BUSSELTON POPULATION STUDIES 1969

THIS IS A MEDICAL RESEARCH SURVEY UNDERTAKEN BY THE UNIVERSITY OF WESTERN AUSTRALIA. ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

YOUR APPOINTMENT TIME IS

FOR 2 HOURS BEFORE COMING TO THE SURVEY PLEASE:

TAKE NOTHING BY MOUTH (EXCEPT PLAIN WATER)

EXERT YOURSELF AS LITTLE AS POSSIBLE

SMOKE NO CIGARETTES

Please answer these questions at home, and REMEMBER to bring them when you come to the Survey.

WRITE A TICK (✓) IN THE APPROPRIATE BRACKET FIGURES IN THE APPROPRIATE BOXES

---

1. NAME: ____________________________

2. ADDRESS: ____________________________

   POSTCODE: 6

3. HOW MANY CHILDREN HAVE BEEN BORN TO YOU?

   □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
10. In each part choose the statement that best describes how you usually feel.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Ticks</th>
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<tbody>
<tr>
<td>I enjoy working hard in my job.</td>
<td>6</td>
</tr>
<tr>
<td>I work hard in my job because it is important to me or to others.</td>
<td>7</td>
</tr>
<tr>
<td>I consider that the present is more important than the future.</td>
<td>8</td>
</tr>
<tr>
<td>I work with an eye to the future.</td>
<td>9</td>
</tr>
<tr>
<td>If I had a choice I would try for a job in which I could advance further</td>
<td>10</td>
</tr>
<tr>
<td>If I had a choice I would continue with my present occupation.</td>
<td>11</td>
</tr>
<tr>
<td>I appreciate my job because it gives me security.</td>
<td>12</td>
</tr>
<tr>
<td>I like my job because I enjoy doing it.</td>
<td>13</td>
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<tr>
<td>Housewives please answer this also:</td>
<td></td>
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<tr>
<td>I don't mind housework because a woman should help her family.</td>
<td>14</td>
</tr>
<tr>
<td>I like housework and enjoy doing it.</td>
<td>15</td>
</tr>
</tbody>
</table>

11. In your ordinary work, do you spend most of your time sitting, standing still, or on the move?

- Sitting: 14
- Standing still: 18
- On the move: 18

12. Are you in good health at present?

- Yes: 19
- No: 29

13. Have you any illness or incapacity now?

- Yes: 20
- No: 30

If Yes, please write what it is:

14. Do you feel more concerned about your health than usual?

- Yes: 21
- No: 31

15. Do you wake up in the morning earlier or more tired than you used to?

- Yes: 22
- No: 32

16. Are you less interested in your work and spare-time activities than you used to be?

- Yes: 23
- No: 33

17. Do you feel sad or depressed?

- Yes: 24
- No: 34

If Yes: Do you feel at times you have let people down?

- Yes: 25
- No: 35

18. Does it take extra effort to get started at doing something?

- Yes: 26
- No: 36

19. Do you get annoyed or irritated more easily than you used to?

- Yes: 27
- No: 37

20. To your knowledge, have any of your relatives consulted a doctor for a nervous depression in the past?

- Yes: 28
- No: 38
Do you drink alcohol?  
YES( ) 39  NO( ) 50

IF YES:  
Would you describe yourself as a  
mild drinker ( )  
moderate drinker ( )  
heavy drinker ( )  53

At what age did you start drinking?  
[ ] YEARS, 41

Have you ceased drinking?  
YES( ) 42  NO( ) 54

IF YES:  
At what age?  
[ ] YEARS, 44

Do you have to get up at night to pass urine?  
YES( ) 45  NO( ) 55

IF YES:  
Usually how many times?  
[ ] PER NIGHT, 47

23. Have you ever had attacks of scalding or burning when you pass urine?  
YES( ) 48  NO( ) 56

24. Have you ever had to pass urine much more frequently than normal?  
YES( ) 49  NO( ) 57

25. Please write down names of all tablets & medicines prescribed by your doctor that you are taking at present:

26. Are you at present taking any other tablets or medicine that you buy from the chemist without prescription?  
YES( ) 60  NO( ) 69

IF YES, details please:

MEN: Please turn to Question 30 on page 4 now ......

WOMEN ONLY

27. Have your periods stopped for good?  
YES( ) 61  NO( ) 70

IF YES:  
At what age?  
[ ] YEARS, 63

28. Are you on oral contraceptives ("the pill") now?  
YES( ) 64  NO( ) 71

29. How many months in all have you taken oral contraceptives ("the pill")?  
[ ] MONTHS 67

30. Are you pregnant?  
YES( ) 68  NO( ) 72  MAYBE( ) 73
31. Are you a non-smoker ( )
   ex-smoker ( )
   smoker ( )

   If non-smoker: go to question 35

32. Do you (or did you) inhale?
   yes ( )
   no ( )

33. Do you usually smoke:
   cigarettes less than 15/day ( )
   cigarettes more than 15/day ( )
   pipe or cigar ( )

34. At what age did you start smoking?
   ___ years

   If ex-smoker:
   at what age did you stop smoking for good?
   ___ years

35. What kinds of water do you drink?
   scheme ( )
   rain ( )
   well ( )

36. How many cups or glasses of fluid do you drink in 24 hours?
   ___

37. Do you now take more exercise than three years ago?
   yes ( )
   no ( )

38. Is your present diet the same as it was three years ago?
   yes ( )
   no ( )

39. Do you eat a special diet?
   yes ( )
   no ( )

   If yes:
   slimming ( )
   low sugar or starch ( )
   low animal fat ( )
   vegetarian ( )
   other ( )

40. Do you have many accidents?
   yes ( )
   no ( )

41. Have you had to see a doctor about cuts, bruises or broken bones in the last 3 years?
   yes ( )
   no ( )

   If yes, give details:

42. In Busselton, do you live in town ( ) or country ( )?

43. In what country were you born?

44. Names of blood relatives in survey
   (Parents, Grandparents, Sisters & Brothers, Adult children etc.)
   Name
   Relationship

Please remember to bring this when you come to the survey.

The End.
**BUSSELTON COMMUNITY HEALTH SURVEY 1969**

**TIME FOR YOUR GLUCOSE**

Your appointment time is:

<table>
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<tr>
<th>ACTUAL TIME OF GLUCOSE DRINK</th>
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<tr>
<td>A.M.</td>
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<tr>
<th>DATE</th>
<th>PH.I</th>
<th>TIME OF LAST A.M. FOOD</th>
<th>TIME OF BLOOD A.M. SAMPLE</th>
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<tr>
<th>MEN: TIME OF URINE A.M. SAMPLE</th>
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<tr>
<th>FT.</th>
<th>INCHES</th>
<th>FRACTION</th>
<th>STONES</th>
<th>POUNDS</th>
<th>MEN:</th>
<th>pH</th>
<th>PR</th>
<th>GL</th>
<th>KT</th>
<th>BL</th>
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<tr>
<th>FATFOLD mm.</th>
<th>ARM: INCHES</th>
<th>FRACTION</th>
<th>Recall S.B.P.</th>
<th>Recall M.B.P.</th>
<th>Recall D.B.P.</th>
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<tr>
<th>Cough</th>
<th>Cough</th>
<th>F</th>
<th>E</th>
<th>V</th>
<th>F</th>
<th>V</th>
<th>C</th>
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**PLEASE ANSWER THE FOLLOWING QUESTIONS AT HOME**

In brackets tick (✓) as required, in boxes [ ] write figures (1 per box).

**PLEASE REMEMBER TO BRING THIS FORM TO THE SURVEY CENTRE.**

---

1. **How long have you lived in Busselton?**

   WHERE HAVE YOU LIVED FOR MOST OF YOUR LIFE?
   - In the country (✓)
   - In a country town ( )
   - In a city ( )

   **Years**
   - [ ] 10

2. **Have you ever had an injury or operation affecting your chest?**

   IN THE PAST ( )
   - NOW ( )

   **Have you ever been treated for any of the following?**
   - Bronchitis?
   - In the past ( )
   - NOW ( )
   - Pneumonia?
   - In the past ( )
   - NOW ( )
   - Pleurisy?
   - In the past ( )
   - NOW ( )
   - Pulmonary Tuberculosis (T.B.)?
   - In the past ( )
   - NOW ( )
   - Bronchial Asthma?
   - In the past ( )
   - NOW ( )
   - Bronchiectasis?
   - In the past ( )
   - NOW ( )

3. **Have you ever worked at a**

   - Coal mine ( )
   - Quarry or foundry ( )
   - Gold mine ( )
   - With asbestos ( )
   - Sawmill ( )
   - Other dusty job ( )

   **What was it?**

   **Are you working in a dusty job now?**
   - YES ( )
   - NO ( )

   **If yes: What is it?**

4. **Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?**

   - YES ( )
   - NO ( )

   **If no: go to question 5.**

   **Do you feel short of breath walking with other people of your own age on level ground?**
   - YES ( )
   - NO ( )

   **If no: go to question 5.**

   **Do you have to stop for breath when walking at your own pace on level ground?**
   - YES ( )
   - NO ( )
5. Do you usually cough first thing in the morning in the winter?
   Yes( ) No( )
   If No: go to question 6.

Do you usually cough during the day or night in the winter?
   Yes( ) No( )
   If No: go to question 6.

Do you cough like this on most days for as much as three months of the year?
   Yes( ) No( )

6. Do you usually bring up any phlegm from your chest first thing in the morning in the winter?
   Yes( ) No( )
   If No: go to question 7.

Do you usually bring up any phlegm from your chest during the day or at night in the winter?
   Yes( ) No( )
   If No: go to question 7.

Do you bring up phlegm like this on most days for as much as three months of the year?
   Yes( ) No( )

7. In the past three years have you had a period of increased cough and phlegm lasting for three weeks or more?
   Yes( ) No( )
   If Yes: have you had more than one such period?
   Yes( ) No( )

8. During the past three years have you had any chest illness which has kept you from your usual activities for as much as a week?
   Yes( ) No( )
   If No: go to question 9.

Did you bring up more phlegm than usual in any of these illnesses?
   Yes( ) No( )
   If No: go to question 9.

How many illnesses like this have you had in the past three years?
   One( ) More than one( )

9. Have you ever had any pain or discomfort in your chest?
   Yes( ) No( )
   If No: have you ever had any pressure or heaviness in your chest?
   Yes( ) No( )
   If No: go to question 10.

Do you get it when you walk uphill or hurry?
   Yes( ) No( )
   Never hurry or walk uphill( )
   If No: go to question 10.

Do you get it walking at ordinary pace on the level?
   Yes( ) No( )
   What do you do if you get it while you are walking?
   Keep going( ) Slow down( ) Stop( )
   If you stand still what happens to the pain?
   Not relieved( ) Relieved( )
   If it is relieved: how soon?
   10 min. or less( ) More than 10 min( )

Please mark on the diagram all places where the pain was.

DID YOU SEE A DOCTOR BECAUSE OF THIS PAIN OR DISCOMFORT?
   Yes( ) No( )
   If Yes: what did he say it was?
10. DO YOU GET A PAIN IN EITHER LEG ON WALKING?
   YES( )    NO( )
   IF NO: go to question 11.

   DOES THIS SAME PAIN EVER BEGIN WHEN
   YOU ARE STANDING STILL OR SITTING?
   YES( )    NO( )

   PLEASE MARK ON THE DIAGRAM THE
   PARTS OF YOUR LEG (OR LEGS) WHERE
   YOU FEEL IT:

DO YOU GET THIS PAIN WHEN YOU WALK
UPHILL OR HURRY?
   YES( )    NO( )
   NEVER HURRY OR WALK UPHILL( )

DO YOU GET IT WHEN YOU WALK AT ORDINARY
PACE ON THE LEVEL?
   YES( )    NO( )

DOES THE PAIN EVER DISAPPEAR WHILE YOU
ARE WALKING?
   YES( )    NO( )

WHAT DO YOU DO IF YOU GET IT WHEN YOU
ARE WALKING?
   CONTINUE AT THE SAME PACE( )
   SLOW( )    STOP( )

WHAT HAPPENS TO THE PAIN IF YOU STAND
STILL?
   NOT RELIEVED( )    RELIEVED( )
   IF RELIEVED: HOW SOON?
   10 MIN. OR LESS( )
   MORE THAN 10 MIN.( )

WOULD YOU CALL THE PAIN:
   A SEVERE CRAMP( )
   A BURNING PAIN( )
   A TINGLING PAIN( )
   SOMETHING ELSE( )

11. HAVE YOU EVER HAD A SEVERE PAIN ACROSS
   THE FRONT OF YOUR CHEST LASTING HALF AN
   HOUR OR MORE?
   YES( )    NO( )
   IF NO: go to question 12.

   DID YOU SEE A DOCTOR BECAUSE OF THIS
   PAIN?
   YES( )    NO( )
   IF YES: WHAT DID HE SAY IT WAS?

   HOW MANY OF THESE ATTACKS HAVE YOU HAD?

   WHEN WAS THE MOST RECENT ATTACK?
   ________

   HOW LONG DID THE PAIN LAST?
   ________ HOURS ________ MINUTES

12. HAVE YOU EVER HAD:
   WEAKNESS OF AN ARM and/or A LEG?
   YES( )    NO( )
   DIFFICULTY WITH SPEAKING?
   YES( )    NO( )
   IF NEITHER: go to question 13.

   WHAT YEAR WAS YOUR FIRST ATTACK OF LIMB
   WEAKNESS and/or DIFFICULTY WITH SPEAKING?
   ________

   DID YOU SEE A DOCTOR BECAUSE OF THESE
   SYMPTOMS?
   YES( )    NO( )
   IF YES: WHAT DID HE SAY IT WAS?

   HAVE YOU HAD MORE THAN ONE SUCH ATTACK?
   YES( )    NO( )
   IF YES: WHAT YEAR WAS YOUR LAST ATTACK?
   ________

   HAVE YOU ANY REMAINING LIMB WEAKNESS
   NOW?
   YES( )    NO( )
   HAVE YOU ANY REMAINING DIFFICULTY WITH
   SPEAKING NOW?
   YES( )    NO( )

13. DO YOU CONSIDER YOURSELF TO BE:
   UNDER WEIGHT( )
   NORMAL WEIGHT( )
   OVER WEIGHT( )
   DO YOU PUT ON WEIGHT EASILY?
   YES( )    NO( )
14. HAVE YOU EVER BEEN TROUBLED BY REPEATED ATTACKS OF INDIGESTION OR STOMACH PAIN?
   NOW( ) IN THE PAST( ) NEVER( )
   IF NEVER: go to question 15.
   DOES (OR DID) THIS COME ON:
   BEFORE A MEAL( )
   AFTER A MEAL( )
   ANY TIME ( )
   IF AFTER A MEAL:
   HOW LONG AFTER?
   LESS THAN ½ HOUR( )
   ABOUT ONE HOUR( )
   MORE THAN 2 HRS. ( )
   HAS THE PAIN OR INDIGESTION BEEN RELIEVED BY TAKING MILK, FOOD, OR ANTACIDS (Alkaline powders, stomach powders)?
   YES( ) NO( )
   HAS THE PAIN OR INDIGESTION EVER WOKEN YOU AT NIGHT?
   YES( ) NO( )

15. HAVE YOU EVER VOMITED UP BLOOD?
   YES( ) NO( )
   HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE (OR HAD) A:
   DUODENAL ULCER YES( ) NO( )
   Gastric ULCER YES( ) NO( )
   Peptic ULCER YES( ) NO( )
   STOMACH ULCER YES( ) NO( )
   OTHER ULCER YES( ) NO( )
   HAVE YOU EVER HAD SUCH AN ULCER FOUND BY X-RAY (BARIUM MEAL) OR BY OPERATION?
   YES( ) NO( )

16. HAVE YOU EVER BEEN TREATED FOR ANY OF THE FOLLOWING?
   HIGH BLOOD PRESSURE?
   IN THE PAST( ) NOW( )
   DIABETES?
   IN THE PAST( ) NOW( )
   ANAEMIA?
   IN THE PAST( ) NOW( )
   A STROKE?
   IN THE PAST( ) NOW( )
   KIDNEY OR BLADDER INFECTIONS?
   IN THE PAST( ) NOW( )
   HEART TROUBLE?
   IN THE PAST( ) NOW( )
   IF YES: WHAT SORT OF HEART TROUBLE?

17. HOW OFTEN DO YOU TAKE PAIN RELIEVING TABLETS OR POWDERS (such as Aspro, Seex, Codral, Dicaprin, Panadol)?
   NEVER( ) ABOUT ONCE A MONTH( )
   OCCASIONALLY( ) EVERY FEW DAYS ( )
   MOST DAYS( )
   ABOUT HOW MANY HAVE YOU TAKEN IN THE LAST MONTH?

18. HAVE YOU HAD 'FLU THIS YEAR?
   YES( ) NO( )

19. IF YOU ATTENDED THE 1966 SURVEY:
   DID YOU SEE A DOCTOR BECAUSE OF THE SURVEY FINDINGS?
   YES( ) NO( )
   IF YES: DID YOU RECEIVE ANY TREATMENT OR ADVICE BECAUSE OF THE SURVEY FINDINGS?
   YES( ) NO( )
   IF YES: FOR WHAT CONDITION?

20. WHO IS YOUR DOCTOR?

21. WOMEN ONLY:
   WHAT WAS THE DATE OF YOUR LAST MENSTRUAL PERIOD?
   If your periods have stopped for good please fill in the year only.
   DAY MONTH YEAR: 19

22. MEN ONLY:
   PLEASE REMEMBER TO EMPTY YOUR BLADDER ABOUT ONE HOUR BEFORE YOUR APPOINTMENT TIME.
   Please write the actual time of emptying your bladder here:-