

CATI RECRUITMENT QUESTIONNAIRE

NWAH STUDY STAGE 3

From June 2008

Good My name is I am phoning on behalf of the North West Adelaide Health Study.

Could I please speak with (*name of study participant*)?

Either

- a) Repeat introduction - go to A.1.
- b) If required person not available, ask for a suitable time to call back. Record first name and make appointment to call back (End).
- c) If required person died, go to A.31. If information offered re cause of death or date, record same.
- d) If required person is no longer at this telephone number, go to A.33 to record details.

A.1 We recently sent your household a letter from the Professor of Medicine about your continued participation in the North West Adelaide Health Study. Did you receive the letter identifying the benefits of continuing to help us with this study?

(Single Response)

1. Yes
2. No
3. Don't know

Sequence guide: If A.1 = 1, go to A.5.

A.2 The letter explained that we would like you to return to the clinic at either The Queen Elizabeth Hospital or Lyell McEwin Hospital for the next assessment of your health. Would you like me to post the letter to you?

(Single Response. *Interviewer note: ask participant if they would like the letter read out to them*)

1. Yes
2. No

Sequence Guide If A.2 = 2, go to A.5.

A.3 Can I please confirm that your address is ...? (Multiple Response. *Interviewer to read details from database*)

1. Address confirmed
2. Change of address
3. Additional postal address

Sequence guide: If A.3 = 1 and not A.3 = 3, go to A.5
If A.3 = 3, go to A4a.

A.4 Change of address

(Multiple Response)

1. Enter Address [enter text]
2. Enter Postcode [enter number]

Sequence guide: If A.3 = 3, go to A4a.

Else go to A.5.

A4a Postal address

(Multiple Response)

1. Enter Address [enter text]
2. Enter Postcode [enter number]

A.5 We are calling you today as part of the third major stage of the study. This involves answering some questions on the phone now, as well as filling in a questionnaire that we will be posting out to you and also coming back to the clinic for another health assessment. All efforts will be made to make your involvement as convenient as possible for you. Would you have any objection to again taking part in this very important study?

(Single Response)

1. No objection
2. Have objection

Sequence guide: If A.5 = 1, go to A.13.

A.6 Your ongoing participation is vital to the success of the study in its efforts to improve the health of people both in your community and South Australia in general. Could I ask why you no longer want to be involved in the study?

(Single Response)

1. Too old
2. Too sick
3. Health problem(s)
4. Too busy
5. Don't want to participate
6. Tired of being asked
7. Moved out of area
8. Moved interstate/overseas
9. Other (*specify*)
- 10.No
- 11.Currently pregnant

Sequence guide: If A.6 = 7, go to A.8.

If A.6 = 8, go to A.9.

If A.6 = 11, go to A.15.

A.7 Try to convert for this stage (Stage 3). Successful?

(Single Response)

1. Yes
2. No - definite

Sequence guide: If A.7 = 1, go to A.13.

If A.7 = 2, go to A.10.

A.8 (moved out of northern or western region) You are very important to us because you are still a part of the North West Adelaide Health Study. Try to convert - successful?

(Single Response)

1. Yes
2. No - definite

Sequence guide: If A.8 = 1, go to A.13.

If A.8 = 2, go to A.10.

A.9 (interstate/overseas participants) You are very important to us because you are still a part of the North West Adelaide Health Study. Can we contact you at a later date when you might be available?

(Single Response)

1. Yes (record comments)
2. No

A.10 Would you be willing to answer a questionnaire that we would mail out?

(Single Response)

1. Yes
2. No

A.11 We would like to keep you up to date about the study by sending you our newsletter or invite you again to perhaps participate in future health assessments. Would you mind if we contact you at a later date?

(Single Response)

1. Yes, can send newsletter, ok for future contact
2. No, no contact (withdrawal from study)

A.12 Would you please answer some questions now, on the phone?

(Single Response)

1. Yes
2. No

Sequence guide: If A.10 = 1 or A.11= 1 (yes to either questionnaire OR newsletter), go to A.23.(change of address details).

If A.10 = 2 and A.11= 2 and A.12 = 2 (no to questionnaire, newsletter AND CATI survey now), go to A.32 (terminate interview).

If A.10 = 2 and A.11= 2 and A.12 = 1 (no to questionnaire AND newsletter but yes to CATI survey now), go to A.29 (check tel nos, then do CATI).

A.13 Sequence guide: If participant is male or if participant is female aged 45 yrs and over, go to A.16.

A.14 Are you currently pregnant?

(Single Response)

1. Yes
2. No

Sequence guide: If A.14= 2, go to A.16.

A.15 Thank you - as you are currently pregnant, we won't be asking you to attend the clinic at this time. However, we would still like you to continue as part of the study cohort. Can I please ask when you are due to give birth so we can call to make a time for you to attend the clinic at a later date? (record date if possible - then) Thank you, we will be in touch later on.

(Single Response)

1. Due date: __/__/
2. Refused to give date

END OF INTERVIEW

A.16 We are also offering the opportunity for a free health assessment for one child in the household if this is relevant. Can you please tell me, how many children under 18 years live in your household?

(Single Response)

1. None
2. Enter number [number field]

Sequence guide: If A.16 = 1 (ie NO children aged 0-17 years in the hhold), go to A.22 (Make appointment).

A.17 We are firstly making appointments in the Clinic for those households with only adults in them at present. Can we please call you at a later time to make an appointment for you and the child to attend together?

(Single response)

1. *(Parent & child to come together for clinic appt)*
Enter comments regarding best time to call back to make a double clinic appointment for adult and child
2. *(Parent wants to come now - to be called later re appt for child)*
3. *(Parent want to come now but refused child to participate)*

Sequence guide: If A.17= 3 (ie child refused), go to A.22.

A.18 We now need to identify which child in the household is eligible to take part - can you please tell me the name of the child who last had a birthday?

(Single Response)

1. Enter FIRST NAME [text field]
2. (then) Enter SURNAME [text field]

A.19 Can you please tell me their age?

(Single Response)

1. Enter number (number field - single number)
2. Don't know
3. Refused

A.20 Can you please tell me their sex?

(Single Response)

1. Male
2. Female
3. Don't know
4. Refused

A.21 And can you please tell me their relationship to you? That is, are they your ...

(Single Response)

1. Child (including adopted, step or foster child)
2. Brother/stepbrother/brother-in-law
3. Sister/stepsister/sister-in-law
4. Grandchild
5. Niece/nephew
6. Cousin
7. Other relative
8. Unrelated person (ie friend, boarder, flatmate)
9. Don't know
10. Other (specify)
11. Refused

Sequence guide: If A.17=1 (adult & child joint appt) go to A.23.

A.22 I now need to make an appointment for you to attend The Queen Elizabeth Hospital or the Lyell McEwin Health Service clinic. This appointment will take about 1 hour at a time between 7.30 and 10.30 am. We will require you to have a fasting blood test. Which clinic would you like to attend?

1. The Queen Elizabeth Hospital
2. Lyell McEwin Hospital clinic
3. Appointment WEEKDAY (Mon thru Sat)
4. Appointment DAY (1 thru 31)
5. Appointment MONTH (Jan thru Dec)
6. Appointment TIME (7am, 7:30am, 8am, 8:30am, 9, 9:30am, 10am, 10:30am)
7. Home visit

Sequence guide: If A.22 = Home visit, go to A.23. (Confirm address) (Do not make an appointment for home visit)

A.23 Can I please confirm that your address is ...?

(Interviewer to read details from database. **Multiple Response**)

1. Address confirmed
2. Change of address
3. Additional postal address

Sequence guide:

If A.23 = 1 (Address confirmed) and If A.12 = 1 (YES to CATI survey) and, go to Section B. (Start CATI interview).

If A.23 = 1 (Address confirmed) and If A.12 = 2 (NO to CATI survey) and, go to A.32 (terminate interview).

If A.23 = 1 (Address confirmed) and A.22 = (Appointment Made), go to A.26 (Information Pack).

If A.23 = 1 (Address confirmed) and A.22 = 7 (Home Visit), go to A.27 (Home visit information).

If A.23 = 1 (Address confirmed) and A.17 = 2 (Parent & Adult appt later), go to A.28.

If A.23 = 2 (Change Address) A.23 = 3, go to A.24.

If A.23 = 3 (Postal Address) and A.23 \neq 2, go to A.25.

A.24 Change of address

(**Multiple Response**)

1. Address [enter text]
2. Postcode [enter number]

Sequence guide:

If A.22 = (Appointment Made) and A.23 \neq 3 (Not an additional postal address), go to A.26.

If A.22 = 7 (Home visit) and A.23 \neq 3 (Not an additional postal address), go to A.27 (Home visit information).

If A.22 = (Appointment Made or Home visit) and A.23 = 3 (Additional postal address), go to A.25.

If A.17 = 2 (Parent & Adult appt later) and A.23 \neq 3 (Additional Postal Address), go to A.28.

If A.12 = 1 (YES to CATI survey) and A.23 \neq 3 (Additional Postal Address), go to A.29 (check tel nos, then do CATI)

If A.12 = 2 (NO to CATI survey) and A.23 \neq 3 and, go A.32.

A.23 = 3, go to A.25.

A.25 Postal address

(Multiple Response)

1. Address [enter text]
2. Postcode [enter number]

Sequence guide:

If A.22 = (Appointment Made), go to A.26.

If A.22 = 7 (Home visit), A.27 (Home visit information).

If A.17 = 2 (Parent & Adult appt later), go to A.28.

If A.12 = 1 (YES to CATI survey), go to A.29 (check tel nos, then do CATI)

If A.12 = 2 (NO to CATI survey), go A.32 (END INTERVIEW).

A.26 We will send out an information pack to your address.

(Interviewer note: please explain what is being sent to them ie a letter confirming their appointment, information about clinic procedures, a questionnaire and a map - plus ask them to please bring their Medicare card, a sample of urine from their FIRST visit to the toilet on the day of the appt and their current medicines in the bag provided. Please also explain that we will be giving them a reminder call re their clinic appt at least one day before, and that if we have their mobile, we will most likely be doing this via an SMS (text message).)

Sequence guide: Go to A.29 (check tel nos, then do CATI).

A.27 We will be calling you at a later date to arrange a home visit.

Sequence guide: Go to A.29 (check tel nos, then do CATI).

A.28 We will be calling you at a later date to arrange a joint appointment for you and [name] /the child.

Sequence guide: Go to A.29 (check tel nos, then do CATI).

A.29 Is this the best phone number to contact you, or is there another number (eg. work, mobile) that might be more appropriate?

(Multiple Response. Interviewer note: confirm number and determine if the best number is a home, work or other phone number)

1. This is the best number
2. Home number [enter number]
3. Work number [enter number]
4. Mobile number [enter number]
5. Other number [enter number]

Sequence guide: Go to B.1 (start CATI survey)

A.30 Additional numbers?

A.31 (if participant has died) Their past involvement in the study has been most valuable in providing information that is helping to improve the health of the community. Thank you for your time today.

(Multiple Response)

1. Cause of death (if volunteered) [enter text]
 2. Date of death (if volunteered) [enter date]
 3. No details given / unknown
- END/TERMINATION OF INTERVIEW.

A.32 Your involvement in the study has been most valuable in providing information that is helping to improve the health of the community. Thank you for your time today. END/TERMINATION OF INTERVIEW.

A.33 Record forwarding address and/or telephone number for study participant.

(Multiple Response)

1. Forwarding address [enter text]
2. Forwarding telephone number [enter number]
3. No details given / unknown

B. HEALTH CONDITIONS

B.1 I would like to ask you a few questions about your health. We have asked some of these questions before, but we need to ask them again to update our information. Have you ever been told by a doctor that you have any of the following conditions?

(Read options. **Multiple Response**)

1. Heart attack
2. Stroke
3. Angina
4. Transient Ischaemic Attack/mini-stroke
5. None
6. Don't know
7. Refused

B.2 Have you ever been told by a doctor that you have had any of the following procedures?

(Read options. **Multiple Response**. Interviewer note: *HEART BYPASS SURGERY is a procedure for people with angina (a blockage in an artery in the heart) where the blockage is bypassed with a section of vein, taken from the leg, or artery from the forearm or inside the chest; A CORONARY (HEART) ANGIOGRAM OR CATHETERISATION is a special x-ray of the heart - both terms mean the same thing; A CORONARY (HEART) ARTERY STENT is sometimes used in angioplasty (for artery blockage) where a small balloon is inflated via a tube inserted in the artery, Stents (tubular grids) may be inserted to hold open the affected part of the artery.*)

1. Heart bypass surgery
2. A coronary (heart) angiogram or catheterisation
3. A coronary (heart) artery stent
4. No
5. Don't know
6. Refused

B.3 Have you ever been told by a doctor that you have ARTHRITIS? If yes, prompt "What type?"

(Read options if necessary. **Multiple Response**)

1. Osteoarthritis
2. Rheumatoid arthritis
3. Yes, other (specify)
4. Yes, don't know type
5. No, don't have arthritis
6. Don't know
7. Refused

B.4 Have you ever been told by a doctor that you have ...

(Read options if necessary. **Single Response**)

1. Osteoporosis
2. Gout
3. No
4. Don't know
5. Refused

Note: This question was designed as a multiple response but collected as a single response (including an additional category that indicated both, osteoporosis and gout). For analysis purposes it was recoded as a multiple response.

B.5 In the last 12 months, have you been told by a doctor that you have any of the following conditions?

(Read out options. **Multiple Response**)

1. Anxiety
2. Depression
3. A stress related problem
4. Any other mental health problem
5. None
6. Don't know/refused

Sequence guide: If age < 50 years (ie min age to 49 yrs), go to next section D.

C. INJURY

(TO BE ONLY ASKED OF THOSE 50+ YEARS)

C.1 How many falls (including slips, trips and falls to the ground) did you have in the past year?

(Single response)

1. Enter number of falls
2. None
3. Don't know
4. Refused

C.2 Did you suffer from a fracture as a result of a fall from a standing height or less, in the past year?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

D. SHOULDER PAIN OR STIFFNESS

The next few questions are about shoulder pain and stiffness. Shoulder pain and stiffness includes the shoulder joint, top of shoulder, shoulder blade and upper arm, not your neck.

D.1 Over the past month, have you had pain or aching in either or both of your shoulders, either at rest or when moving, on most days?

(Single Response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If D.1 > 1 (no pain), go to D.4 (question re stiffness)

D.2 In which shoulder have you had this pain or aching?

(Single Response)

1. Left shoulder
2. Right shoulder
3. Both shoulders
4. Don't know
5. Refused

Sequence guide: If D.2 = 1, 2, 4 or 5 (L, R, DK or ref), go to D.4

D.3 Which shoulder causes you the most pain?

(Single Response)

1. Left shoulder
2. Right shoulder
3. Don't know
4. Refused

D.4 Over the past month, have you had stiffness in either or both of your shoulders, when first getting out of bed in the morning, on most days?

(Single Response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If D1>1 (no pain) and D4>1 (no stiffness), go to F1.

If D1=1 (pain) and D4>1 (no stiffness), go to E1.

D.5 [Did / Does] this stiffness last at least 15 minutes?

(Single Response)

1. Yes
2. No
3. Don't know
4. Refused

D.6 In which shoulder have you had this stiffness?

(Single Response)

1. Left shoulder
2. Right shoulder
3. Both shoulders
4. Don't know
5. Refused

Sequence guide: If D.6 = 1, 2, 4 or 5 (L, R, DK or ref), go to E6.

D.7 Which shoulder is the most stiff?

(Single Response)

1. Left shoulder
2. Right shoulder
3. Don't know
4. Refused

Sequence guide:

If D1>1 (no pain) and D4=1 (stiffness), go to E.6 (SPADI stiffness).

E. SHOULDER PAIN AND DISABILITY INDEX

(Interviewer note: if both shoulders are involved, the questions relate to the worst shoulder. If respondent says don't do, or try to avoid, an activity prompt to respond if they hypothetically had to do it)

These next questions relate to your shoulder area.

E.1 [Thinking about THE LAST WEEK, please describe your pain on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable. How severe is your pain] ... AT ITS WORST?

(Single response. Interviewer note: repeat scale if necessary)

0. No pain at all
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. The worst pain imaginable
11. Don't know
12. No pain in shoulder in the last week

Sequence guide: If E.1= 12 Go to E.6.

E.2 [Thinking about your shoulder in the last week, how severe is your pain ... on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable] ... WHEN LYING ON THE INVOLVED SIDE?

(Single response. Interviewer note: repeat scale if necessary)

0. No pain at all
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. The worst pain imaginable
11. Don't know

E.3 [Thinking about your shoulder in the last week, how severe is your pain ... on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable] ... REACHING FOR SOMETHING ON A HIGH SHELF?

(Single response. Interviewer note: repeat scale if necessary. If respondent avoids, then asked how much pain if they hypothetically had to do it.)

- 0. No pain at all
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. The worst pain imaginable
- 11. Don't know

E.4 [Thinking about your shoulder in the last week, how severe is your pain ... on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable] ... TOUCHING THE BACK OF YOUR NECK?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No pain at all
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. The worst pain imaginable
- 11. Don't know

E.5 [Thinking about your shoulder in the last week, how severe is your pain ... on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable] ... PUSHING WITH THE INVOLVED ARM?

(Single response. Interviewer note: repeat scale if necessary. If respondent avoids, then asked how much pain if they hypothetically had to do it.)

- 0. No pain at all
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. The worst pain imaginable
- 11. Don't know

E.6 For these next questions, can you please describe your experience on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help. So thinking about your shoulder area in the last week, how much difficulty do you have ... WASHING YOUR HAIR?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.7 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... WASHING YOUR BACK?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.8 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... PUTTING ON AN UNDERSHIRT OR JUMPER?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.9 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... PUTTING ON A SHIRT THAT BUTTONS DOWN THE FRONT?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.10 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... PUTTING ON YOUR PANTS?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.11 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... PLACING AN OBJECT ON A HIGH SHELF?

(Single response. Interviewer note: repeat scale if necessary)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.12 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... CARRYING A HEAVY OBJECT OF 10 POUNDS (4.5 kilograms)?

(Single response. Interviewer note: repeat scale if necessary. Suggest large bag of potatoes if participant has difficulty with quantity)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

E.13 [Thinking about your shoulder in the last week, how much difficulty do you have ... on a scale from 0 to 10, where 0 is no difficulty and 10 is so difficult it requires help] ... REMOVING SOMETHING FROM YOUR BACK POCKET?

(Single response. Interviewer note: repeat scale if necessary. For female participants who may not relate to this activity, suggest reaching around to the lower back)

- 0. No difficulty
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. So difficult it requires help
- 11. Don't know

F. HEALTH CARE UTILISATION

F.1 How many times in the last 12 months have you used these health services in South Australia? (Read options. **Multiple Response**. Interviewer note: enter number of times for each service used. If unsure, approximate number will do.)

1. General practitioner
2. Community health centre
3. District nurses or other community nurses
4. Psychologist
5. Psychiatrist
6. Day surgery
7. Hospital - Accident & Emergency Department
8. Hospital - Clinic (outpatient/specialist/allied health)
9. Eye specialist/ophthalmologist
10. Other specialist doctor (not in a hospital)
11. Physiotherapist
12. Chiropractor
13. Alternative therapist (eg naturopath, osteopath)
14. Podiatrist
15. Dietician
16. Nurse educator
17. Social Worker / Counsellor
18. Dentist
19. Other (please specify)

G. ACTIVE AUSTRALIA

The next few questions are about any physical activities that you may have done in the last week.

G.1 In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?

(Single Response)

0. None
1. Enter number of times [number - limit field to 99]
2. Not stated/Don't know [enter 999]
3. Refused [enter 998]

Sequence guide: If G.1 = 0 (none), go to G.3.

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

(Single Response. Enter number of hours AND/OR minutes.)

1. Enter hours [number - limit field to 168, ie max number of hrs in a week]
2. Enter minutes [number - limit field to 59]
3. Not stated/Don't know [enter 999]

G.3 This question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg tennis, jogging, cycling, keep fit exercises)

(Single Response)

0. None
1. Enter number of times [number - limit field to 99]
2. Not stated/Don't know [enter 999]
3. Refused [enter 998]

Sequence guide: If G.3 = 0 (none), go to G.5.

G.4 What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

(Single Response. Enter number of hours AND/OR minutes.)

1. Enter hours [number - limit field to 168, ie max number of hrs in a week]
2. Enter minutes [number - limit field to 59]
3. Not stated/Don't know [enter 999]

G.5 This question excludes household chores or gardening. In the last week, how many times did you do other more moderate physical activities that you have not already mentioned? (eg lawn bowls, golf, gentle swimming, etc)

(Single Response)

0. None
1. Enter number of times [number - limit field to 99]
2. Not stated/Don't know [enter 999]
3. Refused [enter 998]

Sequence guide: If G.5 = 0 (none), go to next section.

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

(Single Response. Enter number of hours AND/OR minutes.)

1. Enter hours [number - limit field to 168, ie max number of hrs in a week]
2. Enter minutes [number - limit field to 59]
3. Not stated/Don't know [enter 999]

H. ASSESSMENT OF QUALITY OF LIFE (AQOL INSTRUMENT)

The next few questions are about the impact of your health on your life during the LAST WEEK.

H.1 [In the last week] Concerning your use of prescribed medicines ... would you say that ...?
(Read options. Single response. *Interviewer note: Prescribed medicine refers to medicine prescribed by a doctor, but does NOT include over-the-counter drugs*)

1. You did not or rarely used any medicines at all
2. You used one or two medicinal drugs regularly
3. You needed to use three or four medicinal drugs regularly
4. You used five or more medicinal drugs regularly
5. Don't know
6. Refused

H.2 To what extent did you rely on medicines or a medical aid in the LAST WEEK? (this does NOT include glasses or a hearing aid)

(Read options. Single response. *Interviewer note: MEDICINES refers to all medicines used whether prescribed by a doctor, allied health professional or bought from a chemist, MEDICAL AID refers to walking frame, wheelchair, prosthesis etc. PROSTHESIS refers to equipment used to replace a body part, such as an artificial arm*)

1. You did not use any medicines and/or medical aids
2. You occasionally used medicines and/or medical aids
3. You regularly used medicines and/or medical aids
4. You had to constantly take medicines or use a medical aid
5. Don't know
6. Refused

H.3 In the LAST WEEK, did you need medical treatment from a doctor or other health professional? Would you say ...?

(Read options. Single response)

1. You did not need regular medical treatment
2. You had some regular medical treatment
3. You were dependent on having regular medical treatment
4. That your life was dependent on regular medical treatment
5. Don't know
6. Refused

H.4 Did you need any help with personal care in the LAST WEEK? Would you say ...?

(Read options. Single response. *Interviewer note: Personal care refers to activities such as washing, dressing, personal grooming or going to the toilet*)

1. You needed no help at all
2. Occasionally you needed some help with personal care tasks
3. You needed help with the more difficult personal care tasks (for example, dressing, washing, toileting)
4. You needed daily help with most or all personal care tasks
5. Don't know
6. Refused

H.5 When doing household tasks during the LAST WEEK, did you need any help (for example, with preparing food, gardening, using the video recorder, radio, telephone or washing the car)? Would you say ...?

(Read options. Single response)

1. You needed no help at all
2. Occasionally you needed some help with household tasks
3. You needed help with the more difficult household tasks (for example, with the house cleaning [eg vacuuming, laundry, shopping])
4. You needed daily help with most or all household tasks
5. Don't know
6. Refused

H.6 Thinking about how easily you got around your home and community in the LAST WEEK, would you say ...?

(Read options. Single response)

1. You got around your home and community by yourself without any difficulty
2. You found it difficult to get around your home and community by yourself
3. You could not get around the community by yourself, but you got around your home with some difficulty
4. You could not get around either the community or your home by yourself (for example, you needed someone to help you)
5. Don't know
6. Refused

H.7 Were your personal relationships in the LAST WEEK affected by your health (for example with your partner or parents)? Would you say your relationships ...?

(Read options. Single response)

1. Were very close and warm
2. Were sometimes close and warm
3. Were seldom close and warm
4. You had no close and warm relationships
5. Don't know
6. Refused

H.8 Were your relationships with other people during the LAST WEEK affected by your health? Would you say ...?

(Read options. Single response. *Interviewer note: this refers to FRIENDS but not to casual acquaintances*)

1. That you had plenty of friends, and you were never lonely
2. That although you have friends, you were occasionally lonely
3. That you have some friends, but you were often lonely
4. That you felt socially isolated and lonely
5. Don't know
6. Refused

H.9 Thinking about your health and your relationship with your family in the LAST WEEK ... would you say ..?

(Read options. Single response. *Interviewer note: if respondent has no family, select Response 1 - ie their role in the family was not affected by their health*)

1. Your role in the family was NOT affected by your health
2. There were some parts of your family role you could not carry out
3. There were many parts of your family role you could not carry out
4. You could not carry out any part of your family role
5. Don't know
6. Refused

H.10 Thinking about your vision in the LAST WEEK, including when using your glasses or contact lenses if needed, would you say ...?

(Read options. Single response)

1. You saw normally.
2. You had some difficulty focusing on things, or do not see them sharply (for example: small print, a newspaper, or seeing objects in the distance)
3. You had a lot of difficulty seeing things and your vision was blurred (for example: you saw just enough to get by with)
4. You only saw general shapes, or you are blind (for example: you needed a guide to move around.)
5. Don't know
6. Refused

H.11 Thinking about your hearing in the LAST WEEK, including using hearing aids if needed, would you say ...?

(Read options. Single response)

1. You heard normally.
2. You had some difficulty hearing or did not hear clearly (for example: you asked people to speak up, or turn up the TV or radio volume)
3. You had difficulty hearing things clearly (for example: Often you did not understand what was said. You usually did not take part in conversations because you could not hear what was said)
4. You heard very little indeed (for example: you could not fully understand loud voices speaking directly to you)
5. Don't know
6. Refused

H.12 When you communicated with others in the LAST WEEK (for example: by talking, listening, writing or signing), would you say ...?

(Read options. Single response)

1. You had no trouble speaking to others or understanding what they were saying
2. You had some difficulty being understood by people who did not know you
3. You had no trouble understanding what others were saying
4. You were only understood by people who know you well - you had great trouble understanding what others were saying
5. You could not adequately communicate with others.
6. Don't know
7. Refused

H.13 Thinking about how you slept in the LAST WEEK ... would you say ...?

(Read options. Single response. *Interviewer note: if respondents have difficulty choosing between Responses 2 and 3, clarify that the difference is between "some nights" and "most nights"*)

1. You slept without difficulty most of the time
2. Your sleep was interrupted **SOME** of the time, but you were usually able to go back to sleep without difficulty
3. Your sleep was interrupted **MOST** nights, but you were usually able to go back to sleep without difficulty
4. You slept in short bursts only - you were awake most of the night
5. Don't know
6. Refused

H.14 Thinking about how you generally felt in the LAST WEEK, would you say ...?

(Read options. Single response)

1. You did not feel anxious, worried or depressed
2. You were slightly anxious, worried or depressed
3. You felt moderately anxious, worried or depressed
4. You were extremely anxious, worried or depressed
5. Don't know
6. Refused

H.15 How much pain or discomfort did you experience in the LAST WEEK? ... would you say ...?

(Read options. Single response)

1. None at all.
2. You had moderate pain.
3. You suffered from severe pain.
4. You suffered unbearable pain.
5. Don't know
6. Refused

I. CARDIOVASCULAR DISEASE & HEALTH LITERACY

The next few questions are general thoughts about health.

I.1 What do you think is the MOST IMPORTANT health condition or illness facing people in Australia today?

(Single Response)

1. AIDS
2. Alzheimer's
3. Arthritis
4. Asthma
5. Cancer
6. Cardiovascular disease (angina, heart attack, stroke)
7. Chronic obstructive pulmonary disease (COPD)
8. Diabetes
9. Depression
10. Drug addiction/alcoholism
11. Infectious diseases
12. Injuries
13. Mental Health
14. Obesity
15. Rheumatoid arthritis
16. Smoking
17. Other (please specify) [enter text]
18. Don't know
19. Refused
20. Poor diet/nutrition
21. Ageing (old age)
22. Back pain
23. Food additives
24. Lifestyle (lack of healthy diet and exercise)
25. Stress, worry, loneliness & isolation
26. Multiple sclerosis
27. Osteoporosis

I.2 As far as you know, what causes the most deaths in Australia every year?

1. Accidental death
2. AIDS
3. Alzheimers
4. Asthma
5. Cancer
6. Car accidents
7. Cardiovascular disease (angina, heart attack, stroke)
8. Chronic obstructive pulmonary disease (COPD)
9. Diabetes
10. Depression
11. Drug addiction/alcoholism
12. Infectious diseases
13. Injuries
14. Lifestyle (lack of healthy diet/exercise)
15. Mental health

16. Obesity
17. Poor diet
18. Rheumatoid arthritis
19. Skin cancer
20. Smoking
21. Suicide
22. Violent crime
23. Other (please specify) [enter text]
24. Don't know
25. Refused
26. Ageing (old age)
27. Pollution
28. Stress, worry, loneliness, isolation

I.3 Some of the following questions ask about cardiovascular disease, a disease that affects the heart or blood vessels. It includes angina, stroke, heart attack and high blood pressure. Have you seen, heard or read information about cardiovascular disease within the past 12 months?

(Single Response. Interviewer note: ANGINA is chest pain, pressure, discomfort or tightness caused by reduced blood flow to the heart muscles; STROKE is sudden loss of brain function caused by a blockage or bursting of a blood vessel to the brain; HEART ATTACK is death or damage to the heart muscles caused by reduced blood flow to the heart muscles, also called a myocardial infarction; and HIGH BLOOD PRESSURE is also known as hypertension.)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If I.3 = 2, go to I.5.

I.4 Where did you see, read or hear this information? Please mention as many as you can think of.

(Multiple Response)

1. In a magazine
2. On the radio
3. In a book
4. On TV
5. In a newspaper
6. Information provided by GP
7. Information provided by specialist (eg cardiologist)
8. On the internet
9. From a friend or relative
10. Medical/doctor waiting room
11. Heart/stroke related organisations
12. Book/pamphlet
13. Other (please specify) [enter text]
14. Don't know
15. Refused
16. Work
17. Medical journal
18. First aid course
19. Chemist
20. Public advertising (billboard etc)
21. Hospital
22. Community organisation/businesses
23. Educational Institution

I.5 If someone was having a HEART ATTACK, what symptoms could they have?

(Multiple Response. Interviewer note: Prompt if necessary for more than one response, eg "Can you think of anything else?")

1. Chest discomfort
2. Sudden weakness
3. Discomfort in one or both arms, back, jaw, stomach
4. Headache
5. Shortness of breath
6. Swelling of ankles
7. Cough
8. Breaking out in a cold sweat
9. Nausea
10. Light-headedness
11. Numbness (tingling sensations)
12. Collapse/fainting
13. Death
14. Speech difficulties
15. Change of skin colour
16. Sweating
17. Dizziness/fainting collapse
18. Rapid pulse
19. Other (specify) [enter text]
20. Don't know
21. Refused
22. Blurred vision
23. Disorientated
24. Indigestion
25. Tiredness
26. Loss of consciousness
27. Vomiting/nausea

I.6 If someone was having a STROKE, what symptoms could they have?

(Multiple Response. Interviewer note: Prompt if necessary for more than one response, eg "Can you think of anything else?")

1. Short of breath
2. Sudden numbness or weakness of the face, arm or leg
3. Sudden ear pain
4. Sudden confusion, trouble speaking or understanding
5. Sudden trouble seeing in one or both eyes
6. Sudden onset of coughing with no known cause
7. Sudden dizziness, loss of balance or co-ordination
8. Chest pain
9. Sudden severe headache with no known cause
10. Numbness (tingling sensations)
11. Collapse/fainting
12. Death
13. Loss of ability to move/can't walk/paralysis
14. speech difficulties
15. Change in skin colour
16. Sweating
17. Dizziness, fainting, collapse
18. Other (please specify) [enter text]
19. Don't know
20. Refused
21. Convulsion/seizure/tremor/shaking

I.7 What things do you believe reduce the chance of getting cardiovascular disease?

(Multiple Response)

1. 1. Quitting smoking
2. Getting physical exercise
3. Taking vitamin supplements
4. Maintaining a normal weight
5. Reducing stress
6. Reducing salt in the diet
7. Taking Aspirin regularly
8. Taking fish oil regularly
9. Maintaining a healthy blood pressure
10. Maintaining a healthy cholesterol
11. Taking homeopathic remedies
12. Healthy diet/eat well
13. Reduce fat intake
14. Quit/reduce alcohol consumption
15. Other (please specify) [enter text]
16. Don't know
17. Refused
18. Good genes/family history
19. Sleeping/resting
20. Positive attitude/being happy
21. Social support/relationships
22. Regular check-ups
23. Drinking water

I.8 What do you think your chances are of having cardiovascular disease in the next five years? Would you say you had a ...?

(Read options. Single response)

1. Low risk
2. Moderate risk
3. High risk
4. Very high risk
5. Don't know
6. Refused
7. Already have CV disease

I.9 Do you think that people with ASTHMA have a higher risk, the same risk, or a lower risk of having cardiovascular disease than those without asthma?

(Single Response)

1. Higher risk
2. Same risk
3. Lower risk
4. Don't know
5. Refused

I.10 Do you think that people with DIABETES have a higher risk, the same risk, or a lower risk of having cardiovascular disease than those without diabetes?

(Single Response)

1. Higher risk
2. Same risk
3. Lower risk
4. Don't know
5. Refused

I.11 Do you think that people with DEPRESSION have a higher risk, the same risk, or a lower risk of having cardiovascular disease than those without depression?

(Single Response)

1. Higher risk
2. Same risk
3. Lower risk
4. Don't know
5. Refused

I.12 Do you think that people WHO ARE OBESE have a higher risk, the same risk, or a lower risk of having cardiovascular disease than those who aren't obese?

(Single Response)

1. Higher risk
2. Same risk
3. Lower risk
4. Don't know
5. Refused

I.13 Do you think that people WHO SMOKE have a higher risk, the same risk, or a lower risk of having cardiovascular disease than those who don't smoke?

(Single Response)

1. Higher risk
2. Same risk
3. Lower risk
4. Don't know
5. Refused

I.14 In your opinion, your latest blood pressure reading was ...

(Single Response)

1. Low
2. Within the normal range
3. High
4. Haven't had blood pressure measured
5. Don't know/can't remember
6. Refused

J. SELF-REPORTED BODY MEASUREMENTS

Just to change the subject once again ...

J.1 What is your height without shoes?

(Single Response)

1. Centimetres [enter number]
2. Feet: inches [enter number]
3. Don't know
4. Refused

J.2 What is your weight? (undressed in the morning)

(Single Response)

1. Kilograms [enter number]
2. Stones: pounds [enter number]
3. Don't know
4. Refused

J.3 What is your waist circumference?

(Single Response)

1. Centimetres [enter number]
2. Inches [enter number]
3. Don't know
4. Refused

K. HOUSEHOLD FOOD HABITS

I am now going to read out a few statements about food.

K.1 Can you please tell me how much you agree or disagree with each statement? The first one is ... Vegetables are too expensive. Would you ...?

(Read options. Single Response)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know
7. Refused

K.2 [How much you agree or disagree that] ... Fruit is too expensive. Would you ...?

(Read options. Single Response)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know
7. Refused

K.3 [How much you agree or disagree that] ... The quality of vegetables is good where I shop. Would you ...?

(Read options. Single Response)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know
7. Refused

K.4 [How much you agree or disagree that] ... The quality of fruit is good where I shop. Would you ...?

(Read options. Single Response)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know
7. Refused

K.5 On average, how many litres of soft drink and sports drink (eg Coke, lemonade, flavoured mineral water, Powerade, Gatorade) does your HOUSEHOLD buy each week?

(Single Response)

1. Number of litres [enter number]
2. Don't know
3. Refused

K.6 On average, how many litres of milk does your HOUSEHOLD buy each week?

(Single Response)

1. Number of litres EACH WEEK [enter number]
2. Don't know
3. Refused

K.7 How often is an evening meal cooked in your household?

(Read options. Single Response)

1. Never
2. Once a month or less
3. 2-3 times per month
4. 1-3 times per week
5. 4 or more times per week
6. Don't know
7. Refused

K.8 How often are fast foods purchased for the evening meal (either as takeaways to eat at home or dining in at the restaurant)?

(Read options. Single Response. *Interviewer note: Examples of fast food retailers are things like Pizza Hut, Hungry Jacks, McDonalds, Red Rooster, KFC, Subway, Dominoes, Pizza Haven, Barnacle Bills, fish and chip shops, roast chicken shops*)

1. Never
2. Once a month or less
3. Once a fortnight
4. Once a week
5. More than once a week
6. Don't know
7. Refused

L. HOUSEHOLD ENVIRONMENT

Just to change the subject slightly ...

L.1 How many television sets are there in your household?

(Single Response)

1. None
2. Enter number
3. Don't know
4. Refused

L.2 Is the television often on even when no-one is watching?

(Single response)

1. Yes
2. No
3. Refused

L.3 How many computer game consoles or handheld computer games (eg Playstation, Xbox, Wii, NintendoDS, PSP, etc) are there in your household?

(Single Response)

1. None
2. Enter number
3. Don't know
4. Refused

L.4 How many bicycles are there in your household which are in use?

(Single Response)

1. None that are in use
2. Don't have any bicycles
3. Enter number [number - limit to single digit]
4. Don't know
5. Refused

L.5 Which of the following best describes your home situation?

(Read options. Single Response)

1. **My home is smoke free** (includes smoking allowed outside)
2. **People occasionally smoke in the house**
3. **People frequently smoke in the house**
4. Don't know
5. Refused

L.6 How many different types of pets does your household have?

(Single Response)

1. None
2. Enter number
3. Don't know
4. Refused

Sequence guide: If L.6 = 1, 3 or 4 (ie no pet, dk or ref), go to Section M.

L.7 What type of pet(s) do you have?

(Multiple Response)

1. Dog
2. Cat
3. Mouse (Mice)
4. Rabbit
5. Rat
6. Fish
7. Guinea Pig
8. Bird(s)
9. Chicken
10. Reptiles
11. Insects
12. Other (specify)
13. Don't know
14. Refused

L.8 Which of these pets are indoors some of the time?

(Multiple Response)

1. Dog
2. Cat
3. Mouse (Mice)
4. Rabbit
5. Rat
6. Fish
7. Guinea Pig
8. Bird(s)
9. Chicken
10. Reptiles
11. Insects
12. Other (specify)
13. Don't know
14. Refused
15. None

M. OTHER MEMBERS OF THE HOUSEHOLD

The next few questions are about people living in your household.

M.1 Can you please tell me how many people live in this household?

(Single Response)

1. Enter number
2. Don't know
3. Refused

Sequence guide: If M.1= 1 person in the household, skip to next section J.

M.2 Thinking then about the people other than yourself who live in your house, can you please tell me their age, sex and their relationship to you. Starting with the youngest person in the household, can you please me tell their age?

(Single Response)

1. Enter age
2. Don't know
3. Refused

M.3 Can you please tell me their sex?

(Single Response)

1. Male
2. Female
3. Don't know
4. Refused

M.4 Still thinking of the youngest person, can you please tell me their relationship to you? (that is, they are your ...)

(Single Response)

1. Partner
2. Child (including adopted, step or foster child)
3. Father/stepfather/father-in-law
4. Mother/stepmother/mother-in-law
5. Brother/stepbrother/brother-in-law
6. Sister/stepsister/sister-in-law
7. Grandparent
8. Grandchild
9. Niece/nephew
10. Aunt/uncle
11. Cousin
12. Other relative
13. Unrelated person (ie friend, boarder, flatmate)
14. Don't know
15. Other (specify)
16. Refused

Repeat questions M.2 to M.4 for all persons in household starting with the youngest and finishing with the oldest person.

N. EARLY LEARNING

Now thinking about when you were young ...

N.1 Did you attend kindergarten or preschool in South Australia?

(Single response. *Interviewer note: Pre-school is also known as kindergarten: they are places for learning and development, generally for 4 year old children in the 12 months before primary school starts. It is not a child care centre or child minding facility*)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If N.1 > 1 (no, dk or refused), go to next section O.

N.2 Which suburb or town did you live in when you were 4 years old?

(Single response)

1. Enter text [text]
2. Don't know / can't remember
3. Refused

N.3 Which suburb or town did you go to kindergarten or preschool?

(Single response)

1. Same suburb or town as previous answer
2. Enter text [text]
3. Don't know / can't remember
4. Refused

O. DEMOGRAPHICS

Now to finish with some general questions.

O.1 Which of the following best describes your current marital status?

(Read options. Single Response. Interviewer note: 'De facto' equals 'Living with partner')

1. Married
2. Living with a partner
3. Widowed
4. Divorced
5. Separated
6. Never married
7. Not stated/inadequately described
8. Refused

O.2 What is your work status?

(Read options if necessary - Single Response)

1. Self employed
2. Full time employed
3. Part time/casual employment
4. Unemployed
5. Home duties
6. Retired
7. Student
8. Unable to work because of disability / Workcover / invalid
9. Other (specify)
10. Not stated/inadequately described
11. Refused
12. Volunteer
13. Carer

O.3 What is the highest level of education you have completed?

(Read options. Single Response. Interviewer note: Prompt if necessary)

1. Some primary school
2. Completed primary school
3. Some high school
4. Completed high school (ie Year 12, Form 6, HSC)
5. TAFE/Apprenticeship
6. Trade certificate or diploma
7. Bachelor degree or higher
8. Other (specify)
9. Refused

O.4 I would now like to ask you about your household's income. We are interested in how income relates to lifestyle and access to health services. Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Read options. Single Response)

1. Up to \$12,000
2. \$12,001 - \$20,000
3. \$20,001 - \$40,000
4. \$40,001 - \$60,000
5. \$60,001 - \$80,000
6. \$80,001 - \$100,000
7. More than \$100,000
8. Refused
9. Don't know / not sure

O.5 How would you best describe your family structure?

(Read options. Single Response)

1. A family with a child or children living with both biological or adoptive parents
2. A step or blended family
3. A sole parent family
4. Shared care parenting
5. Adult living alone
6. Adult living with partner and no children
7. Related adults living together
8. Unrelated adults living together
9. Other (specify)
10. Don't know
11. Refused
12. Related adults and children together
13. Family/couples & unrelated adults/children together

O.6 The next question is about housing. Is this dwelling

(Read options. Single Response)

1. Owned or being purchased by the occupants
2. Rented from the Housing Trust
3. Rented privately
4. Retirement village
5. Other (specify)
6. Don't know
7. Refused
8. Nursing home
9. Housing supplied by employer
10. Rented through housing corporation
11. Living in accommodation not owned by occupant nor paying rent
12. Mobile home / campervan / caravan

O.7 Do you receive a pension or benefit?

(Single Response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If O.7= 2 or 3, go to O.9

O.8 Which pensions or benefits do you receive?

(Multiple Response)

1. ABSTUDY/AUSTUDY/youth/student allowance
2. Age pension
3. Bereavement Allowance
4. Carer Payment / Allowance
5. Disability Support Pension
6. Family / parenting / child care benefit
7. Mobility Allowance
8. Service or defence/War widow's/Repatriation Pension
9. Sickness Allowance
10. Unemployment Benefits
11. Wife pension
12. Widow's pension
13. Other (specify)
14. None
15. Don't know
16. Refused

O.9 Which best describe your family's money situation?

(Read options. Single Response)

1. [I am / we are] spending more money than [I / we] get
2. [I / we] have just enough money to get [me us] through to the next pay day
3. There's some money left over each week but [I / we] just spend it
4. [I / we] can save a bit every now and then
5. [I / we] can save a lot
6. Don't know
7. Refused

P. END OF INTERVIEW

P.1 That concludes the interview. On behalf of the North West Adelaide Health Study, thank you very much for your time.

(Interviewer note any other comments about the interview)

P.2 Date of interview

P.3 Day of week interview undertaken

* The green font indicates newly created response categories created either during or after the survey, which accommodate frequently given responses for open-ended questions or the "Other (specify)" category.