## BUSSELTON COMMUNITY HEALTH SURVEY

### QUESTIONNAIRE REPLIES

**YES = 1**  
**Blank if not applicable.**  
**NO = 0**  
**Or Coded 0 - 9.**

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### 1. Serial Number:  

**Sex:** M - 1  F - 2  

### 3. Marital State:  

### 4. Occupation:  

### 5. Residence: BSN Town = 0  
**Country = 1**  

### 6. Country of Birth:  

### 7. Family Doctor:  

### 8. Husband/Wife in Survey?  

**No = 0**  
**Yes = 1**  

### 9. Blood Relatives in Survey?  

**No = 0**  
**Yes = 1**  

### 10. Date of Birth:  

### 11. Time Glucose Drink Taken?  

### 12. Time Last Eaten Anything?  

### 13. In Good Health To-day?  

### 14A. Any Disease or Incapacity?  

### 14B. (i.e.)  

### 15. On Prescribed Drugs?  

**i.e.**  

### 16. Thirst  

**Polyuria**  

### 18. Eyesight Failing?  

### 19. Skin Infection?  

### 20. Number of Children Born?  


### 22. Defective Infants?  

**i.e.**  

### WOMEN ONLY:

23. Pruritis Vulvae?  

24A. Menopause?  

24B. Year of Menopause  

25. Miscarriages, Etc.  

### ALL SUBJECTS:

26. Angina Pectoris?  

27. Myocardial Infarction?  

28. Intermittent Claudication?  

29. Family History Diabetes?  

30. Specific Heart Trouble?  

31. Specific Kidney Trouble?  

32. Specific Liver Dis./Jaundice?  

33. Indigestion?  

34. Known Ulcer?  

### MEN ONLY:

35. Winter Cough?  

36. Winter Sputum?  

37. Attacks Increased Sputum Past Three Years?  

38. Dyspnoea?  

39. Chest Wheezes or Whistles?  

40. Chest Illnesses Past 3 Years?  

41. Specific Chest Illnesses?  

42. Dusty Job?  

### ALL SUBJECTS:

43. Non-Smoker/Ex-Smoker/Smoker?  

44. Inhaler?  

45. Smoking Details?  

46. Age Starting Smoking?  

47. Age Ceased Smoking?  

48. Urti Past 7 Days?  

49. Hay Fever?  

50. Non-Drinker/Ex-Drinker/Drinker?  

51. Mild/Moderate/Heavy Drinker?