



IN CONFIDENCE

Women's Supplementary Health Form

National Health Survey 2001

Confidentiality

The answers you provide will be treated confidentially. The Australian Bureau of Statistics is required by the *Census and Statistics Act 1905* to maintain the confidentiality of all information provided to it. No information will be released in a way that would enable an individual or household to be identified.

Authority for this Survey

The information asked for is collected under the authority of the *Census and Statistics Act 1905*.

How to complete this form:

- Answer questions by ticking one box only, unless otherwise stated. For example,

10 Do you have regular mammograms?
(e.g. every month, 6 monthly, 12 monthly, etc.)

Yes ► Go to 11

Only had one ► Go to 12

No or not regularly ► Go to 12

11 What is the usual time period between your mammograms?

Please write down either the number of months
OR the number of years.

Every Months ► Go to 12

or

Every Years ► Go to 12

- Please add any notes or comments necessary to clarify your answers.
- After completing the form, please place questionnaire in the envelope, seal it and hand it back to the interviewer.

Completion of this form is voluntary.

D. Trewin
Australian Statistician

INTERVIEWER USE ONLY

WLD

PSU

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DWG

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PERS

AGE

1 A breast examination is when the breasts are felt for lumps to detect possible breast cancer.

Have you ever had a breast examination by a doctor or medical assistant?

Yes ► Go to 2

No ► Go to 4

2 Do you have regular breast examinations by a doctor or medical assistant?

(e.g. every month, 6 monthly, 12 monthly, etc.)

Yes ► Go to 3

No or not regularly ► Go to 4

3 How often do you have your breasts examined for lumps by a doctor or medical assistant?

Please write down either the number of months **OR** the number of years.

Every Months ► Go to 4

or

Every Years ► Go to 4

4 Do you regularly examine your breasts for lumps?

(e.g. every month, 6 monthly, 12 monthly, etc.)

Yes ► Go to 5

No or not regularly ► Go to 6

5 How often do you examine your breasts for lumps?

Please write down either the number of months **OR** the number of years.

Every Months ► Go to 6

or

Every Years ► Go to 6

6 Do you know what a mammogram is?

Yes

No

7 A mammogram is an X-ray taken of the breast by a machine that presses against the breast while the picture is taken. It is a means of detecting breast cancer in the early stages.

Have you ever had a mammogram?

Yes ► Go to 8

No ► Go to 12

8 How long ago was your last mammogram?

Please write down either the number of months **OR** the number of years.

Months ago ► Go to 9

or

Years ago ► Go to 9

9 Why did you have this last mammogram?

Please tick all that apply

Symptoms present (e.g. thickening, lump in breast, etc.) ...

Family history of breast cancer ...

Had breast cancer in the past ...

Referred by doctor ...

Participating in a screening programme

Regular annual check-up ...

Other reasons ...

10 Do you have regular mammograms?

(e.g. every month, 6 monthly, 12 monthly, etc.)

Yes ► Go to 11

Only had one ► Go to 12

No or not regularly ► Go to 12

11 What is the usual time period between your mammograms?

Please write down either the number of months **OR** the number of years.

Every Months ► Go to 12

or

Every Years ► Go to 12

12 Do you know what a Pap smear test is?

Yes

No

13 A Pap smear test, sometimes called a Pap test, involves a doctor or nurse taking a sample of cells to detect precancerous changes or cancer of the cervix.

Have you ever had a Pap smear test?

Yes ► Go to 14

No ► Go to 17

14 How long ago was your last Pap smear test?

Please write down either the number of months **OR** the number of years.

Months ago ► Go to 15

or

Years ago ► Go to 15

15 Do you have regular Pap smear tests? (e.g. every month, 6 monthly, 12 monthly, etc.)

Yes ► Go to 16

Only had one ► Go to 17

No or not regularly ► Go to 17

16 What is the usual time between your Pap smear tests?

Please write down either the number of months **OR** the number of years.

Every Months ► Go to 17

or

Every Years ► Go to 17

17 A hysterectomy is an operation in which a woman's uterus is removed.

Have you had a hysterectomy?

Yes ► Go to 18

No ► Go to 19

18 What age were you when you had a hysterectomy?

Write the age in years

19 Do you currently use a hormone replacement treatment (HRT) prescribed by a doctor?

Yes ► Go to 20

No ► Go to 21

20 How long have you been using a hormone replacement treatment (HRT)?

Please write down either the number of months **OR** the number of years.

Months ► Go to 21

or

Years ► Go to 21

21 If you are aged 65 or more ► Go to 32
If you are aged less than 65 ► Go to 22

22 The next few questions are about children and breastfeeding.

How many babies have you ever had?

Include live births only.

None ► Go to 26

Write down the number ► Go to 23

23 Have you ever breastfed any of your children?

Include expressing milk and children you are currently breastfeeding.

Yes ► Go to 24

No ► Go to 26

24 How many children have you breastfed?

Write down the number

25 For these children or this child, write down how many months you have breastfed each child to date.

Include only breastfed children.

Child 1 Child 2 Child 3 Child 4

Child 5 Child 6 Child 7 Child 8

26 If you are aged 50 or more ► Go to 32
 If you are aged less than 50 ► Go to 27

27 Women can take oral contraceptive pills for birth control or other medical reasons.

Have you ever taken the contraceptive pill for any reason?

Yes ► Go to 28

No ► Go to 30

28 Do you currently take the contraceptive pill?

Yes

No

29 What age were you when you first started taking the contraceptive pill?

Write the age in years

30 Currently, do any of these apply to you or your partner(s)?

Please tick all that apply

Use condoms as protection against sexually transmitted diseases (STDs) ...

Use condoms as contraception

Take a contraceptive pill

Use an IUD

Use a diaphragm

Use Natural, Rhythm or Billings method

Use withdrawal method

Had a contraceptive injection (DepoProvera)

Take the morning after pill

Had a tubal ligation/tubes tied

Partner has been sterilised (including vasectomy)

Had a hysterectomy

Currently experiencing menopause

Gone through menopause

Infertile (self)

Infertile (partner)

Have a female partner

Not sexually active

None of these apply

If you or your partner(s) do use contraception ► Go to 32

If you or your partner(s) do not use contraception ► Go to 31

31 What are all the reasons why you or your partner(s) do not use contraception?

Please tick all that apply

Trying to get pregnant

Currently pregnant

Currently breastfeeding

Had a recent pregnancy

Had a tubal ligation/tubes tied

Partner has been sterilised (including vasectomy)

Had a hysterectomy

Gone through menopause

Infertile (self)

Infertile (partner)

Other medical reason limiting likelihood of pregnancy

Take the morning after pill

Have a female partner

Not sexually active

Don't like to use or believe it's not good for health or for religious reasons

Other

32 You have now finished the form. Thank you for your help.

Please do not fold the form.

Please place the form in the envelope, seal it and hand it back to the interviewer.