

1. You are: Male Female

2. Your date of birth? day.....month.....year.....

3. Country of birth?

4. City of birth?

5. What is your postcode? _____

6. Are you married or living with a partner? Yes No

7. Currently what is the highest level of education you have completed? *(Please tick one box)*

High School Apprenticeship/Technical Diploma University/College

8. Which best describes your current work situation? *(Please tick one box)*

Full time Part time Unemployed, seeking work Pensioner/retired/not seeking work Student

9. Tick the box corresponding to your pre-tax or gross household income (include all sources)

below \$350pw \$350-649pw \$650-999pw \$1000-1399pw \$1400-1999pw \$2000-2999pw above \$3000pw
(less than\$18,200pa) (\$18,200-33,748pa) (\$33,800-51,948pa) (\$52,000-72,748pa) (\$72,800-103,948pa) (104,000-155,948pa) (above\$156,000pa)

10. What is your height?.....

11. What is your weight?.....

12. On how many days per week do you do moderate-intensity physical activity/exercise (such as brisk walking, swimming, cycling)?

1 2 3 4 5 6 7

13. How many minutes of moderate-intensity physical activity do you do when you exercise?

10 15 20 25 30 35 40 or more

14. On average, how many cigarettes do you smoke a day? *(Please tick one box)*

1-10 11-20 21-30 31 or more

15. How often do you have a drink containing alcohol? *Please tick one box*

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

16. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 or 9 10 or more

Thank you for completing this questionnaire