THE 45 AND UP STUDY
Research to improve health and wellbeing

45 AND UP STUDY QUESTIONNAIRE FOR MEN

The *45 and Up Study* relies on the willingness of people in New South Wales to share information about their lives and experiences, to provide knowledge that will help people live healthy and fulfilling lives for as long as possible. Participation is completely voluntary, and you are free to withdraw from the study at any time. To take part, please read the participant information sheet, then complete the questionnaire and consent form and return them in the envelope provided. We very much hope you will be able to take part.

Any questions or comments?
Please call the study helpline: **1300 45 11 45**
or go to **www.45andUp.org.au**

Auspiced by the saxinstitute RESEARCH PARTNERSHIPS FOR BETTER HEALTH

In collaboration with The Cancer Council New South Wales · Heart Foundation · NSW HEALTH

Your answers and experiences are important to us. To help us read your answers, please write as clearly as possible using a BLACK or BLUE pen, and be sure to complete the questionnaire as shown: Please put a cross in the appropriate box(es) ☒ ☐ ☐

OR put numbers in the appropriate box, e.g. *21st June 1945* 2 1 / 0 6 / 1 9 4 5 *age* 6 2

GENERAL QUESTIONS ABOUT YOU

1. What is your date of birth?
day / *month* / *year*

2. What is today's date?
day / *month* / *year*

3. How tall are you without shoes? *(please give to the nearest cm or inch)*
☐ cm or ☐ feet ☐ inches

4. About how much do you weigh?
☐ kg or ☐ stone ☐ lbs

5. What is the highest qualification you have completed?
(please put a cross in the most appropriate box)
- ☐ no school certificate or other qualifications
- ☐ school or intermediate certificate (or equivalent)
- ☐ higher school or leaving certificate (or equivalent)
- ☐ trade/apprenticeship (e.g. hairdresser, chef)
- ☐ certificate/diploma (e.g. child care, technician)
- ☐ university degree or higher

6. Are you of Aboriginal or Torres Strait Islander origin?
(you can cross more than one box)
☐ No ☐ Yes- Aboriginal ☐ Yes- Torres Strait Islander

7. In which country were you born?
- ☐ Australia- *please go to question 9*
- ☐ Ireland
- ☐ Greece
- ☐ Lebanon
- ☐ Vietnam
- ☐ Italy
- ☐ New Zealand
- ☐ Philippines
- ☐ Malta
- ☐ UK
- ☐ China
- ☐ Germany
- ☐ Netherlands
- ☐ Poland
- ☐ other - *please write here* _____

8. What year did you first come to live in Australia for one year or more? ☐☐☐☐
(e.g. 1970)

9. What is your ancestry? *(please cross up to 2 boxes)*
- ☐ Australian
- ☐ Chinese
- ☐ Scottish
- ☐ Dutch
- ☐ Filipino
- ☐ Vietnamese
- ☐ English
- ☐ Italian
- ☐ German
- ☐ Maltese
- ☐ Indian
- ☐ other- *please describe* _____
- ☐ Irish
- ☐ Greek
- ☐ Lebanese
- ☐ Polish
- ☐ Croatian

10. Do you speak a language other than English in the home? ☐ Yes ☐ No

11. Have you ever been a regular smoker? ☐ Yes ☐ No
If No *- please go to question 12*

How old were you when you started smoking regularly? ☐ years old

Are you a regular smoker now? ☐ Yes ☐ No

If No - how old were you when you stopped smoking regularly? ☐ years old

About how much do you/*did you* smoke on average *each day*? *(If you are an ex-smoker, how much did you smoke on average when you smoked?)*
☐ cigarettes per day ☐ pipes and cigars per day

12. About how many alcoholic drinks do you have each week?
☐ number of alcoholic drinks each week
one drink = a glass of wine, middy of beer or nip of spirits
(put "0" if you do not drink, or have less than one drink each week)

On how many days each week do you usually drink alcohol? ☐ days each week

13. What best describes your current situation?
(you can cross more than one box)
- ☐ single
- ☐ widowed
- ☐ married
- ☐ divorced
- ☐ de facto/living with a partner
- ☐ separated

SAMPLE

14. What best describes your current housing?
(please cross one box)

☐ house ☐ flat, unit, apartment ☐ house on farm
☐ retirement village, self care unit ☐ nursing home
☐ hostel for the aged ☐ mobile home ☐ other

15. In the last week, how many times have you WALKED continuously, for at least 10 minutes, for recreation or exercise or to get to or from places? ☐ times in the last week

What do you estimate the total time that you spent walking in this way in the last week was? ☐ total minutes in the last week

16. In the last week, how many times did you do any VIGOROUS physical activity that made you breathe harder or puff and pant? *(e.g. jogging, cycling, aerobics, competitive tennis, but not household chores or gardening)* ☐ times in the last week

What do you estimate the total time that you spent doing this VIGOROUS physical activity in the last week was? ☐ total minutes in the last week

17. In the last week, how many times did you do any other more MODERATE physical activity that you have not already mentioned? *(e.g. gentle swimming, social tennis, golf, vigorous gardening or work around the house, etc.)* ☐ times in the last week

What do you estimate the total time that you spent doing these MODERATE activities in the last week was? ☐ total minutes in the last week

QUESTIONS ABOUT YOUR FAMILY

18. Have your mother, father, brother(s) or sister(s) ever had:
(blood relatives only: please put a cross in the appropriate box(es))

	mother	father	brother/ sister		mother	father	brother/ sister
heart disease	☐	☐	☐	breast cancer	☐	☐	☐
high blood pressure	☐	☐	☐	bowel cancer	☐	☐	☐
stroke	☐	☐	☐	lung cancer	☐	☐	☐
diabetes	☐	☐	☐	melanoma	☐	☐	☐
dementia/Alzheimer's	☐	☐	☐	prostate cancer		☐	☐
Parkinson's disease	☐	☐	☐	ovarian cancer	☐		☐
severe depression	☐	☐	☐	osteoporosis	☐	☐	☐
severe arthritis	☐	☐	☐	hip fracture	☐	☐	☐
do not know	☐	☐	☐				

19. How many children have you fathered? ☐ children
(please include stillbirths but do not include miscarriages, please write "0" if you have not had any children)

How old were you when you fathered your FIRST child? ☐ years old

How old were you when you fathered your LAST child? ☐ years old

20. Have you ever tried for more than 1 year but have been unable to father children?
☐ Yes ☐ No

QUESTIONS ABOUT YOUR HEALTH

21. About how many hours a week are you exposed to someone else's tobacco smoke?

at home ☐ *hours per week*

in other places (eg work, going out, cars) ☐ *hours per week*

22. Over the last month, how often have you:

	not at all	some times	often	almost always
found it difficult to postpone urination?	☐	☐	☐	☐
had to push or strain to start urination?	☐	☐	☐	☐
had a weak urinary stream?	☐	☐	☐	☐
stopped and started again several times when you urinated?	☐	☐	☐	☐
had to urinate again less than 2 hours after you finished urinating?	☐	☐	☐	☐
had the feeling that you had not emptied your bladder completely after urinating?	☐	☐	☐	☐

Over the past month, how many times did you usually get up from bed to urinate during the night?

☐ never ☐ some nights ☐ times each night

23. Have you taken any medications, vitamins or supplements for most of the last 4 weeks? ☐ Yes ☐ No

If Yes, was it:

	☐ multivitamins + minerals	☐ multivitamins alone
☐ fish oil	☐ glucosamine	☐ omega 3
☐ paracetamol	☐ aspirin for the heart	☐ aspirin for other reasons
☐ Lipitor	☐ Avapro, Karvea	☐ warfarin, Coumadin
☐ Pravachol	☐ Coversyl, Coversyl Plus	☐ Lasix, frusemide
☐ Zocor, Lipex	☐ Cardizem, Vasocordol	☐ Micardis
☐ Nexium	☐ Norvasc	☐ Fosamax
☐ Somac	☐ Tritace	☐ Caltrate
☐ Losec, Acimax *omeprazole*	☐ Noten, Tenormin *atenolol*	☐ Oroxine *thyroxine*
☐ Ventolin *salbutamol*	☐ Zyloprim, Progout 300 *allopurinol*	☐ Diabex, Diaformin *metformin*

please list any other regular medications or supplements here

SAMPLE

24. Has a doctor EVER told you that you have:
(If YES, please cross the box and give your age when the condition was first found)

	Yes	Age when condition was first found
skin cancer (not melanoma)	☐	☐ (age)
melanoma	☐	☐ (age)
prostate cancer	☐	☐ (age)
other cancer	☐	☐ (age)
type of cancer (please describe)		
heart disease	☐	☐ (age)
type of heart disease (please describe)		
high blood pressure	☐	☐ (age)
stroke	☐	☐ (age)
diabetes	☐	☐ (age)
blood clot *(thrombosis)*	☐	☐ (age)
enlarged prostate	☐	☐ (age)
asthma or hayfever	☐	☐ (age)
Parkinson's disease	☐	☐ (age)
none of these	☐	

25. In the last month have you been treated for:
(If YES, please cross the box and give your age when the treatment started)

	Yes	Age started treatment
cancer	☐	☐ (age)
heart attack or angina	☐	☐ (age)
other heart disease	☐	☐ (age)
high blood pressure	☐	☐ (age)
high blood cholesterol	☐	☐ (age)
blood clotting problems	☐	☐ (age)
asthma	☐	☐ (age)
hayfever	☐	☐ (age)
osteoarthritis	☐	☐ (age)
thyroid problems	☐	☐ (age)
osteoporosis	☐	☐ (age)
depression or anxiety	☐	☐ (age)
none of these	☐	

26. Are you *NOW* suffering from any other *important* illness? ☐ Yes ☐ No
Please describe this illness and its treatment

27. Do you regularly need help with daily tasks because of long-term illness or disability? ☐ Yes ☐ No
(e.g. personal care, getting around, preparing meals)

28. Does your health now LIMIT YOU in any of the following activities?

	yes, limited a lot	yes, limited a little	no, not limited at all
VIGOROUS activities *(e.g. running, strenuous sports)*	☐	☐	☐
MODERATE activities *(e.g. pushing a vacuum cleaner, playing golf)*	☐	☐	☐
lifting or carrying shopping	☐	☐	☐
climbing several flights of stairs	☐	☐	☐
climbing one flight of stairs	☐	☐	☐
walking one kilometre	☐	☐	☐
walking half a kilometre	☐	☐	☐
walking 100 metres	☐	☐	☐
bending, kneeling or stooping	☐	☐	☐
bathing or dressing yourself	☐	☐	☐

29. Have you ever had any of following operations?
*(If YES, please cross the box and give your age when you had the operation; give your age at the **most recent operation** if you have had more than one)*

	Yes	Age when had operation
removal of skin cancer	☐	☐ (age)
vasectomy	☐	☐ (age)
part of prostate removed	☐	☐ (age)
whole of prostate removed	☐	☐ (age)
knee replacement	☐	☐ (age)
hip replacement	☐	☐ (age)
gallbladder removed	☐	☐ (age)
heart or coronary bypass surgery *(include stents and balloons)*	☐	☐ (age)

other *(please describe any other operations you have had in the last 10 years, with your age when you had them)*

SAMPLE

30. Do you regularly care for a sick or disabled person? ☐ Yes ☐ No

If yes, about how much time each week do you usually spend caring for this person?

☐ full time or ☐ hours/wk

31. In general, how would you rate your:

	excellent	very good	good	fair	poor
overall health	☐	☐	☐	☐	☐
quality of life	☐	☐	☐	☐	☐
eyesight *(with glasses or contact lenses, if you wear them)*	☐	☐	☐	☐	☐
memory	☐	☐	☐	☐	☐
teeth and gums	☐	☐	☐	☐	☐

32. Do you feel you have a hearing loss? ☐ Yes ☐ No

33. How many of your own teeth do you have left?

☐ None- all of my teeth are missing ☐ 1-9 teeth left

☐ 10-19 teeth left ☐ 20 or more teeth left

34. During the past 12 months, how many times have you fallen to the floor or ground? *(put "0" if you haven't fallen in this time)* ☐ times

35. Have you had a broken/fractured bone in the last 5 years? ☐ Yes ☐ No

If yes, which bones were broken? ☐ wrist ☐ arm ☐ hip

☐ ankle ☐ rib ☐ finger/toe ☐ other _____

How old were you when it happened? *(give age at most recent fracture if more than one)* ☐ years old

36. About how many times a week are you usually troubled by leaking urine?

☐ never ☐ once a week or less ☐ 2-3 times ☐ 4-6 times ☐ everyday

37. How often are you able to get and keep an erection that is firm enough for satisfactory sexual activity?

☐ always ☐ usually ☐ sometimes ☐ never

☐ I would rather not answer this question

38. Have you ever had a blood test ordered by your doctor to check for prostate disease? *(PSA test)* ☐ Yes ☐ No

If Yes, about how many years ago was your last PSA test? ☐ years ago

How many times have you had a PSA test altogether? ☐ times

39. Have you ever been screened for colorectal (bowel) cancer? ☐ Yes ☐ No

If Yes, please indicate which test(s) you had:

☐ faecal occult blood test *(test for blood in the stool/faeces)*

☐ sigmoidoscopy *(a tube is used to examine the lower bowel: this is usually done in a doctor's office without pain relief)*

☐ colonoscopy *(a long tube is used to examine the whole large bowel; you would usually have to have an enema or drink large amounts of special liquid to prepare the bowel for this)*

About how many years ago was the most recent one of these tests? ☐ years ago

QUESTIONS ABOUT YOUR DIET

40. About how many times each week do you eat:
(please count all meals and snacks. put '0' if never eaten or eaten less than once a week)

red meat *(include beef, lamb, etc.)*	☐	number of times eaten each week
chicken or pork	☐	number of times eaten each week
processed meat *(include sausages, salami, devon, burgers, etc.)*	☐	number of times eaten each week
fish or seafood	☐	number of times eaten each week
cheese	☐	number of times eaten each week

41. About how many of the following do you usually eat

slices or pieces of brown/wholemeal bread *(also include multigrain, rye bread, etc.)* ☐ slices each week

breakfast cereal ☐ bowls each week

If you eat breakfast cereal is it usually: *(please cross)*

☐ bran cereal *(allbran, branflakes, etc.)* ☐ muesli

☐ biscuit cereal *(weetbix, shredded wheat, etc.)* ☐ other *(cornflakes, rice bubbles, etc.)*

☐ oat cereal *(porridge, etc.)*

42. Which type of milk do you mostly have?

☐ whole milk ☐ reduced fat milk ☐ skim milk

☐ soy milk ☐ other milk ☐ I don't drink milk

43. About how many serves of vegetables do you usually eat each day? *A serve is half a cup of cooked vegetables or one cup of salad (please include potatoes and put "0" if less than one a day)*

☐ number of serves of cooked vegetables each day ☐ number of serves of raw vegetables each day *(e.g. salad)*

☐ I don't eat vegetables

44. About how many serves of fruit or glasses of fruit juice do you usually have each day? *A serve is 1 medium piece or 2 small pieces or 1 cup of diced or canned fruit pieces (put "0" if you eat less than one serve a day)*

☐ number of serves of fruit each day ☐ number of glasses of fruit juice each day

☐ I don't eat fruit

45. Please put a cross in the box if you NEVER eat:

☐ red meat ☐ chicken/poultry ☐ pork/ham ☐ dairy products

☐ any meat ☐ eggs ☐ sugar ☐ wheat products

☐ fish ☐ seafood ☐ cream ☐ cheese

QUESTIONS ABOUT TIME AND WORK

46. What is your usual yearly HOUSEHOLD income before tax, from all sources? *(please include benefits, pensions, superannuation, etc)*

☐ less than $5,000 per year ☐ $30,000-$39,999 per year

☐ $5,000-$9,999 per year ☐ $40,000-$49,999 per year

☐ $10,000-$19,999 per year ☐ $50,000-$69,999 per year

☐ $20,000-$29,999 per year ☐ $70,000 or more per year

☐ I would rather not answer this question

SAMPLE

47. What is your current work status? *(you can cross more than one box)*

- ☐ in full time paid work
- ☐ self-employed
- ☐ in part time paid work
- ☐ doing unpaid work
- ☐ completely retired/pensioner
- ☐ studying
- ☐ partially retired
- ☐ looking after home/family
- ☐ disabled/sick
- ☐ unemployed
- ☐ other

48. If you are partially or completely retired, how old were you when you retired? ☐ years old

Why did you retire? *(you can cross more than one box)*

- ☐ reached usual retirement age
- ☐ lifestyle reasons
- ☐ ill health
- ☐ to care for family member/friend
- ☐ made redundant
- ☐ could not find a job
- ☐ other

49. About how many HOURS each WEEK do you usually spend doing the following? *(please put "0" if you do not spend any time doing it)*

	hours per week		*hours per week*
paid work	☐	voluntary/unpaid work	☐

50. Which of the following do you have? *(excluding Medicare)*

- ☐ Private health insurance- with extras
- ☐ Private health insurance- without extras
- ☐ Department of Veterans' Affairs white or gold card
- ☐ Health care concession card
- ☐ none of these

51. What best describes the colour of the skin on the inside of your upper arm, that is your skin colour without any tanning?

- ☐ very fair
- ☐ light olive
- ☐ brown
- ☐ fair
- ☐ dark olive
- ☐ black

52. What would happen if your skin was repeatedly exposed to bright sunlight during summer without any protection? Would it:

- ☐ Get very tanned?
- ☐ Get mildly or occasionally tanned?
- ☐ Get moderately tanned?
- ☐ Never tan, or only get freckled?

53. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

	hours per day		*hours per day*
weekday	☐	weekend	☐

54. About how many HOURS in each 24 hour DAY do you usually spend doing the following? *(please put "0" if you do not spend any time doing it)*

	hours per day		*hours per day*
sleeping *(including at night & naps)*	☐	sitting	☐
watching television or using a computer	☐	standing	☐

55. How many TIMES in the LAST WEEK did you: *(please put "0" if you did not spend any time doing it)*

spend time with friends or family who do not live with you?	☐	times in the last week
talk to someone (friends, relatives or others) on the telephone?	☐	times in the last week
go to meetings of social clubs, religious groups or other groups you belong to?	☐	times in the last week

56. How many people outside your home, but within one hour of travel, do you feel you can depend on or feel very close to? ☐ people

57. During the past 4 weeks, about how often did you feel:

	none of the time	a little of the time	some of the time	most of the time	all of the time
tired out for no good reason?	☐	☐	☐	☐	☐
nervous?	☐	☐	☐	☐	☐
so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
hopeless?	☐	☐	☐	☐	☐
restless or fidgety?	☐	☐	☐	☐	☐
so restless that you could not sit still?	☐	☐	☐	☐	☐
depressed?	☐	☐	☐	☐	☐
so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
that everything was an effort?	☐	☐	☐	☐	☐
worthless?	☐	☐	☐	☐	☐

58. During the past 4 weeks, have you had any of the following problems with your work or daily activities because of any emotional problems *(such as being depressed or anxious)***?**

cut down on the amount of time you spent on work or other activities	☐ Yes	☐ No
achieved less that you would have liked to	☐ Yes	☐ No
did work or other activities less carefully than usual	☐ Yes	☐ No

THANK YOU VERY MUCH FOR FILLING IN THE QUESTIONNAIRE
DON'T FORGET TO SIGN THE CONSENT FORM OVERLEAF →

Are your name and address incorrect on the front of this questionnaire? ☐ Yes ☐ No **If INCORRECT, give details below.**

Surname:

Given name(s):

House number and street:

Town:

State: Postcode:

SAMPLE

THE 45 AND UP STUDY

Research to improve health and wellbeing

More information on the Study can be found at **www.45andup.org.au**

CONSENT FORM

The *45 and Up Study* relies on the willingness of people in New South Wales to share information about their lives and experiences and to have their health followed over time. By signing this form you are agreeing to take part in the *45 and Up Study* and for the study team to follow your health over time. Participation is completely voluntary, and you are free to ask questions or to withdraw from the study at any time, by calling the Study helpline on 1300 45 11 45.

I agree to have my health followed over time through:

the 45 and Up Study team following health and other records relating to me, including NSW hospital records, cancer records, death records and other health-related records, as outlined in the study leaflet: *The 45 and Up Study: Information for participants*;

Medicare Australia releasing to the 45 and Up Study my enrolment details, including Medicare number, and information concerning services provided to me under Medicare, the Department of Veterans' Affairs, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, including past information, until the end of the study or for the duration of my involvement in the study;

being contacted in the future to provide information on changes to my health and lifestyle. I may also be asked to provide further information including questionnaire responses or biological samples; my participation in any of these would be completely voluntary.

I give my consent on the understanding that:

my information will only be used for the purposes outlined in the study leaflet entitled: *The 45 and Up Study: Information for participants,* of which I have a copy;

my information will be kept strictly confidential and will be used for health research only;

reports and publications from the study will be based on de-identified information and will not identify any individual taking part;

my participation in this study is entirely voluntary and my consent will continue to be valid following death or disablement unless withdrawn by my next of kin or other responsible person. I am free to withdraw from the study at any time by calling the **Study helpline on 1300 45 11 45;**

my decision on whether or not to take part in the study or in any additional research will not disadvantage me or affect my future health care in any way.

SAMPLE

I have been provided with information about the 45 and Up Study including how it will gather, store, use and disclose information about me. I have been given an opportunity to ask questions and have been fully informed about the Study.

Name (Print):_____

Signature:_____ **Date today:** __ / __ / ____

Extra contact details

Sometimes we find that people have moved when we try to contact them again. It would be very helpful if you could give us your mobile phone number and/or the contact details of someone close to you (such as a relative or friend) who would be happy for us to contact them if we are unable to reach you. We would only get in touch with that person if we were unable to contact you directly and we would need to tell them our reason for contacting you. Please leave this section blank if you do not wish to provide these extra contact details.

Your home phone number: _ _ _ _ _ _ _ _ _ _

Your mobile phone number: _ _ _ _ _ _ _ _ _ _

Full name of contact person:_____

Phone number of contact person _ _ _ _ _ _ _ _ _ _

If you have any questions about the study, please ring the study helpline on 1300 45 11 45 (toll free).
You can also write to or send your questionnaire (no stamp required) directly to:
Associate Professor Emily Banks, Study Director, The 45 and Up Study, Reply paid 5289, GPO Box 5289, Sydney NSW 2001.

THANK YOU VERY MUCH FOR TAKING PART