1. Surname [ ] Maiden name [ ]

   Given names [ ]

2. Sex ☐ Male ☐ Female

3. Age [ ][ ] years

4. Date of birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
*day* *month* *year*

We would like a current address where we could contact you if we need to clarify any of your answers.

5. **Home** address [ ]

   [ ] Postcode [ ][ ][ ][ ]

   Telephone Nos. (Home) [ ] (Other) [ ]

   **Alternative contact** address (e.g. parents' address, work):

   Name [ ]

   Address [ ]

   [ ] Postcode [ ][ ][ ][ ]

   Telephone Nos. (Home) [ ] (Other) [ ]

## BACKGROUND QUESTIONS

6. What is your present marital status?
   - ☐ married
   - ☐ de facto
   - ☐ separated
   - ☐ divorced
   - ☐ widowed
   - ☐ never married

7. How many children do you have (if any)? [ ]

8. How many years of secondary school have you completed? [ ] years

9. How many years of tertiary education have you completed (e.g. University, TAFE, CAE, etc)? [ ] years

10. Are you currently employed?
    - ☐ Yes, full time
    - ☐ Yes, part time
    - ☐ No

11. What is your current occupation? (If you are currently unemployed please list your previous position)

    [ ]

## GENERAL HEALTH QUESTIONS

12. **Height:**
    (You may answer in metric or imperial units)

    [ ] feet [ ] inches **OR** [ ] cms

    **Current weight:**

    [ ] stone [ ] lbs **OR** [ ] kgs

    When you were **between the ages of 18 and 21**, how much did you weigh?

    [ ] stone [ ] lbs **OR** [ ] kgs

13. In the past **12 months**, how many days did you stay at home from work because of illness? ☐ days

14. The following question is about **long term** conditions; conditions that have lasted, or are likely to last, for **six months or more**.

Please indicate with a tick, any conditions that you have.
(Tick as many responses as are appropriate)

- ☐ Heart or coronary disease
- ☐ Hernia or rupture
- ☐ High blood pressure or hypertension
- ☐ Ulcer e.g. stomach or duodenum
- ☐ Diabetes or high blood sugar
- ☐ Paralysis or loss of limb
- ☐ High cholesterol or high triglycerides
- ☐ Migraine
- ☐ Thyroid trouble or goitre
- ☐ Epilepsy
- ☐ Behavioural or emotional disorders
- ☐ Amputation or loss e.g. arm, foot
- ☐ Dependence on drugs or alcohol
- ☐ Serious burns
- ☐ Serious wounds
- ☐ Kidney disease

15. The following is a list of medications. For each medication, please indicate “YES” or “NO”, depending on whether you have used it in the **last two weeks**.
**Please indicate “YES” or “NO” for each question**

| | **Medications** | **Have you used this medication in the last 2 weeks?** |
|---|---|---|
| a) | Cough medicines or any other remedies for colds? | ☐ Yes ☐ No |
| b) | Medications for asthma or wheeze? | ☐ Yes ☐ No |
| c) | Medications for an allergy? | ☐ Yes ☐ No |
| d) | Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | ☐ Yes ☐ No |
| e) | Medications for your stomach or any laxatives? | ☐ Yes ☐ No |
| f) | Fluid tablets or medications for heart problems or blood pressure? | ☐ Yes ☐ No |
| g) | Sleeping pills, tranquilisers or sedatives? | ☐ Yes ☐ No |
| h) | Pain relievers? | ☐ Yes ☐ No |
| i) | Insulin? | ☐ Yes ☐ No |

## LIFESTYLE QUESTIONS

**The next few questions are about smoking.**

16. Have you ever smoked regularly? ☐ Yes ☐ No

    If **NO**, go to question 23

17. If YES, how old were you when you **first** started smoking regularly? I was ☐ years old

18. For how many years have you been a regular smoker? ☐ years

19. On average, how many cigarettes did you smoke per day? ☐ cigarettes

20. Do you currently smoke? ☐ Yes ☐ No

    If **NO**, go to question 22

21. How many cigarettes do you usually smoke a day? ☐ cigarettes

    (Go to Question 23)

22. How old were you when you **last** gave up smoking cigarettes? I was ☐ years old

23. How many adults (apart from yourself) live in your household? ☐

24. Of these **other** adults in your household, how many are regular smokers? ☐

**The next few questions are about alcoholic drinks.**

25. Have you ever drunk an alcoholic drink (sips and tastes don't count)? ☐ Yes ☐ No

    If **NO**, go to question 23

26. How long ago did you last have an alcoholic drink? Please **specify** in days, weeks, months, or years. ☐

    (If more than one week ago then go to question 30)

27. In the last seven days, have you had any drinks at all that contain alcohol, including home made wine or beer (sips and tastes don't count)?
☐ Yes ☐ No

28. This question is about the number of alcoholic drinks you had during the last seven days, **including yesterday**.

Starting yesterday and working backwards, fill in the number of drinks in every box for each day of the last week. Write "0" in any category or day when you had no drinks.

| | **low alcohol (light beer)** | | | **normal beer** | | | **wine** | **spirits mixed drinks** |
|---|---|---|---|---|---|---|---|---|
| | glass | | can/ stubble | glass | | can/ stubble | glass | glass |
| | 7 oz | 10 oz | | 7 oz | 10 oz | | | |
| Sunday | | | | | | | | |
| Saturday | | | | | | | | |
| Friday | | | | | | | | |
| Wednesday | | | | | | | | |
| Tuesday | | | | | | | | |
| Monday | | | | | | | | |

29. Is the amount you drank **last week** more, about the same or less than you would usually drink most weeks?
☐ More than usual
☐ About the same
☐ Less than usual

**RESPIRATORY HEALTH QUESTIONS**

(Please **tick only one box** per question).

30. For how much time in the last **12 months** have you been ill due to chest illnesses?
☐ Not at all
☐ One to seven days
☐ Eight to thirty days
☐ More than a month

31. Have you had more than two sore throats in the past **12 months**?
☐ Yes ☐ No

32. Have you **ever** been told by a doctor that you have pneumonia or pleurisy?

- ☐ No, never
- ☐ Yes, once or twice
- ☐ Yes, more than twice

33. Have you **ever** been told by a doctor that you are allergic to any foods or medicines?

☐ Yes ☐ No

34. Do you get hives?

- ☐ Never
- ☐ Once or twice a year
- ☐ More than twice a year

35. Do you get eczema?

- ☐ Never
- ☐ Once or twice a year
- ☐ More than twice a year
- ☐ Nearly all the time

36. Do you get psoriasis?

- ☐ Never
- ☐ Once or twice a year
- ☐ More than twice a year
- ☐ Nearly all the time

37. Do you get dermatitis?

- ☐ Never
- ☐ Once or twice a year
- ☐ More than twice a year
- ☐ Nearly all the time

38. Have you at any time in your life suffered from attacks of asthma or wheezy breathing?

**Note:** Please regard “asthma” and “wheezy breathing” as being much the same thing for this survey; we do not ask you to try to tell the difference.

- ☐ Yes. If **YES**, then answer questions 39 to 44.
- ☐ No. If **NO**, then go to questions 45.

39. At what age did these attacks begin?

- ☐ Under 7 years
- ☐ Between 7 and 14 years
- ☐ Between 15 and 21 years
- ☐ Over 21 years

40. How long is it since the last attack?

- ☐ Less than a month ago
- ☐ Over one but less than three months ago
- ☐ Over three but less than six months ago
- ☐ Over six but less than twelve months ago
- ☐ Over one year but less than two years ago
- ☐ Over two years ago
- ☐ Over five years ago
- ☐ Over ten years ago

→ go to question 44

41. On the average (as near as you can say), how often do these attacks tend to occur over the last **12 month**?

- ☐ About once in twenty-four hours
- ☐ About once a week
- ☐ About once a fortnight
- ☐ About once a month
- ☐ About once every three months
- ☐ About once every six months
- ☐ About once in 12 months (or less often)
- ☐ No attacks at all in the last 12 months

→ go to question 44

42. Over the last **12 months**, on the average (as near as you can say), how long do these attacks usually last (with usual treatment)?

- ☐ Less than twelve hours
- ☐ A day or so
- ☐ A week or so
- ☐ A month or so
- ☐ "Continuous"
  (never free of asthma or wheezing for more than a day or two)

43. In the last **12 months**, approximately how many attacks have you had altogether?

- ☐ One attack only
- ☐ Two to five attacks
- ☐ Six to ten attacks
- ☐ Eleven to twenty attacks
- ☐ Twenty to fifty attacks
- ☐ Fifty to one hundred attacks
- ☐ Over one hundred attacks

44. Do you feel that, over your lifetime, your asthma or wheezy breathing has:
- ☐ Improved
- ☐ Remained the same
- ☐ Worsened

45. Have you at any time in your life suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest (“loose” or “rattly” cough)? ☐ Yes ☐ No

**Note:** Please regard “bronchitis” and “cough with sputum (phlegm) in the chest” and “loose or rattly cough” as being much the same thing for this survey; we do not ask you to try to tell the difference.

46. Have you, at any time in the last **12 months**, woken up with a feeling of tightness in your chest first thing in the morning? ☐ Yes ☐ No

47. Have you, at any time in the last **12 months**, had any attacks of shortness of breath that came on during the day when you weren’t doing anything strenuous? ☐ Yes ☐ No

48. Have you, at any time in the last **12 months**, had an attack of shortness of breath that came on after you stopped exercising? ☐ Yes ☐ No

49. Have you, at any time in the last **12 months**, been woken at night by an attack of shortness of breath? ☐ Yes ☐ No

50. Have you, at any time in the last **12 months**, been woken at night by coughing? ☐ Yes ☐ No

51. Do you usually cough first thing in the morning? ☐ Yes ☐ No

52. Do you usually bring up phlegm from your chest first thing in the morning? ☐ Yes ☐ No

53. Do you get attacks of “hay fever” (that is, sneezing, running or blocked nose, sometimes with itchy eyes or nose)? ☐ Yes ☐ No

    If **YES**, do these hay fever attacks tend to be more frequent or more severe at any particular time or season of the year (seasonal)? ☐ Yes ☐ No

# TASMANIAN LONG TERM HEALTH SURVEY 1968–1991

## Supplement for women only

FUNDED BY THE
NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

The University of Melbourne
Faculty of Medicine Epidemiology Unit
151 Barry Street, Carlton
Victoria 3053
Ph (03) 344 6990

HDH811

1. How old were you when you had your **first** menstrual period? ☐ years

2. Have you **ever** used the contraceptive pill? ☐ Yes ☐ No

   If **NO** go to question 4.

   If **YES**, at what age did you **first** use the pill? ☐ years

3. In total, for how long have you taken the pill? (Add up all the times you have taken the pill) ☐ years ☐ mths

   Are you using the contraceptive pill now ☐ Yes ☐ No

   Please write down the name(s) of any contraceptive pills you can remember having ever used.

| |
|---|
| |
| |
| |
| |

4. Have you ever been pregnant? ☐ Yes ☐ No

   If NO, then you need not answer any further questions

   THANK YOU FOR TAKING PART IN OUR STUDY

   If YES:

   Are you pregnant now? ☐ Yes ☐ No

   For each of your pregnancies, please fill in the following information.

   **1st:** Your age ☐ years

   Length of pregnancy ☐ months ☐ weeks

   If more than 5 months, was this a live birth? ☐ Yes ☐ No

   Did you breast feed? ☐ Yes ☐ No

**2nd:** Your age ☐ years
Length of pregnancy ☐ months ☐ weeks
If more than 5 months, was this a live birth? ☐ Yes ☐ No
Did you breast feed? ☐ Yes ☐ No

**3rd:** Your age ☐ years
Length of pregnancy ☐ months ☐ weeks
If more than 5 months, was this a live birth? ☐ Yes ☐ No
Did you breast feed? ☐ Yes ☐ No

**4th:** Your age ☐ years
Length of pregnancy ☐ months ☐ weeks
If more than 5 months, was this a live birth? ☐ Yes ☐ No
Did you breast feed? ☐ Yes ☐ No

**5th:** Your age ☐ years
Length of pregnancy ☐ months ☐ weeks
If more than 5 months, was this a live birth? ☐ Yes ☐ No
Did you breast feed? ☐ Yes ☐ No

**6th:** Your age ☐ years
Length of pregnancy ☐ months ☐ weeks
If more than 5 months, was this a live birth? ☐ Yes ☐ No
Did you breast feed? ☐ Yes ☐ No

In total how many pregnancies have you had? ☐

ATTACH A SEPARATE PAGE IF YOU HAD MORE THAN SIX PREGNANCIES

# TASMANIAN LONG TERM
# HEALTH SURVEY
# 1968–1991
# (Child)

FUNDED BY THE
NATIONAL HEALTH AND MEDICAL RESEARCH
COUNCIL

The University of Melbourne
Faculty of Medicine Epidemiology Unit
151 Barry Street, Carlton
Victoria 3053
Ph (03) 344 6990

HOW TO ANSWER THE QUESTIONS

Please answer all questions for your child as accurately as possible. Where you are given a choice please place a tick in the appropriate box.

Your name

Your relationship to child

Today's date __ __ / __ __ / __ __ __ __
*day* *month* *year*

## IDENTIFICATION QUESTIONS

1. Child's surname

   Child's given names

2. Child's sex ☐ Male ☐ Female

3. Child's age __ __ years

4. Child's date of birth __ __ / __ __ / __ __ __ __
   *day* *month* *year*

5. Name of biological (natural mother)

   Name of biological (natural father)

## GENERAL HEALTH QUESTIONS

6. Child's height:
   (You may answer in metric or imperial units)
   ____ feet ____ inches **OR** ____ cms

   Child's weight:

   ____ stone ____ lbs **OR** ____ kgs

7. The following question is about **long term** conditions; conditions that have lasted, or are likely to last, for **six months or more**.

Please indicate with a tick, any conditions that you have.
(Tick as many responses as are appropriate)

☐ Epilepsy ☐ Diabetes or high bloos dugar
☐ Migraine ☐ Kidney disease
☐ Other (specify) ______

8. The following is a list of medications. For each medication, please indicate "YES" or "NO", depending on whether the child have used it in the **last two weeks**.
**Please indicate "YES" or "NO" for each question**

| | **Medications** | **Have the child used this medication in the last 2 weeks?** |
|---|---|---|
| a) | Cough medicines or any other remedies for colds? | ☐ Yes ☐ No |
| b) | Medications for asthma or wheeze? | ☐ Yes ☐ No |
| c) | Medications for an allergy? | ☐ Yes ☐ No |
| d) | Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | ☐ Yes ☐ No |
| e) | Medications for your stomach or any laxatives? | ☐ Yes ☐ No |
| f) | Pain relievers? | ☐ Yes ☐ No |
| g) | Insulin? | ☐ Yes ☐ No |

## RESPIRATORY HEALTH QUESTIONS

These questions were included in the 1968 survey of 7 year old school children in Tasmania that was completed for you by your parents.
(Please **tick only one box** per question).

9. For how much time in the last **12 months** has the child been ill due to chest illnesses?

☐ Not at all
☐ One to seven days
☐ Eight to thirty days
☐ More than a month

10. Have the child had more than two sore throats in the past **12 months**?
   - ☐ Yes ☐ No

11. Has the child **ever** been told by a doctor that he/she has pneumonia or pleurisy?
   - ☐ No, never
   - ☐ Yes, once or twice
   - ☐ Yes, more than twice

12. Has the child **ever** been told by a doctor that he/she is allergic to any foods or medicines?
   - ☐ Yes ☐ No

13. Does the child get hives?
   - ☐ Never
   - ☐ Once or twice a year
   - ☐ More than twice a year

14. Does the child get eczema?
   - ☐ Never
   - ☐ Once or twice a year
   - ☐ More than twice a year
   - ☐ Nearly all the time

15. Does the child get psoriasis?
   - ☐ Never
   - ☐ Once or twice a year
   - ☐ More than twice a year
   - ☐ Nearly all the time

16. Does the child get dermatitis?
   - ☐ Never
   - ☐ Once or twice a year
   - ☐ More than twice a year
   - ☐ Nearly all the time

17. Has the child at any time in his/her life suffered from attacks of asthma or wheezy breathing?

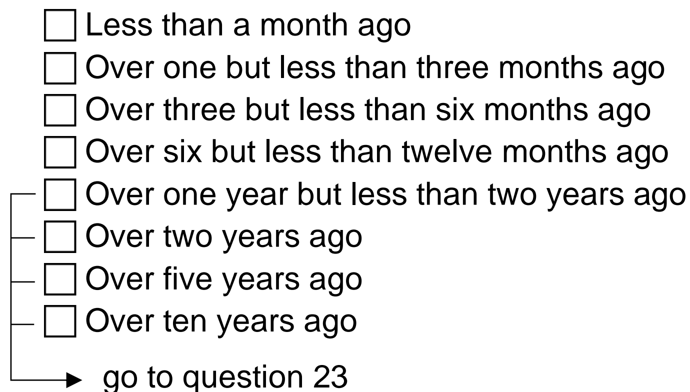
   **Note:** Please regard “asthma” and “wheezy breathing” as being much the same thing for this survey; we do not ask you to try to tell the difference.

   - ☐ Yes. If **YES**, then go to question 18.
   - ☐ No. If **NO**, then go to questions 24.

18. At what age did these attacks begin?

- ☐ Under 1 years
- ☐ Between 1 and 2 years
- ☐ Between 3 and 4 years
- ☐ Between 5 and 6 years
- ☐ Between 7 and 8 years
- ☐ Between 9 and 10 years
- ☐ Over 10 years

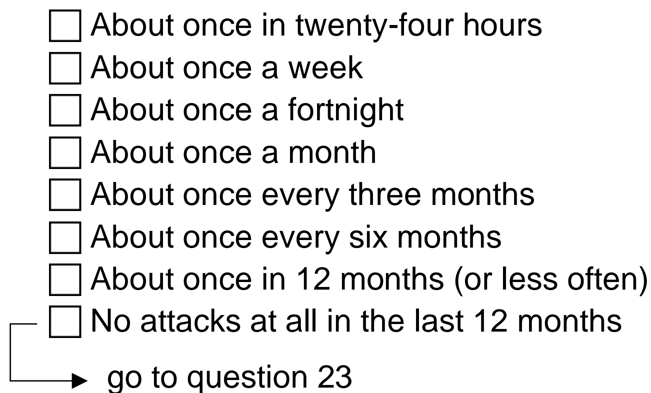
19. How long is it since the last attack?



- ☐ Less than a month ago
- ☐ Over one but less than three months ago
- ☐ Over three but less than six months ago
- ☐ Over six but less than twelve months ago
- ☐ Over one year but less than two years ago
- ☐ Over two years ago
- ☐ Over five years ago
- ☐ Over ten years ago

→ go to question 23

20. On the average (as near as you can say), how often do these attacks tend to occur over the last **12 month**?



- ☐ About once in twenty-four hours
- ☐ About once a week
- ☐ About once a fortnight
- ☐ About once a month
- ☐ About once every three months
- ☐ About once every six months
- ☐ About once in 12 months (or less often)
- ☐ No attacks at all in the last 12 months

→ go to question 23

21. Over the last **12 months**, on the average (as near as you can say), how long do these attacks usually last (with usual treatment)?

- ☐ Less than twelve hours
- ☐ A day or so
- ☐ A week or so
- ☐ A month or so
- ☐ "Continuous"
  (never free of asthma or wheezing for more than a day or two)

22. In the last **12 months**, approximately how many attacks has the child had altogether?

- ☐ One attack only
- ☐ Two to five attacks
- ☐ Six to ten attacks
- ☐ Eleven to twenty attacks
- ☐ Twenty to fifty attacks
- ☐ Fifty to one hundred attacks
- ☐ Over one hundred attacks

23. Do you feel that, over the child's lifetime, his/her asthma or wheezy breathing has:

- ☐ Improved
- ☐ Remained the same
- ☐ Worsened

24. Has the child at any time in his/her life suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest ("loose" or "rattly" cough)? ☐ Yes ☐ No

**Note:** Please regard "bronchitis" and "cough with sputum (phlegm) in the chest" and "loose or rattly cough" as being much the same thing for this survey; we do not ask you to try to tell the difference.

25. Has the child, at any time in the last **12 months**, woken up with a feeling of tightness in his/her chest first thing in the morning? ☐ Yes ☐ No

26. Has the child, at any time in the last **12 months**, had any attacks of shortness of breath that came on during the day when he/she wasn't doing anything strenuous? ☐ Yes ☐ No

27. Has the child, at any time in the last **12 months**, had an attack of shortness of breath that came on after he/she stopped exercising? ☐ Yes ☐ No

28. Has the child, at any time in the last **12 months**, been woken at night by an attack of shortness of breath? ☐ Yes ☐ No

29. Has the child, at any time in the last **12 months**, been woken at night by coughing? ☐ Yes ☐ No

30. Does the child usually cough first thing in the morning? ☐ Yes ☐ No

31. Does the child usually bring up phlegm from his/her chest first thing in the morning? ☐ Yes ☐ No

32. Does the child get attacks of "hay fever" (that is, sneezing, running or blocked nose, sometimes with itchy eyes or nose)? ☐ Yes ☐ No

    If **YES**, do these hay fever attacks tend to be more frequent or more severe at any particular time or season of the year (seasonal)? ☐ Yes ☐ No