



41755

Study ID

Consent to Participate in the lifepool Project

A full description of the lifepool project is provided in the Participant Information Form Version 1. This Consent Form, and the questionnaire attached, should be sent back to lifepool using the Reply Paid envelope provided.

Please write clearly within the boxes

A B C 1 2 3



Title (e.g. Ms, Mrs, Miss, Dr.)

PLEASE WRITE IN CAPITAL LETTERS

First name:

Middle name:

Surname:

Preferred name:

Home Ph:

()

Mobile Ph:

PLEASE WRITE IN CAPITAL LETTERS

E-mail address:

BreastScreen ID number:

- -

This number can be found at the top left hand side of your BreastScreen Appointment letter. If you can't find the number, please just leave this field blank.

Medicare Number:

Residential Address

Address:

Suburb:

State:

Postcode:

Postal Address

If the same as above, please shade here

Address:

Suburb:

State:

Postcode:



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Study ID

In signing this document I confirm that:

* I have read the Participant Information Form and understand the consequences of participation in the **lifepool** project. I have had the opportunity to ask questions. Any questions I had have been answered satisfactorily.

* I understand I can change my mind at any time and choose to stop participating in the **lifepool** project. I understand that I can contact the Project Manager on 03 9656 1096 should I wish to withdraw from the project.

Consent to Participate in the lifepool

Your Signature

Date: / /
D D M M Y Y Y Y

lifepool would like to contact some participants in the future regarding possible blood donation or participation in further specific research projects. Are you happy for us to contact you in the future?

Yes No

Please shade here if you wish to receive updates about the progress of **lifepool** and the kinds of research being supported.

Thank you for being part of the lifepool project

What to do next:

Please complete the baseline questionnaire and post it back to **lifepool** along with your signed consent form using the reply paid envelope supplied.

To allow us to collect information from the Medicare and Pharmaceutical Benefits Scheme database, please also include your signed consent for release of Medicare and PBS information.



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lifepool

Baseline Questionnaire

V4.32



Office Use Only

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HOW TO COMPLETE THIS QUESTIONNAIRE

Please use a BLACK or BLUE PEN.

Please shade the circles completely. ●

Please select ONE answer for each question, unless otherwise specified.

If you make a mistake, or want to change any of your shaded responses, please place a cross through the incorrect response and shade the correct response.

Please write clearly within the boxes.

A	B	C	1	2	3
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 PLEASE WRITE IN CAPITAL LETTERS

Please cross out any incorrect response and write your new response just above or below the one you have crossed out.

Before you start, please measure your height and weight.

Information about the Baseline Questionnaire

Thank you for agreeing to participate in lifepool. We appreciate your time in answering the questionnaire as completely and accurately as possible.

The lifepool questionnaire asks about known risk factors for breast cancer as well as things that have no known link with breast cancer risk.

If you are not sure about exact dates or ages, an approximate answer is better than none.

If you are uncomfortable about any of the questions raised, you are free to choose not to answer.

If you have any questions, don't hesitate to call lifepool on 1800 198 082.

Thank you for being part of lifepool
'Australian Women Finding Answers'

Section 1. Some Questions About You and Your Background

1. What date did you complete this survey?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

3. What is your date of birth?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

2. What is your postcode?

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4. What is your current age?

<input type="text"/>	<input type="text"/>	Years old
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5. **How tall are you without your shoes on?**
(answer in feet and inches **or** centimetres and round to the nearest whole number)

Feet Inches **OR** cms

6. **What is your current weight?**
(answer in stones and pounds **or** kilograms and round to the nearest whole number)

Stones Pounds **OR** kg

7. **Are you a twin?**

- Yes
 No

If 'Yes', you might like to get in touch with the Australian Twin Registry, (www.twins.org.au) which supports a wide range of medical research.

8. **What is the highest year of primary or secondary school you have completed?**

- Year 12 or Equivalent
 Year 11 or Equivalent
 Year 10 or Equivalent
 Year 9 or equivalent
 Year 8 or below
 Did not go to school

9. **Since finishing school, have you completed a trade certificate or other qualification?**

- Yes
 No → **Question 11**

10. **What was the highest qualification you have completed since leaving school?**

- Trade/apprenticeship
 Associate/Undergraduate Diploma
 Bachelor Degree or higher

11. **What was the main occupation of your mother when you were a child?(about 12 years old)**

- Manager or Administrator** (eg. magistrate, farm manager, shop manager, school principal, media producer)
 Professional (eg. doctor, nurse, lawyer, artist, engineer, clergy, scientist, teacher, accountant, journalist, librarian, urban planner, pharmacist)
 Community and personal service worker (eg. police, pilot, youth worker, carer and aide, hospitality worker, defence force member, sports and fitness worker, funeral director)
 Clerical or administrative worker (eg. accounts clerk, office and practice manager, keyboard operator, child care worker, secretary, bank officer, bookkeeper)
 Technician or Tradesperson (eg. cook, gardener, hairdresser, plumber, automotive and engineering trade worker, building and construction trades worker, panel beater, draftsman, signwriter, jeweller)
 Sales worker (eg. sales representative, sales assistant, insurance agent, office cashier, real estate agent, stock agent)
 Machinery operator and driver (eg. road and rail drivers, storeperson, plant operator, forklift driver, sewing machinist)
 Labourer (eg. cleaning and laundry worker, construction and mining labourer, food preparation assistant, factory process worker, caretaker, handyman, farm worker)
 Unpaid work (eg. home duties, volunteer worker)

12. **What was the main occupation of your father when you were a child?(about 12 years old)**

- Manager or Administrator** (eg. magistrate, farm manager, shop manager, school principal, media producer)
 Professional (eg. doctor, nurse, lawyer, artist, engineer, clergy, scientist, teacher, accountant, journalist, librarian, urban planner, pharmacist)
 Community and personal service worker (eg. police, pilot, youth worker, carer and aide, hospitality worker, defence force member, sports and fitness worker, funeral director)
 Clerical or administrative worker (eg. accounts clerk, office and practice manager, keyboard operator, child care worker, secretary, bank officer, bookkeeper)
 Technician or Tradesperson (eg. cook, gardener, hairdresser, plumber, automotive and engineering trade worker, building and construction trades worker, panel beater, draftsman, signwriter, jeweller)
 Sales worker (eg. sales representative, sales assistant, insurance agent, office cashier, real estate agent, stock agent)
 Machinery operator and driver (eg. road and rail drivers, storeperson, plant operator, forklift driver, sewing machinist)
 Labourer (eg. cleaning and laundry worker, construction and mining labourer, food preparation assistant, factory process worker, caretaker, handyman, farm worker)
 Unpaid work (eg. home duties, volunteer worker)



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Researchers are interested in the effects of our genetic makeup and our environment and the way we might develop disease. We would like to know where you were born, and later in the questionnaire, we will ask you about your ancestry.

13. In which region of the world were you born?

- Australia —————> **Question 15**
- UK/Ireland
- New Zealand
- Northern Europe
(e.g. Denmark, Finland, Iceland, Norway, Sweden)
- Eastern Europe
(e.g. Poland, Russia, Slovakia, Czechoslovakia, Estonia, Hungary, Latvia, Lithuania, Ukraine)
- Southern Europe
(e.g. Italy, Malta, Portugal, Spain)
- South Eastern Europe
(e.g. Albania, Bosnia, Bulgaria, Croatia, Greece, Macedonia, Moldova, Romania, Serbia, Slovenia, Cyprus)
- Western Europe
(e.g. Holland, Germany, Austria, France, Switzerland, Belgium, Luxembourg)
- North Africa and Middle East
(e.g. Egypt, Sudan, Libya, Morocco, Algeria, Lebanon, Jordan, Iran, Arabia, Turkey, Syria, Palestine, Israel, Iraq)

- Central & West Africa
(e.g. Ghana, Nigeria, Sierra Leone, Liberia)
- Southern & East Africa
(e.g. South Africa, Zimbabwe, Mauritius, Kenya, Ethiopia, Somalia, Zambia)
- North East Asia
(e.g. Mainland China, Hong Kong, Japan, Macau, Mongolia, Korea, Taiwan, Tibet)
- South East Asia
(e.g. Thailand, Malaysia, Vietnam, Cambodia, Singapore, Indonesia, Phillipines)
- Southern & Central Asia
(e.g. India, Pakistan, Bangladesh, Sri Lanka, Nepal, Afghanistan)
- North America
(e.g. United States, Canada)
- Central America
(e.g. Mexico, Nicaragua, El Salvador, Guatemala, Honduras, Panama)
- South America
(e.g. Argentina, Bolivia, Brazil, Chile, Ecuador, Colombia, Peru, Uruguay, Venezuela, Paraguay)
- Caribbean Islands
- Other

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14. How old were you when you first came to live in Australia?

--	--

Years old



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15. What is your ethnic background? That is, the group or groups with whom you share a common heritage. (The regions in Q13 may help you answer this question. You may choose up to 4)

- Australian
- Aboriginal/Torres Strait Islander
- New Zealander
- Maori
- Pacific Islander
- British
- Irish
- Eastern European
- Northern European
- Western European
- South Eastern European
- Southern European
- North East Asian
- Southern Asian
- South East Asian
- Middle Eastern/North African
- Sub-Saharan African
- Jewish
- North American
- Central American
- Southern American
- Hispanic
- Other
- Don't know

Section 2 Personal Medical History

1. Have you ever been diagnosed with cancer?

- Yes
- No —————> **Question 5**

2. What was the type of cancer and how old were you when this was FIRST diagnosed?

Cancer 1

- Breast Lung Ovary
- bowel Melanoma Pancreas
- Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Years old

If you have not had another diagnosis of cancer, please go to Question 3

Cancer 2

- Breast Lung Ovary
- Bowel Melanoma Pancreas
- Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Years old

If you have not had another diagnosis of cancer, please go to Question 3

Cancer 3

- Breast Lung Ovary
- Bowel Melanoma Pancreas
- Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--

Years old

3. Can we send you a record sheet to collect the details of any surgery you may have had as treatment for this/these cancers? This will help in collecting any relevant information or left over tissue from the Pathology lab.

- Yes
- No

If you have not had breast cancer please go to Question 5

4. Which of the following breast cancer treatments have you had?

(please select as many as apply)

- Arimidex
- Aromasin
- Femara
- Zoladex
- Tamoxifen (e.g. Tamofen, Nolvadex)
- Chemotherapy regimens (e.g. AC, CMF)
- Radiotherapy
- None of the above



5. Have you been on any of the following chemoprevention trials?

- IBIS 1
 IBIS 2
 Other trials
 None of the above
 Don't Know

6. Have you ever used Tamoxifen?

- Yes
 No → Question 11
 Don't Know

7. How old were you when you first used Tamoxifen?

Years old

8. Are you currently using Tamoxifen?

- Yes → Question 10
 No

9. How old were you when you last used Tamoxifen?

Years old

10. In total, for how many weeks, months or years have you used Tamoxifen ?

Weeks
 Months
 Years

11. Have you ever used Raloxifene or Evista?

- Yes
 No → Question 16
 Don't Know

12. How old were you when you first used Raloxifene or Evista ?

Years old

13. Are you currently using Raloxifene or Evista?

- Yes → Question 15
 No

14. How old were you when you last used Raloxifene or Evista ?

Years old

15. In total, for how many weeks, months or years have you used Raloxifene or Evista ?

Weeks
 Months
 Years

16. Has a doctor ever told you that you had benign breast disease such as a non cancerous cyst or breast lump?

- Yes
 No → Question 18
 Don't Know

17. How old were you when you were first diagnosed with benign breast disease?

Years old

An approximate age is still useful.

18. Have you ever had a breast biopsy?

(By "breast biopsy" we mean breast tissue removed by surgery. Please do not count needle biopsy procedures.)

- Yes
 No → Question 23
 Don't Know

19. How many breast biopsies (positive or negative) have you had?

- One
 More than one

20. Have you had at least one breast biopsy with "atypical hyperplasia"?

- Yes
 No
 Don't Know



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21. Please place the result of your breast biopsy/biopsies given by your doctor into one of the following groups:

Group 1: Completely Benign

(Includes fibrocystic change, fibroadenoma, cysts)

- Biopsy 1, Biopsy 2, Biopsy 3, Biopsy 4, Biopsy 5, Biopsy 6

(please select as many as apply)

Group 2: Increased Risk

(Includes radial scar, papilloma, lobular carcinoma in-situ LCIS, atypical hyperplasia)

- Biopsy 1, Biopsy 2, Biopsy 3, Biopsy 4, Biopsy 5, Biopsy 6

(please select as many as apply)

Group 3: Pre-malignant

(Includes ductal carcinoma in-situ DCIS)

- Biopsy 1, Biopsy 2, Biopsy 3, Biopsy 4, Biopsy 5, Biopsy 6

(please select as many as apply)

Group 4: I cannot recall the result

- Biopsy 1, Biopsy 2, Biopsy 3, Biopsy 4, Biopsy 5, Biopsy 6

(please select as many as apply)

22. Can we send you a record sheet to collect the details of these biopsies?

(This will help in collecting the relevant pathology report information)

- Yes, No

23. Has a doctor ever told you that you had cysts on one or both ovaries?

- Yes, No -> Question 25

24. How old were you when you were first diagnosed with cysts in one or both ovaries?

Age input box: Years old

An approximate age is still useful.

25. Has a doctor ever told you that you had diabetes? (excluding gestational diabetes)

- Yes, No -> Question 28

26. How old were you when you were first diagnosed with diabetes?

Age input box: Years old

An approximate age is still useful.

27. What type of diabetes was this?

- Type I, Type II

28. Have you ever had any X-ray examinations (X-ray or CT scans) to the chest area?

These X-rays and scans may have been for detection of scoliosis, TB or pneumonia, for heart catheterization, for studies of your stomach and oesophagus.

- Yes, No -> Question 31, Don't Know

29. How old were you when you first had an X-ray examination to the chest area?

Age input box: Years old

30. How many X-ray examinations to the chest area have you had in total?

- Between 1 and 4, 5 or greater

31. Have you ever had radiotherapy to the chest area? (You may have had radiotherapy as treatment for Hodgkins Disease or another form of cancer, mastitis, enlarged thymus or thyroid condition or some skin diseases)

- Yes, No -> Section 3, Don't know

32. How old were you when you first had radiotherapy treatment to the chest area?

Age input box: Years old

An approximate age is still useful.



Section 3: Some questions about your family

We are trying to understand why cancer runs in some families. We would like to know about biological (blood) relatives, not step-parents, step-siblings or parents who adopt.

1. Have any of your close blood relatives (mother, father, brothers, sisters, children) ever been diagnosed with cancer?

Yes

No → Question 32, at the top of Page 10

Mother

2. Has your mother ever been diagnosed with cancer?

Yes

No → Question 5

Don't Know → Question 5

Father

5. Has your father ever been diagnosed with cancer?

Yes

No → Question 8

Don't Know → Question 8

3. What type of cancer was this?

Cancer 1

- Breast Bowel Ovarian Lung Other

Cancer 2

- Breast Bowel Ovarian Lung Other

Cancer 3

- Breast Bowel Ovarian Lung Other

Cancer 4

- Breast Bowel Ovarian Lung Other

6. What type of cancer was this?

Cancer 1

- Bowel Lung Prostate Breast Other

Cancer 2

- Bowel Lung Prostate Breast Other

Cancer 3

- Bowel Lung Prostate Breast Other

Cancer 4

- Bowel Lung Prostate Breast Other

4. How old was she when she was first diagnosed with this cancer?

Cancer 1 Years old

Cancer 2 Years old

Cancer 3 Years old

Cancer 4 Years old

An approximate age is still useful.

7. How old was he when he was first diagnosed with this cancer?

Cancer 1 Years old

Cancer 2 Years old

Cancer 3 Years old

Cancer 4 Years old

An approximate age is still useful.



Sisters

8. Have any of your sisters ever been diagnosed with **BREAST** cancer?

- Yes
- No → Question 10
- Don't Know → Question 10

9. How old were your sisters when they were first diagnosed with breast cancer?

Sister 1

--	--

 Years old

Sister 2

--	--

 Years old

Sister 3

--	--

 Years old

Sister 4

--	--

 Years old

An approximate age is still useful.

10. Have any of your sisters been diagnosed with any other type of cancer?

- Yes
- No → Question 15
- Don't Know → Question 15

11. For your first sister with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Ovarian Other

12. For your second sister with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Ovarian Other

13. For your third sister with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Ovarian Other

14. For your fourth sister with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Ovarian Other

Brothers

15. Have any of your brothers ever been diagnosed with **BREAST** cancer?

- Yes
- No → Question 17
- Don't Know → Question 17

16. How old were your brothers when they were first diagnosed with breast cancer?

Brother 1

--	--

 Years old

Brother 2

--	--

 Years old

Brother 3

--	--

 Years old

Brother 4

--	--

 Years old

An approximate age is still useful.

17. Have any of your brothers been diagnosed with any other type of cancer?

- Yes
- No → Question 22
- Don't Know → Question 22

18. For your first brother with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Prostate Other

19. For your second brother with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Prostate Other

20. For your third brother with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Prostate Other

21. For your fourth brother with cancer, what type of cancer was this?

(please select as many as apply)

Bowel Lung Prostate Other



Daughters

22. Have any of your daughters ever been diagnosed with **BREAST** cancer?
- Yes
 - No → Question 24
 - Don't Know → Question 24

23. How old were your daughters when they were first diagnosed with breast cancer?

Daughter 1 Years old

Daughter 2 Years old

An approximate age is still useful.

24. Have any of your daughters been diagnosed with any other type of cancer?
- Yes
 - No → Question 27
 - Don't Know → Question 27

25. For your first daughter with cancer, what type of cancer was this?
(please select as many as apply)

Bowel Lung Ovarian Other

26. For your second daughter with cancer, what type of cancer was this?
(please select as many as apply)

Bowel Lung Ovarian Other

Sons

27. Have any of your sons ever been diagnosed with **BREAST** cancer?
- Yes
 - No → Question 29
 - Don't Know → Question 29

28. How old were your sons when they were first diagnosed with breast cancer?

Son 1 Years old

Son 2 Years old

An approximate age is still useful.

29. Have any of your sons been diagnosed with any other type of cancer?
- Yes
 - No → Question 32
 - Don't Know → Question 32

30. For your first son with cancer, what type of cancer was this?
(please select as many as apply)

Bowel Lung Prostate Other

31. For your second son with cancer, what type of cancer was this?
(please select as many as apply)

Bowel Lung Prostate Other



32. Have any of your more distant relatives (Grandparents, Grandchildren, Aunts or Uncles) ever been diagnosed with cancer?

- Yes
- No —————> **Section 4**
- Don't Know —————> **Section 4**

33. Have any of these more distant relatives been diagnosed with breast cancer, and if so, can you say if this was diagnosed before or after age 40 years?

		Hasn't had Breast Cancer	Breast Cancer before age 40	Breast Cancer at or after age 40	Not sure of age at diagnosis
MOTHER'S SIDE	Grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Aunts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Uncles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Hasn't had Breast Cancer	Breast Cancer before age 40	Breast Cancer at or after age 40	Not sure of age at diagnosis
FATHER'S SIDE	Grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Aunts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Uncles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Reproductive History

1. Have you ever had a menstrual period?

- Yes
 No → Question 3

2. How old were you when you had your first menstrual period?

Years old

An approximate age is still useful information.

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

- Yes
 No → Question 9
 Don't Know → Question 9

4. How old were you when you first used birth control pills or other hormonal contraceptives?

Years old

5. What is the name of the hormonal contraceptive you used most recently?

6. Are you currently using birth control pills or other hormonal contraceptives?

- Yes → Question 8
 No

7. How old were you when you last used birth control pills or other hormonal contraceptives?

Years old

8. In total, for how many weeks, months or years have you used birth control pills or other hormonal contraceptives?

- Weeks
 Months
 Years

9. Have you ever been pregnant?

- Yes
 No → Section 5

We are interested in the number of full term pregnancies women have had. This includes live births and still births but does not include miscarriages or terminations.

10. Have you ever had a full term pregnancy?

- Yes
 No → Section 5

11. How many live births and/or stillbirths have you had?

Livebirths

Stillbirths

12. How old were you when you had your first full term pregnancy?

Years old

13. How old were you when you had your last full term pregnancy?

Years old

14. Did you breastfeed any of your children for one month or longer?

- Yes
 No → Section 5

14. How long did you breastfeed your children? (Please list the time in months for each child you breastfed)

1st Child Months

2nd Child Months

3rd Child Months

4th Child Months

5th Child Months

An approximate number is still useful information.



Section 5: Hormone Replacement Therapy

1. Have you ever used Hormone Replacement Therapy (HRT) prescribed by your doctor? .

- Yes
- No → Question 8
- Don't Know → Question 8

2. How old were you when you first used prescribed Hormone Replacement Therapy?

		Years old
--	--	-----------

An approximate age is still useful information.

3. Were you still having periods when you first used prescribed Hormone Replacement Therapy?

- Yes
- No
- Don't Know

4. What was the name of the prescribed Hormone Replacement Therapy you used most recently?

- | | |
|--|---|
| <input type="radio"/> Angeliq 1/2 | <input type="radio"/> Natragen Cream |
| <input type="radio"/> Climara | <input type="radio"/> Ogen |
| <input type="radio"/> Duphaston | <input type="radio"/> Ovestin |
| <input type="radio"/> Estalis Continuous | <input type="radio"/> Ovestin Cream |
| <input type="radio"/> Estalis Sequi | <input type="radio"/> Ovestin Ovula |
| <input type="radio"/> Estracombi | <input type="radio"/> Premarin |
| <input type="radio"/> Estraderm | <input type="radio"/> Premia Continuous |
| <input type="radio"/> Estraderm MX | <input type="radio"/> Pro-feme cream |
| <input type="radio"/> Estradot | <input type="radio"/> Primolut N |
| <input type="radio"/> Estrofem | <input type="radio"/> Progynova |
| <input type="radio"/> Femoston | <input type="radio"/> Provera |
| <input type="radio"/> Femtran | <input type="radio"/> Ralovera |
| <input type="radio"/> Genoral | <input type="radio"/> Sandrena |
| <input type="radio"/> Kliogest | <input type="radio"/> Trisequens |
| <input type="radio"/> Kliovance | <input type="radio"/> Vagifem pessaries |
| <input type="radio"/> Livial | <input type="radio"/> Xyvion |
| <input type="radio"/> Medroxyhexal | <input type="radio"/> Zumenon |
| | <input type="radio"/> Don't know |

Other prescribed therapy

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Are you currently using prescribed Hormone Replacement Therapy?

- Yes → Question 7
- No

6. How old were you when you last used prescribed Hormone Replacement Therapy?

		Years old
--	--	-----------

An approximate age is still useful information.

7. In total, for how many weeks, months or years have you used prescribed Hormone Replacement Therapy overall?

- Weeks
- Months
- Years

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8. Have you ever used a non-prescribed (over-the-counter or complementary) therapy to treat menopausal symptoms?

- Yes
- No → Section 6
- Don't Know → Section 6

9. How old were you when you first used a non-prescribed therapy to treat menopausal symptoms?

		Years old
--	--	-----------

An approximate age is still useful information.

10. Were you still having periods when you first used a non-prescribed therapy to treat menopausal symptoms?

- Yes
- No
- Don't Know



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11. Which non-prescribed therapy have you used? (please select as many as apply)

- Black Cohosh
- Dong Quai
- Red Clover
- Soy Products
- Don't know
- Other Therapy

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. Are you currently using a non-prescribed therapy to treat menopausal symptoms?

- Yes → Question 14
- No

13. How old were you when you last used a non-prescribed therapy to treat menopausal symptoms?

--	--

Years old

An approximate age is still useful information.

14. In total, for how many weeks, months or years have you used a non-prescribed therapy to treat menopausal symptoms?

- Weeks
- Months
- Years

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Section 6: Questions about Surgery

1. Have you had a hysterectomy?

- Yes
- No → Question 4

2. How old were you when you had your hysterectomy?

--	--

Years old Don't Know

An approximate age is still useful information.

3. Did you have menstrual periods in the 12 months before you had a hysterectomy?

- Yes
- No
- Don't Know

4. Have you had one or both ovaries removed? If so, how old were you when you had this surgery?

- Yes, ovary 1

--	--

 Years old
- Yes, ovary 2

--	--

 Years old
- No

5. Have you had a breast removed? If so, how old were you when you had this surgery?

- Yes, left breast

--	--

 Years old
- Yes, right breast

--	--

 Years old
- No

Section 7: Questions about Menopause

1. How long ago was your last menstrual period?

- Weeks
- | | |
|--|--|
| | |
|--|--|

 Months
- Years

2. Have you had menopause? (that is, no menstrual periods for 12 months or more)

- Yes
- No → Section 8

3. How old were you when you had menopause?

--	--

Years old

An approximate age is still useful information.

Section 9: Smoking Habits

1. Has there ever been a time when you have smoked cigarettes regularly? (that is, at least one cigarette per day for 3 months or longer)

Yes

No → Section 10

2. How old were you when you first started smoking cigarettes regularly?

Years old

An approximate age is still useful information.

3. In total, for how many years have you smoked cigarettes regularly?

Years

4. Over the time you smoked regularly, how many cigarettes on average did you smoke per day?

Cigarettes per day

5. Are you currently smoking cigarettes regularly?

Yes → Question 7

No

6. How old were you when you stopped smoking cigarettes regularly?

Years old

An approximate age is still useful information.

7. Over the last year, how many cigarettes on average did you smoke per day?

Cigarettes per day

Section 10: Alcohol Consumption

1. Have you had an alcoholic drink in the last 12 months?

Yes

No → Section 11

2. In the last 12 months, how often did you have an alcoholic drink of any kind?

Every day

5-6 days per week

3-4 days per week

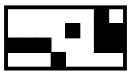
1-2 days per week

2-3 days per month

About 1 day per month

Less often

No longer drink → Section 11



3043

Section 10: Alcohol consumption

Because glass sizes vary a lot, this picture is provided to help you estimate the number of drinks you have on an average day.

Low strength beer equals 0.5 (half) standard drinks

BEER



WINE



SPIRITS



[Image from 'Reduce your risk: new national guidelines for alcohol consumption. October 2009', used by permission of the Australian Government.]

3. On a day that you have an alcoholic drink, how many standard drinks do you usually have? (please use the picture to estimate the number of standard drinks to the nearest whole number)

- More than 10 drinks
- 7-10 drinks
- 5-6 drinks
- 3-4 drinks
- 1-2 drinks

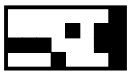
4. In the past 12 months, how often have you had more than 4 standard drinks in a day?

- Every day
- 5-6 days per week
- 3-4 days per week
- 1-2 days per week
- 2-3 days per month
- 1 day per month or less
- Never → Section 11

5. When you have more than 4 standard drinks, how many do you have? (please use the picture to estimate the number of standard drinks to the nearest whole number)

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Drinks



Section 11: Physical Activity

1. How many times in the last week did you walk continuously for at least 10 minutes? (for recreation, exercise or to get to and from places)

Times in the last week

2. What was the total time that you spent walking in this way in the last week?

Hours Minutes

3. How many times in the last week did you do moderate physical activities? (like gentle swimming, social tennis, vigorous gardening or work around the house)

Times in the last week

4. What was the total time you spent doing these moderate activities in the last week?

Hours Minutes

5. How many times in the last week did you do vigorous physical activity? (which made you breathe harder or puff and pant like aerobics, competitive tennis, cycling, but NOT household chores or gardening)

Times in the last week

6. What was the total time that you spent doing these vigorous activities in the last week?

Hours Minutes

7. Over the course of an average day, how many hours do you usually spend doing the following? (please write 0 if you do not spend any time doing it)

	At Home	At Work
Sleeping (including at night & naps)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sitting (including watching TV or using a computer)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Standing	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

8. At the age of 7 years, how active were you compared to other girls of the same age?

- Much more active
- A little more active
- About the same level of activity
- A little less active
- A lot less active
- Don't know

9. At the age of 15 years, how active were you compared to other girls of the same age?

- Much more active
- A little more active
- About the same level of activity
- A little less active
- A lot less active
- Don't Know



30891

Study ID

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Consent Form 2 for release of Medicare and PBS information

PARTICIPANT CONSENT FORM

Consent to release of Medicare and/or Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the lifepool Project



IMPORTANT INFORMATION

Complete this form to request the release of personal Medicare claims information and/or PBS claims information to lifepool. Any changes to this form must be initialled by the signatory. Incomplete forms may result in the study not being provided with the requested information.

By signing this form, I acknowledge that I have been fully informed and have been provided with information about this study. I have been given an opportunity to ask questions and understand the possibilities of disclosures of my personal information.

PARTICIPANT DETAILS

Title: _____

Family name: _____ First given name: _____

Other given name (s): _____

Date of birth: _____ Medicare card number:

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DD/MM/YYYY

Permanent address: _____

Postal address (if different to above): _____

AUTHORISATION

I authorise the Department of Human Services to provide my:

Medicare claims history OR PBS claims history OR Medicare & PBS claims history

(Please shade the circle that best indicates your wishes)

for the period **June 2008 to December 2020** to lifepool.

Note: Lifepool can only access data that has been collected as far back as 4 ½ years from the date of request. Your approval signature allows lifepool to make requests for data collected between the period June 2008 to December 2020 but only in 'bundles' of 4½ years. For example, in January 2013, lifepool could obtain information collected by the Department of Human Services (Medicare and/or PBS) between July 2008 & January 2013. In January 2014, lifepool could request information collected about you by Medicare and PBS between July 2009 and January 2014

DECLARATION

I declare that the information on this form is true and correct.

Signed: _____

Dated

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A sample of the information that may be included in your Medicare claims history:

Date of service	Date of Processing	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	03/05/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	Cash
22/06/09	23/06/09	11700	ECG	\$29.50	\$29.50	\$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital indicator	Provider derived major speciality	Item category
	999999A		2300		N	General Practitioner	1
999999A	999999A	20/04/09	2300	2302	N	Cardiologist	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Generally, each individual provider number will be scrambled and the identity of that provider will not be disclosed.

A sample of the information that may be included in your PBS claims history:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution	Net Benefit	Scrambled Prescriber number*	Pharmacy postcode	Form Category
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	9999999	2560	Original
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		9999999	2530	Repeat

ATC Code	ATC Name	Prescriber derived major speciality
N05 B A 04	Oxazepam	General Practitioner
N05 B A 01	Diazepam	Psychiatrist

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Generally, each individual prescriber number will be scrambled and the identity of that prescriber will not be disclosed.