



Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Berry NM, Miller MD, Woodman RJ, et al. Differences in chronic conditions and lifestyle behaviour between people with a history of cancer and matched controls. *Med J Aust* 2014; Jul 14. [Epub ahead of print.] doi: 10.5694/mja13.10701.

Appendix 1 - Survey Questions

The following is a list of the survey questions taken from the South Australian Monitoring and Surveillance System (SAMSS) that were used in the present study. The full survey can be found at http://health.adelaide.edu.au/pros/docs/reports/samss_qnaire_website.pdf

DEMOGRAPHICS

Age of respondent

(Single Response.)

1. *Enter year* ____
2. *Enter months* ____
3. *Enter weeks* ____
4. Not stated

Sex of respondent

1. Male
2. Female

What is the Postcode of the house?

(Single Response)

1. *Enter postcode* ____
2. Not stated

Do you speak a language, other than English, at home?

(Single Response)

1. Yes
2. No
3. Not stated

OVERALL HEALTH STATUS

In general, would you say your health is:

(Read Options. Single Response)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

CHRONIC CONDITIONS

Have you ever been told by a doctor that you have diabetes?

(Single Response)

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

Have you ever been told by a doctor that you have had any of the following conditions?

(Read Options. Multiple Response)

1. Heart attack
2. Angina
3. Heart disease
4. Stroke
5. None of the above

Have you ever been told by a doctor that you have osteoporosis?

(Single Response)

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

Have you ever been told by a doctor that you have cancer?

(Single Response)

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

If yes

How old were you when first diagnosed with cancer?

(Single Response)

1. *Enter age* ____
2. Don't know / refused

What type of cancer was it?

(Multiple Response)

1. Gastrointestinal (colon (bowel)/ liver/ pancreatic/ stomach)
2. Leukaemia/Lymphoma (lymph nodes and bone marrow)
3. Male cancers (prostate or testicular)
4. Skin melanoma
5. Skin non-melanoma (Squamous cell carcinoma / basal cell carcinoma)
6. Thoracic (heart/ lung)
7. Urinary (bladder/kidney)
8. Breast
9. Other Female (cervical/ uterus/ ovarian)
10. Head/Neck (head/ neck/ throat/ thyroid)
11. Brain
12. Other specify_____
13. Don't know / Not sure
14. Refused

Have you ever been told by a doctor or a nurse that you have high blood pressure?

(Single Response. *Interviewer note: do not include other health professional*)

1. Yes
2. No
3. Don't know
4. Never measured

Have you ever been told by a doctor or a nurse that you have high cholesterol?

(Single Response)

1. Yes
2. No
3. Don't know
4. Never measured

PHYSICAL ACTIVITY**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. Enter number of times.)

1. None
2. Enter number of times_____
3. Not stated/Don't know

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. Hours_____
2. Minutes_____
3. Not stated/Don't know

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? (e.g. tennis, jogging, cycling, keep fit exercises).

(Single Response. Enter number of times)

1. None
2. Enter number of times_____
3. Not stated/Don't know

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. Hours_____
2. Minutes_____
3. Not stated/Don't know

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? (e.g. lawn bowls, golf, gentle swimming, etc)
(Single Response. Enter number of times.)

1. None
2. Enter number of times _____
3. Not stated/Don't know

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. Hours _____
2. Minutes _____
3. Not stated/Don't know

BODY MASS INDEX

What is your height without shoes?

(Single Response)

1. Centimetres _____

OR

2. Feet : Inches _____

3. Don't know
4. Refused

What is your weight (undressed in the morning)

1. Kilograms (Kg) _____

OR

2. Stones: Pounds _____

3. Don't know
4. Refused

SMOKING

Which of the following best describes your smoking status?

(Read options. Single Response)

1. I smoke daily
2. I smoke occasionally
3. I don't smoke now but I used to
4. I've tried it a few times but never smoked regularly
5. I've never smoked
6. Refused

NUTRITION

The following question is about eating vegetables which includes fresh, dried, frozen and tinned vegetables.

How many serves of vegetables do you usually eat each day? A 'serve' is ½ cup cooked vegetables or 1 cup of salad.

(Single Response)

1. Less than one serve
2. Enter number of serves _____
3. Don't eat vegetables
4. None
5. Don't know

The next question is about eating fruit, which includes fresh, dried, frozen and tinned fruit.

How many serves of fruit do you usually eat each day? A 'serve' is 1 medium piece or 2 small pieces of fruit, 1 cup of diced pieces, or 1 tablespoon of dried fruit.

(Single Response)

1. Less than one serve
2. Enter number of serves _____
3. Don't eat fruit
4. None
5. Don't know

KESSLER PSYCHOLOGICAL DISTRESS SCALE+ (K10+)

In the past four weeks, about how often did you feel tired out for no good reason?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel nervous?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel so nervous that nothing could calm you down?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel hopeless?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel restless or fidgety?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel so restless you could not sit still?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel depressed?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel everything was an effort?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel so sad that nothing could cheer you up?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

In the past four weeks, about how often did you feel worthless?

(Read Options. Single Response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

SOCIOECONOMIC STATUS

How would you best describe your family structure? Please listen to the descriptions and then tell me which one is the closest to your family situation.

(Read options. Single Response.)

Interviewer note: only read out appropriate categories)

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. Refused

Which of these best describes your current employment status? Are you

(Read Options. Single Response)

1. Self employed
2. Employed for wages, salary or payment in kind
3. Unemployed
4. Engaged in home duties
5. Student
6. Retired
7. Unable to work
8. Other (Specify)

What is the highest level of education you have completed?

(Single Response. *Interviewer note:*

Prompt if necessary)

1. Never attended school
2. Some primary school
3. Completed primary school
4. Some high school
5. Completed high school (i.e. Year 12, Form 6, HSC)
6. TAFE or trade certificate or diploma
7. University, CAE or some other tertiary institute degree
8. Other (specify)

Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. I'll read out some categories and could you please tell me into which one your household's income falls?

(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. Not stated/refused
9. Don't know

SOCIAL ENVIRONMENT

Overall, do you feel that your neighbourhood is a safe place?

(Single response)

1. Yes
2. No
3. Don't know / not sure

Overall, do you feel that your neighbourhood is a safe place?

(Single response)

1. Yes
2. No
3. Don't know / not sure