

**Tasmanian  
Longitudinal  
Health  
Study**



Please read these instructions & examples before you fill in this questionnaire.



- Use a blue/black ball point pen or 2B pencil.
- Do **not** use a red pen
- Please mark your response like this:
- Rectangles must be completely shaded
- Unless indicated, shade in only one rectangle.
- Cross out any mistakes and shade in the correct rectangle, e.g:

Please mark like this:

- Where a number is required, write the number in the boxes  
See example date boxes below:

D	D	M	M	19	Y	Y
2	3	1	0		4	3

- If you need help to answer any of the questions please contact us on: 1800 110 711 (free call)

## GENERAL DEMOGRAPHIC INFORMATION

What is your date of birth? 

D	D

M	M

 19 

Y	Y

What is your gender?  Male  
 Female

1. What is your height without shoes?  
(Answer either in feet & inches **OR** centimetres.)

Feet & inches	OR	Centimetres						
<table border="1"><tr><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td></tr></table>			

2. What is your weight?  
(Answer either in stone & pounds **OR** kilograms.)

Stone & pounds	OR	Kilograms							
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3. Are you a twin or a triplet?  
 No → go to Q4  
 Yes → continue

3.1 Do you and your twin/triplet sibling/s:  
(shade one only)

- Appear as similar as two peas in a pod
- Share only an ordinary family resemblance

4. What is the highest educational or vocational qualification that you have completed?  
(shade one only)

- Grade 1 to 6
- Grade 7 to 9
- Grade 10 or 11
- Grade 12 or equivalent (eg. higher school certificate)
- Trade/Apprenticeship (eg. hairdresser, electrician, plumber)
- Certificate or Diploma (eg. child care, technician etc)
- University degree (eg. bachelor)
- Higher University degree (eg. graduate diploma, masters, PhD)

5. Are you currently employed (including self-employed)? (shade one only)

- Yes
- No
- No, studying
- No, retired

6. What is/was your main occupation? (shade one only)

- Manager or administrator (eg. magistrate, general manager, school principal, director of nursing)
- Professional (eg. scientist, nurse, allied health professional, teacher, artist)
- Associate professional (eg. technician, manager, police officer, small business owner)
- Tradesperson or related worker (eg. hairdresser, gardener, florist)
- Advanced clerical or service worker (eg. secretary, flight attendant, law clerk, personal assistant)
- Intermediate clerical, sales, service worker (eg. administration worker, child care worker, nursing assistant, hospitality worker)
- Intermediate production or transport worker (eg. machine operator, bus driver, sewing machinist)
- Elementary clerical, sales or service worker (eg. filing/mail clerk, parking inspector, sales assistant, housekeeper)
- Labourer or related worker (eg. cleaner, factory worker, farm hand, kitchen hand)
- House person

## GENERAL HEALTH

7. Have you ever been allergic to any of the following?

**(shade all that apply)**

- Foods
- Medicine
- Dust
- Animals
- Pollen, grass, trees or flowers
- None of the above

8. Have you ever had hayfever or nasal allergies (that is sneezing, running or blocked nose when you **do not** have a cold or flu)?

- No** —————> go to Q9
- Yes** —————> continue

8.1 Have you had this problem in the last 12 months?

- No**
- Yes**

8.2 Was this problem accompanied by itchy or watery eyes?

- No**
- Yes**

8.3 How old were you when you first had hayfever or nasal allergies?

(age in years)

9. When you are near animals, such as cats, dogs, or horses; near feathers, including pillows, quilts or doonas; or in a dusty part of the house, do you ever:

**(shade all that apply)**

- Start to cough?
- Start to wheeze?
- Get a feeling of tightness in the chest?
- Start to feel short of breath?
- Get a runny or stuffy nose or start to sneeze?
- Get itchy or watery eyes?

10. When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ever:  
**(shade all that apply)**

- Start to cough?
- Start to wheeze?
- Get a feeling of tightness in the chest?
- Start to feel short of breath?
- Get a runny or stuffy nose or start to sneeze?
- Get itchy or watery eyes?

continue to —————> Q10.1

## GENERAL HEALTH

10.1 If yes to any of the above, at which time of the year does this happen?

**(shade all that apply)**

- Winter
- Spring
- Summer
- Autumn

11. Have you ever had eczema or any kind of skin allergy?

- No**
- Yes**

12. Have you ever had an itchy rash that was coming and going for at least 6 months?

- No** —————> go to Q13
- Yes** —————> continue

12.1 How old were you when you first had this itchy rash?

(age in years)

12.2 Have you had this itchy rash in the last 12 months?

- No**
- Yes**

12.3 Has this rash at any time affected any of the following places: **(shade all that apply)**

- Fold of the elbows
- Behind the knees
- In front of the ankles
- Under the buttocks
- Around the neck, ears or eyes
- None of the above

## RESPIRATORY SYMPTOMS

13. Are you troubled by shortness of breath?

- No** —————> go to Q14
- Yes** —————> continue

13.1 Do you have to walk slower than other people of your age because of breathlessness?

- No**
- Yes**

13.2 Do you get short of breath when hurrying on level ground or walking up a slight hill?

- No**
- Yes**

13.3 Do you have to stop for breath when walking at your own pace on level ground?

- No**
- Yes**

continue to —————> Q13.4

## RESPIRATORY SYMPTOMS

**13.4** Do you ever get short of breath when resting?

- No  
 Yes

**14.** Have you had wheezing or whistling in your chest **in the last 12 months**? (Wheezing means a whistling sound, however high or low pitched and however faint).

- No → go to Q15  
 Yes → continue

**14.1** Have you been at all breathless when the wheezing noise was present?

- No  
 Yes

**14.2** Have you had this wheezing or whistling when you **did not** have a cold?

- No  
 Yes

**15.** Have you, at any time **in the last 12 months**, woken up with a feeling of tightness in your chest?

- No  
 Yes

**16.** Have you, at any time **in the last 12 months**, been woken at night by an attack of shortness of breath?

- No  
 Yes

## COUGH & PHLEGM

**17.** Do you **usually** cough when you **do not** have a cold?

- No → go to Q18  
 Yes → continue

**17.1** Are there months in which you cough on most days?

- No → go to Q18  
 Yes → continue

**17.1.1** Do you cough on most days for at least three months of each year?

- No  
 Yes

**17.1.2** For how many years have you had this cough? (**shade one only**)

- Less than 2 years  
 2 - 5 years  
 More than 5 years

## COUGH & PHLEGM

**18.** Do you **usually** have phlegm in your chest when you **do not** have a cold?

- No → go to Q19  
 Yes → continue

**18.1** Are there months in which you have phlegm in your chest on most days?

- No → go to Q19  
 Yes → continue

**18.1.1** Do you bring up this phlegm on most days for at least three months of each year?

- No  
 Yes

**18.1.2** For how many years have you had this phlegm? (**shade one only**)

- Less than 2 years  
 2 - 5 years  
 More than 5 years

**19.** Have you, **at any time in your life**, suffered from **cough with phlegm** in the chest (with or without a cold)?

- No → go to Q20  
 Yes → continue

**19.1** Have you had cough with phlegm on most days for at least three months and for two years in a row?

- No  
 Yes

## RESPIRATORY CONDITIONS

**20.** Have you, **at any time in your life**, suffered from attacks of asthma or wheezy breathing? (Regard asthma and wheezy breathing as being much the same for this question.)

- No → go to Q21  
 Yes → continue

**20.1** How old were you when you had your first attack of asthma or wheezy breathing?

(age in years)

**20.2** How old were you when you had your most recent attack of asthma or wheezy breathing?

(age in years)

**20.3** Have you had an attack of asthma or wheezy breathing in the last 12 months?

- No  
 Yes

continue to → Q20.4

## RESPIRATORY CONDITIONS

**20.4** Have you taken any medicines including inhalers or tablets for asthma or wheezy breathing, in the last 12 months?

- No  
 Yes

**21.** Has a doctor ever said that you have or have had **asthma**?

- No → go to Q22  
 Yes → continue

**21.1** How old were you when you were told you had this condition?

(age in years)

**21.2** Have you taken any medicine (including inhalers or tablets) for this condition in the **last three months**?

- No  
 Yes

**22.** Has a doctor ever said that you have or have had **chronic bronchitis**?

- No → go to Q23  
 Yes → continue

**22.1** How old were you when you were told you had this condition?

(age in years)

**22.2** Have you taken any medicine (including inhalers or tablets) for this condition in the **last three months**?

- No  
 Yes

**23.** Has a doctor ever said that you have or have had **emphysema**?

- No → go to Q24  
 Yes → continue

**23.1** How old were you when you were told you had this condition?

(age in years)

**23.2** Have you taken any medicine (including inhalers or tablets) for this condition in the **last three months**?

- No  
 Yes

## RESPIRATORY CONDITIONS

**24.** Has a doctor ever said that you have or have had **chronic obstructive pulmonary disease (COPD) or chronic obstructive airways disease**?

- No → go to Q25  
 Yes → continue

**24.1** How old were you when you were told you had this condition?

(age in years)

**24.2** Have you taken any medicine (including inhalers or tablets) for this condition in the **last three months**?

- No  
 Yes

## FAMILY PREDISPOSITION

**25.** Have you had any of your own (biological) children?

- No → go to Q26  
 Yes → continue

**25.1** How many (biological) children have you had?

(number of children)

**25.2** How many have ever suffered from attacks of asthma or wheezy breathing?

(number of children)

**25.3** How many have ever suffered from COPD/chronic bronchitis/emphysema?

(number of children)

## MEDICAL CONDITIONS

**26.** Has a doctor ever told you that you have/had any of the following conditions?

*(shade all that apply)*

- Angina, heart attack or myocardial infarction  
 Transient ischaemic attack (TIA) or a stroke  
 High blood pressure or Hypertension  
 High levels of cholesterol/triglycerides  
 Diabetes or high sugar levels in the blood or urine  
 Cancer  
 Rheumatoid arthritis  
 Psychiatric/mental health problem  
 Multiple Sclerosis  
 Thyroid problems  
 Lupus/Systemic Lupus Erythematosus

## SMOKING

27. In your lifetime, have you smoked at least 100 cigarettes or equal amount of cigars, pipes, or any other tobacco product?

- No** → go to Q28  
 **Yes** → continue

27.1 How old were you when you started smoking?

(age in years)

27.2 Do you currently smoke (within the last 4 weeks)? (*shade one only*)

- Not at all → go to Q27.3  
 Yes, daily → continue  
 Yes, at least weekly → continue  
 Yes, less than weekly → continue

27.2.1. On average, how much do you **currently** smoke (total number of cigarettes or equivalent product)? (Provide the average number per day **OR** per week **OR** per month).

DAY                      WEEK                      MONTH  
 OR  OR

→ go to Q28

27.3 How old were you when you stopped smoking?

(age in years)

27.3.1. On average, during periods when you smoked, how much **did** you smoke (total number of cigarettes or equivalent product)? (Provide the average number per day **OR** per week **OR** per month).

DAY                      WEEK                      MONTH  
 OR  OR

28. Not counting yourself, how many people in your household currently smoke regularly (most days of the week) inside the house? **If none, enter zero.**

(number of people)

29. On average, how many hours per day are you exposed to other people's tobacco smoke (work and home)?

(number of hours)

## HOME ENVIRONMENT

30. Which types of heating do you use at home? (*shade all that apply*)

- Gas ducted central heating  
 Coal or wood fire  
 Gas room heater  
 Electric heater (eg. radiator, fan or dimplex-type)  
 Other central heating (eg electric, hydronic, slab floor)  
 Reverse cycle air-conditioning  
 Other  
 No Heating

31. What kinds of stove do you **mostly** use for cooking? (*shade one only*)

- Gas  
 Electric  
 Coal, coke or wood  
 Other

32. Do you have an exhaust fan over the stove?

- No** → go to Q33  
 **Yes** → continue

32.1 When cooking how often do you use the fan?

(*shade one only*)

- All the time  
 Some of the time  
 None of the time

32.2 Does the fan take the fumes out of the house?

- No**  
 **Yes**  
 **Don't know**

33. Has there ever been mould or mildew on any surfaces, other than food, in your home?

- No** → go to Q34  
 **Yes** → continue

33.1 Which rooms have been affected? (*shade all that apply*)

- Bathrooms  
 Living rooms  
 Your bedroom  
 Kitchen  
 Other bedrooms  
 Any other area/s

33.2 Has there been mould or mildew on any surface, other than food, in your home **in the last 12 months?**

- No**  
 **Yes**

## CHILDHOOD ENVIRONMENT

34. What term best describes the place you lived most of the time when you were under the age of five years?

**(shade one only)**

- Farm  
 Country town  
 Suburb of a city  
 Inner city  
 Don't know

35. How many of your brothers, sisters, or other children regularly slept in your bedroom before you were five years old, not including yourself?

**If none enter zero.**

**(number of children)**

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36. Did you have a serious respiratory infection before the age of five years?

- No  
 Yes  
 Don't know

37. Did you go to school, pre-school, kindergarten, or a day care centre before the age of five years?

- No → go to Q38  
 Yes → continue  
 Don't know → go to Q38

- 37.1 At what age did you first attend a school, pre-school, kindergarten, or day care?

**(age in years)**

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38. Did your father smoke:

- 38.1 During the first year of your life?

- No  
 Yes  
 Don't know

- 38.2 When you were aged 1 - 4 years?

- No  
 Yes  
 Don't know

- 38.3 When you were aged 5 - 15 years?

- No  
 Yes  
 Don't know

## CHILDHOOD ENVIRONMENT

39. Did your mother smoke:

- 39.1 During the first year of your life?

- No  
 Yes  
 Don't know

- 39.2 When you were aged 1 - 4 years?

- No  
 Yes  
 Don't know

- 39.3 When you were aged 5 - 15 years?

- No  
 Yes  
 Don't know

40. Was there a cat in your home:

- 40.1 During the first year of your life?

- No  
 Yes  
 Don't know

- 40.2 When you were aged 1 - 4 years?

- No  
 Yes  
 Don't know

- 40.3 When you were aged 5 - 15 years?

- No  
 Yes  
 Don't know

41. Did you have carpet (or a rug) covering the floor in your bedroom:

- 41.1 During the first year of your life?

- No  
 Yes  
 Don't know

- 41.2 When you were aged 1 - 4 years?

- No  
 Yes  
 Don't know

- 41.3 When you were aged 5 - 15 years?

- No  
 Yes  
 Don't know

## CHILDHOOD ENVIRONMENT

42. What was the main type of heating your home had when you were under the age of five years?

*(shade all that apply)*

- Gas ducted central heating
- Coal or wood fire
- Gas room heater
- Electric heater (eg. radiator, fan or dimplex-type)
- Other central heating (eg electric, hydronic, slab floor)
- Reverse cycle air-conditioning
- Other
- No Heating

*If you are female, please continue*

*If you are male, please continue to the end of the questionnaire.*

## SUPPLEMENT FOR WOMEN

43. Have you ever had a menstrual period?

- No → go to Q44
- Yes → continue

43.1 What was your age when you had your first period?

*(age in years)*

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

- No → continue
- Yes → go to Q44
- Don't know → go to Q44

43.3 Have your menstrual period stopped permanently or only temporarily due to pregnancy, breast feeding or other condition?

- Stopped permanently → continue
- Stopped temporarily → go to Q44

43.4 How old were you when your periods stopped permanently?

*(age in years)*

## SUPPLEMENT FOR WOMEN

44. Have you **ever** used birth control pills or other hormonal contraceptives (implants or injections)?

- No → go to Q45
- Yes → continue

44.1 At what age did you first use birth control pills or other hormonal contraceptives?

*(age in years)*

44.2 Are you currently taking birth control pills or other hormonal contraceptives?

- No
- Yes

44.3 Over your whole lifetime, in total how many months or years have you taken birth control pills or other hormonal contraceptives?

*(Answer in months or years)*

OR    
*months years*

45. Are you currently pregnant?

- No
- Yes
- Don't know

46. Have you ever been pregnant in the past?

- No
- Yes

47. How many live births have you had?  
*If none, enter zero.*

*(number of live births)*

48. How many miscarriages or abortions have you had?

*If none, enter zero.*

*(number of miscarriages/abortions)*

*Thank you for your time and contribution to the TAHS*

*If you have any questions regarding this questionnaire, please call us on 1800 110 711*

*Please post this completed booklet in the reply paid envelope provided.*