



National Women's Health Survey Life in Australia™ Technical Report

JUNE 2023



Social
Research
Centre



Life in
Australia®
Be heard | Be represented

Acknowledgement of country

We acknowledge the Wurundjeri People, the Traditional Custodians of the lands on which our research team is located, and we recognise the ongoing impacts of colonisation on First Nations peoples around Australia and the world.

Project sponsor:

Jean Hailes for Women's Health

Contact:

For more information on the conduct and results of the study the team can be contacted

The Social Research Centre
Level 5, 350 Queen Street
Melbourne, Victoria 3000
Telephone: (613) 9236 8500
info@srcentre.com.au

srcentre.com.au

Version: 1 – 13 June 2023

Contents

Acknowledgement of country	i
Contents	ii
List of tables	iii
1. Introduction	4
1.1. Project background	4
1.2. Project overview	4
1.3. About Life in Australia™	4
1.4. Ethics and quality assurance	5
2. Questionnaire design and testing	6
3. Methodology	7
3.1. Sample design and size	7
3.2. Contact methodology	10
3.3. Incentives	11
3.4. Other response maximisation procedures	11
3.5. CATI fieldwork	11
4. Response outcomes	13
5. Data processing and outputs	14
5.1. Coding	14
5.2. Data quality checks for online completes.....	14
5.3. Weighting	14
5.4. Electronic data provision	17
References	18
Appendix 1: Questionnaire	20

List of tables

Table 1	Summary of key statistics	4
Table 2	Summary of Life in Australia™ recruitment	7
Table 3	Sample profile (unweighted)	9
Table 4	Summary of contact schedule.....	10
Table 5	Summary of panel outcome rates	13

1. Introduction

1.1. Project background

Jean Hailes for Women's Health commissioned the Social Research Centre to conduct the National Women's Health Survey. The aim of the survey was to explore the health experiences of Australian women, focusing on women's health issues.

The data were collected via two sample sources:

- The Social Research Centre's probability-based panel Life in Australia™ (72nd wave)
- ORU, a non-probability panel provider.

The non-probability panel provider increased the coverage of women aged 18 plus, particularly within the smaller states and territories.

This report provides an overview of the data collection and methodological aspects of the National Women's Health Survey. Unless otherwise stated, the text in this report refers to methodological considerations for the probability-based panel Life in Australia™. Where applicable, tables have been updated with figures from non-probability panel provider ORU.

1.2. Project overview

Key project statistics for the survey are summarised in Table 1.

Table 1 Summary of key statistics

Field	Total	Life in Australia™ online panel members	Life in Australia™ offline panel members	ORU non-probability panel members
Invited to complete survey	10,028	1,920	33	8,075
Total Interviews achieved	3,570	1,530	23	2,017
Average interview duration (mins)	12.9	10.4	17.8	10.6
Completion rate (%)	35.6	79.7	69.7	25.0
Main fieldwork start date	11-Apr-23	12-Apr-23	11-Apr-23	12-Apr-23
Main fieldwork finish date	25-Apr-23	25-Apr-23	23-Apr-23	26-Apr-23

1.3. About Life in Australia™

In 2016, the Social Research Centre established Australia's first national probability-based online panel: Life in Australia™ (Kaczmirek et al. 2019). The panel is the most methodologically rigorous online panel in Australia and is one of only a small number worldwide.¹ Members of the panel are recruited via random digit dialling (RDD) or address-based sampling (A-BS) and agreed to provide their contact details to take part in surveys on a regular basis. What separates Life in Australia™ from other online panels is the use of sampling frames for which units have known probability of selection and the fact that people cannot enrol unless invited to participate.

¹ Others include the Pew Research Center American Trends Panel, NORC AmeriSpeak and GESIS Panel.

1.4. Ethics and quality assurance

All research activity was conducted in accordance with the *Privacy Act 1988* (Cth), the Australian Privacy Principles, the Research Society's Code of Professional Practice and the *Privacy (Market and Social Research) Code 2021* and ISO 20252 Market, Opinion and Social Research.

2. Questionnaire design and testing

The questionnaire was developed by Jean Hailes for Women's Health. The Social Research Centre performed a review role in optimising the questionnaire for fieldwork. Prior to fieldwork starting, standard operational testing procedures were applied to ensure that the script truly reflected the agreed final electronic version of the questionnaire. These included:

- Programming the skips and sequencing instructions as per the final questionnaire
- Rigorous checking of the questionnaire in 'practice mode' by the Social Research Centre project coordinator and the project quality supervisor, including checks of the on-screen presentation of questions and response frames on a range of devices
- Randomly allocating dummy data to each field in the questionnaire and examining the resultant frequency counts to check the structural integrity of the script.

No formal pilot testing was undertaken. However, a soft launch was undertaken to confirm the integrity of the questionnaire. This involved initiating a small number of offline records on the first planned day of fieldwork. The interviewing team was de-briefed and top-line data reviewed.

The final questionnaire is appended at Appendix 1.

3. Methodology

3.1. Sample design and size

3.1.1 Target population

The in-scope population for the survey was women aged 18+ years resident in Australia. Life in Australia™ members who had female recorded as their sex at birth were randomly selected to participate in the survey.

The questionnaire included a screener question for ORU panel respondents asking for their sex recorded at birth. Those who did not answer 'female' were screened out and did not proceed with the survey questions.

3.1.2 Recruitment to Life in Australia™

Life in Australia™ panellists have been recruited using a variety of probability sampling frames and survey modes. These are summarised in Table 2.

Table 2 Summary of Life in Australia™ recruitment

Year	Sampling frame	Recruitment mode(s)	Panel members profiled	Recruitment Rate*	Profile Rate
2016	DFRDD	CATI	3,322	20.0%	77.7%
2018	Mobile RDD	CATI	267	12.1%	69.7%
2019	A-BS	CAWI / CATI	1,810	10.8%	100.0%
2020	A-BS	Mail push-to-web / CATI	309	6.1%	100.0%
2020	Mobile RDD	IVR	158	1.6%	100.0%
2020	Mobile RDD	SMS push-to-web	145	3.1%	100.0%
2021	SMS	SMS push-to-web	510	3.4%	100.0%
2021	A-BS	CAWI / CATI	3,715	7.7%	100.0%
2023	SMS	SMS push-to-web	4,179	2.6%	100.0%

Notes: A-BS = address-based sampling; CATI = computer-assisted telephone interviewing; CAWI = computer-assisted web interviewing; DFRDD = dual-frame (landline and mobile) RDD; IVR = interactive voice response; RDD = random digit dialling; SMS = short message service (i.e., text message).

* AAPOR RR3. See Callegaro and DiSogra (2008) for details on outcome rates for online panels; profile rates are of questionable relevance for non-CATI modes.

Dual-frame RDD (2016)

Initial recruitment in 2016 used a dual-frame random digit dialling sample design, with a 30:70 split between the landline RDD sample frame and mobile phone RDD sample frame. For the landline sample, an alternating next / last birthday method was used to randomly select respondents from households where two or more in-scope persons were present. For mobile sample, the phone answerer was the selected respondent. Only one member per household was invited to join the panel. RDD sample was supplied by SamplePages.² Mobile and landline coverage in Australia in 2017–18 was 98% (Phillips et al. 2019), including the 1% error rate from RDD vendor checks for number working status.

² SamplePages selects numbers randomly from the Australian Communication and Media Authority's register of numbers, which shows all allocated (i.e., potentially in use) blocks of mobile numbers. For mobile RDD, SamplePages does not use a list-assisted approach (Brick et al. 1995); a pure RDD sample is drawn. A list-assisted approach is used for landline RDD. Before release to the Social Research Centre, sampled numbers undergo HLR/SS7 look-up to check for active status (a process sometimes called 'pulsing' or

Mobile RDD (2018)

In 2018, the panel was refreshed using only mobile RDD sample. Only online participants that were under 55 years old were recruited, in order to balance the demographics (the age profile of panel members was older than that of the Australian population). The recruitment rate (RECR) for the replenishment was 12.1%. For both the recruitment in 2016 and panel refreshment in 2018, the RDD sample was provided by SamplePages. Mobile coverage in Australia in 2017–18 was 93% (Phillips et al. 2019), again with a 1% error rate from working number look-up as part of SamplePages' processes.

Address-based sampling (2019, 2020, 2021)

Between October-December 2019, the panel was expanded. This recruitment used address-based sampling (A-BS; Link et al. 2005) with push-to-web methodology (Dillman 2017).³ Only online participants were recruited in order to balance the demographics (the age profile of panel members was older and more educated than that of the Australian population). The sampling frame used was the Geo-coded National Address File (G-NAF), Australia's authoritative list of addresses, and is assumed to cover all Australian addresses.⁴ An 'any adult' approach to selection was applied; i.e., one adult per household with no attempt to impose a selection routine.⁵ The G-NAF is an open-source file that is built and maintained by Geoscape Australia (Australian Government 2023). Later rounds of recruitment took place in 2020 (with IVR and SMS push-to-web as described below) and 2021, the panel was expanded using the A-BS sampling frame and push-to-web and CATI methodology, as described above. Offline respondents were recruited in 2021 (a call-in number was provided). Coverage is estimated at 96.1% of addresses due to the Social Research Centre's exclusion of certain addresses that have a low probability of being residential.

Interactive voice response (2020)

Interactive voice response (IVR) push-to-web makes brief use of IVR (an automated call) to briefly describe the reason for the call; people who are interested are then sent a link to the profile survey via SMS. IVR coverage is estimated at 97%, based on 98% mobile coverage (ACMA 2022a) and the 1% working number look-up error rate referred to above.⁶

SMS push-to-web

SMS push-to-web uses SMS as the mode of invitation, with respondents invited to click a link to complete the profile survey in CAWI mode. As described in footnote 4, above, no up-to-date official statistics on internet access are available, apart from those derived from Life in Australia™; the ACMA (2022b) estimates 99% internet coverage, using Life in Australia™ data; we assume that non-internet users overlapped with those without mobile phones.

'pinging'), with inactive numbers not being provided to the Social Research Centre. SamplePages reports a 1% false negative rate for these checks for active status.

³ Addresses matched to telephone numbers received reminder calls; respondents who received a reminder call could join the panel via telephone, with the panel profile being collected via CATI.

⁴ The homeless population in 2016 (ABS 2018b) living in improvised dwellings ($N = 8,200$), supported accommodation ($N = 21,235$) and boarding houses ($N = 17,503$) are assumed inaccessible via address-based sampling, amounted to 0.2% of the total Australian population of all ages ($N = 23,401,891$) (ABS 2023). The most recent official statistics on internet usage are for the 2016-17 financial year, when 86.1% of adults used the internet (ABS 2018a). Indicative of trends since then, internet usage was excluded from the 2021 Census of Population and Housing on the rationale that internet access via smartphones was effectively universal.

⁵ In the interest of response maximisation, a decision was made to allow any responsible adult within the household to complete the survey rather than apply a within-household selection procedure. This decision was based on the knowledge that within-household selection methods have been found to add a layer of complexity that increases non-response (Battaglia et al. 2008). Thus, while a within-household selection method may be desired as a means of minimising coverage error, this is overshadowed by the potential to increase non-response error. The accuracy of within-household selection procedures applied to address-based sampling studies has also been questioned (Olson, Stange and Smyth 2014).

⁶ SamplePages was the mobile RDD sample supplier.

In April 2021, the panel was refreshed. This recruitment used an RDD mobile sample frame with SMS invitation. Only online participants were recruited. SMS coverage is estimated at 97%, based on 98% mobile coverage (ACMA 2022a) and the 1% working number look-up error rate referred to above.⁷

In February and March 2023, the panel was expanded using an RDD mobile sampling frame and SMS push-to-web, as described above. Coverage is as described above.

Over time some panellists have withdrawn from future participation in the panel, while others are retired due to non-response or poor-quality responses.

3.1.3 Sample selection

A stratified random sample of women was drawn from Life in Australia™ panellists on strata defined by age (18–34, 35–44, 45–54, 55–64, 65+), gender, education (less than a bachelor’s degree, bachelor’s degree or above) and speaking a language other than English at home, with sample being selected in proportion to the number of active panellists in each stratum.

3.1.4 Sample profile

The final sample profile along with comparison to ABS benchmarks is shown below in Table 3.

Table 3 Sample profile (unweighted)

Subgroup	Life in Australia™ online members (completed)	Life in Australia™ offline members (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark ⁸
Gender					
Male	0.5	0.0	0.1	0.3	-
Female	98.6	100.0	99.6	99.2	-
Age					
18-24 years	5.7	0.0	6.6	6.2	10.3
25-34 years	13.8	0.0	12.5	13.0	18.0
35-44 years	17.0	0.0	14.6	15.5	17.4
45-54 years	17.1	0.0	12.8	14.6	16.3
55-64 years	18.2	8.7	22.5	20.6	15.1
65-74 years	18.2	21.7	20.9	19.8	12.5
75 years or more	9.7	69.6	10.0	10.3	10.4
Location					
Sydney	17.8	13.0	4.6	10.3	20.6
Rest of NSW	12.4	30.4	2.2	6.8	11.2
Melbourne	19.6	8.7	5.3	11.5	19.5
Rest of VIC	6.5	0.0	1.4	3.6	6.3
Brisbane	10.1	8.7	6.3	7.9	9.9
Rest of QLD	10.1	13.0	5.8	7.7	10.3
Adelaide	6.1	13.0	12.1	9.6	5.6
Rest of SA	1.8	0.0	2.1	2.0	1.5
Perth	6.9	4.3	12.4	10.0	8.3

⁷ SamplePages was the mobile RDD sample supplier.

⁸ Australian Bureau of Statistics (2021).

Subgroup	Life in Australia™ online members (completed)	Life in Australia™ offline members (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark ⁸
Rest of WA	2.1	4.3	1.8	1.9	2.0
Hobart	1.6	4.3	10.4	6.6	1.0
Rest of TAS	1.8	0.0	10.2	6.5	1.2
Darwin	0.3	0.0	4.5	2.7	0.5
Rest of NT	0.2	0.0	2.0	1.2	0.3
ACT	2.7	0.0	18.9	11.8	1.8

Notes: Gender will not equate to 100% due to the small number of respondents who identify as non-binary or use a different term. No benchmark data available for gender, census benchmarks are filtered to female sex.

3.2. Contact methodology

The contact methodology adopted for online Life in Australia™ members is an initial survey invitation via email and SMS (where available), followed by multiple email reminders and a reminder SMS. Up to five reminders in different modes (including email, SMS, and telephone) were administered within the fieldwork period. Telephone non-response of online panel members who have not yet completed the survey commences in the second week of fieldwork and consists of reminder calls encouraging completion of the online survey.

Offline members with a valid mobile telephone number were also sent a short SMS invitation that contained a link to the survey as well as the reminder SMS halfway through fieldwork.

The exact contact dates are shown below in Table 4.

Table 4 Summary of contact schedule

Contact type	Life in Australia™ (date)	ORU non-probability panel (date)	Population
Phone interviews	11-Apr-23 - 23-Apr-23	-	Offline only
Email	12-Apr-23	12-Apr-23	Online only
SMS	12-Apr-23	-	Both
Email	14-Apr-23	13-Apr-23	Online only
Email	16-Apr-23	-	Online only
SMS	18-Apr-23	-	Both
Reminder calls	19-Apr-23	-	Online only
Email	18-Apr-23 - 20-Apr-23	20-Apr-23	Online only

The following call procedures were implemented:

- A four-call regime for mobile sample with an upper limit of six calls and a six-call regime for landline sample, with an upper limit of eight call attempts
- For mobile phones, capping the maximum number of unanswered call attempts to no more than four so as to avoid appearing overzealous in our attempts to achieve interviews
- Contact attempts were spread over weekday evenings (6:30 pm to 8:30 pm), weekday late afternoon/early evening (4:30 pm to 6:30 pm), Saturdays (11 am to 5 pm) and Sundays (11 am to 5 pm) (weekdays between 9 am to 4:30 pm are typically reserved for appointment management)

- Appointments were set for any time that the call centre is operational (weekdays between 9 am to 8:30 pm; weekends 11 am to 5 pm)
- 1800 number operation to address sample member queries and support the response maximisation effort and the establishment of a respondent page on our website (with responses to frequently asked questions).

Life in Australia™ members were able to request an email to complete the survey online.

Interviewing was conducted in English only.

3.3. Incentives

All members were offered an incentive to complete the survey. The incentives offered for completing the survey had a value of \$10. The incentive options were:

- Coles / Myer gift card
- Electronic Coles gift card
- Payment into a PayPal account
- Charitable donation to a designated charity (Children's Ground, Food For Change, RizeUp, Spinal Cord Injuries Australia, WIRES Australian Wildlife Rescue Organisation).

Online sample members with available email addresses were offered their incentive in the form of an electronic gift voucher or payment to a nominated PayPal account. All members could choose to donate the amount to a nominated charity or could opt out of receiving an incentive.

3.4. Other response maximisation procedures

Other procedures to maximise response for the survey included:

- Leaving messages on answering machines and voicemails.
- Operation of an 1800 number throughout the survey period, to help establish survey bona fides, address sample members' queries, and encourage response
- Provision of the Social Research Centre / Life in Australia™ website upon request
- Focus on interviewer training and respondent liaison techniques during interviewer briefing and throughout fieldwork.

3.5. CATI fieldwork

3.5.1 Interviewer briefing

All interviewers and supervisors selected to work on the survey attended a two-hour briefing session, which focused on all aspects of survey administration, including:

- Survey context and background, including a detailed explanation of Life in Australia™
- Survey procedures and sample management protocols
- The importance of respondent liaison procedures
- Strategies to maintain co-operation

- Detailed examination of the survey questionnaire, with a focus on the use of pre-coded response lists and item-specific data quality issues.

After the initial briefing session, interviewers engaged in comprehensive practice interviewing. A total of 7 interviewers were briefed on the survey.

3.5.2 Fieldwork quality control procedures

The in-field quality monitoring techniques applied to this project included:

- Monitoring (by remote listening) of each interviewer within their first three shifts, whereby the supervisor listened in to at least 75 per cent of the interview and provided comprehensive feedback on data quality issues and respondent liaison technique
- Validation of 21.7% of the telephone surveys conducted via remote monitoring (covering the interviewers' approach and commitment-gaining skills, as well as the conduct of the interviews)
- Field team de-briefing after the first shift and, thereafter, whenever there was important information to impart to the field team in relation to data quality, consistency of interview administration, techniques to avoid refusals, appointment-making conventions, or project performance
- Examination of 'Other (specify)' responses
- Monitoring of timestamps for segments of the survey and overall time taken to complete the survey
- Monitoring of the interview-to-refusal ratio by interviewer.

4. Response outcomes

4.1.1 Completion rate

The Social Research Centre uses standard industry definitions for calculating outcome rates (American Association for Public Opinion Research 2016; Callegaro and DiSogra 2008). The completion rate (COMR) represents completed interviews as a proportion of all Life in Australia™ members invited to participate in this survey.

The overall completion rate for Life in Australia™ panel members is 79.5% (online population = 79.7%; offline population = 69.7%).

4.1.2 Cumulative response rate

Completion rates only tell part of the story. The panellists invited to participate in this survey had to agree to participate in Life in Australia™ in the first place, then provide essential details in order to join the panel by completing the panel profile and finally remain in the panel until they were invited to complete this survey.

The cumulative response rate (CUMRR2) takes account of non-response at each point. It is the product of the recruitment rate (RECR), the profile rate (PROR), the retention rate (RETR) and the completion rate: $CUMRR2 = RECR \times PROR \times RETR \times COMR$. The recruitment rate is the rate at which eligible individuals agree to join the panel. The profile rate is the rate at which initially consenting individuals complete the panel profile, thus joining the panel. The retention rate is the proportion of active panellists at the time of this survey out of all those who joined the panel.

Because Life in Australia™ is made up of panellists recruited at different points in time, the recruitment, profile, and retention rates shown are weighted in proportion to the composition of the panellists invited to complete this survey.

The cumulative response rate for this survey is 5.5% (see Table 5).

Table 5 Summary of panel outcome rates

Code	Name	%
RECR	Recruitment rate	11.0
PROR	Profile rate	89.1
RETR	Retention rate	70.0
COMR	Completion rate	79.5
CUMRR2	Cumulative response rate 2	5.5

5. Data processing and outputs

5.1. Coding

Open-ended questions and back-coding of questions with an 'Other (specify)' option was undertaken by experienced, fully briefed coders. Outputs were validated in accordance with ISO 20252 procedures, using an independent validation approach.

5.2. Data quality checks for online completes

Data quality checks for online completes consisted of checks for:

- Logic checks
- Proportion of 'don't know' and 'refused' responses
- Speeding
- Straightlining

We consider all these indicators when determining whether a respondent is removed for poor data quality. Data quality indicators other than verbatim responses are used to identify potentially problematic cases. Generally, verbatim responses are decisive, with those indicating thoughtful engagement with the survey being kept and others being removed (e.g., nonsense responses like 'asdfgh,' *non sequiturs*, swearing).

Data quality is tracked for panel members over time and those with repeated issues are retired from the Life in Australia™.

After these checks, 1 case was removed due to poor data quality and are not counted toward the completion rate.

5.3. Weighting

The National Women's Health Survey consisted of two components that were combined for weighting purposes:

1. A random (probability) sample of adult women from Life in Australia™.
2. A convenience (non-probability) sample of adult women to support extended reporting and analysis of this group.

The usual approach to weighting random (probability) samples is a two-step process that aims to reduce biases caused by non-coverage and non-response and to align weighted sample estimates with external data about the target population (Kalton and Flores-Cervantes, 2003). First, base weights are calculated to account for each respondent's initial chance of selection and for the survey's response rate. Next, the base weights are adjusted to align respondents with the population on key socio-demographic characteristics. Refer to Särndal *et al.* (1992) for detailed information about model-assisted survey sampling and estimation, and to Valliant *et al.* (2018) for a contemporary treatment of weighting and estimation for sample surveys.

The convenience (non-probability) sample used a non-random mechanism to recruit participants to the survey, which means that the design-based approach just described does not apply. Refer to Elliott and Valliant (2017) for a discussion and further references about the challenges of making inferences from non-random samples. There are several methods for weighting such samples and making estimates from them, however (refer to Valliant, 2020). One of these methods, and that used here, is "quasi-randomisation" which requires a reference sample chosen at random from the target population. This reference sample is used to

estimate pseudo-selection probabilities for the convenience sample, to adjust for selection bias. For this survey, the reference sample were the probability cases from Life in Australia™.

The combined sample then had two base weights – a probability-based one for Life in Australia™ cases and an estimated one for convenience cases. To derive the adjusted weights, consideration then had to be given to the characteristics on which to align the base weights with the population. The choice of characteristics was guided by two factors:

- Which characteristics are most different between the probability and convenience samples?
- Which characteristics are most associated with the survey's key questionnaire items?

With these factors in mind, the set of characteristics used to adjust the weights are those shown in Table 6. This table also includes the population counts and percentages, obtained from Census 2021 TableBuilder (Australian Bureau of Statistics, 2021) and National Health Survey (ABS, 2021-22). All population counts refer to the population of Australian women 18+.

The method used to adjust the base weights was regression calibration (Deville *et al.*, 1993), implemented in R (R Core Team, 2022) using the *survey* package (Lumley, 2021). For more information on weighting of sample surveys, refer to Valliant *et al.* (2018).

Table 6 Characteristics used for adjusting base weights, with population distribution and data sources.

Category	Benchmark Target (#)	Benchmark Target (%)	Source
State or territory of residence			(A)
New South Wales	3,281,594	31.80	
Victoria	2,662,359	25.80	
Queensland	2,078,081	20.14	
South Australia	735,744	7.13	
Western Australia	1,057,882	10.25	
Tasmania	232,468	2.25	
Northern Territory	87,072	0.84	
Australian Capital Territory	185,440	1.80	
Geographic location			(A)
Capital city	6,925,282	67.10	
Rest of state	3,395,358	32.90	
Language other than English spoken at home			(A)
Yes	2,549,797	24.71	
No	7,770,843	75.29	
Number of adults in the household			(B)
One	1,689,968	16.37	
Two	5,710,409	55.33	
Three or more	2,920,263	28.30	
Age group by Highest education			(A)
18-24 years	1,108,250	10.74	
25-34 years x Bachelor or higher	936,308	9.07	
25-34 years x Below Bachelor	979,100	9.49	
35-44 years x Bachelor or higher	929,169	9.00	
35-44 years x Below Bachelor	919,302	8.91	
45-54 years x Bachelor or higher	1,075,602	10.42	
45-54 years x Below Bachelor	631,778	6.12	
55-64 years x Bachelor or higher	1,140,094	11.05	
55-64 years x Below Bachelor	421,683	4.09	
65+ years x Bachelor or higher	1,793,218	17.38	
65+ years x Below Bachelor	386,137	3.74	

Sources:

(A) Census 2021 (ABS 2021)

(B) National Health Survey 2020-21 (ABS 2021-22)

Note that there were small numbers of 'Don't know', 'Refused' or 'Other' responses to some items. Since there were no corresponding categories in Census TableBuilder, such values were imputed using a statistical model (Stekhoven and Buehlmann, 2012). Given the very low prevalence of these responses, the imputation process is expected to have a negligible impact on estimates made using the weights.

5.4. Electronic data provision

A final version of the data file (with weights) was provided in SPSS format. Supporting documentation, including a data dictionary, was also provided.

References

- Australian Bureau of Statistics (ABS). 2018a. *Census Reveals a Rise in the Rate of Homelessness in Australia*. Belconnen: ABS. <https://www.abs.gov.au/media-centre/media-releases/census-reveals-rise-rate-homelessness-australia> (accessed 8 March 2023).
- . 2018b. *81460DO002_201617 Household Use of Information Technology, Australia, 2016-17* [MRDF]. Belconnen: ABS. <https://www.abs.gov.au/statistics/industry/technology-and-innovation/household-use-information-technology/latest-release> (accessed 8 March 2023).
- . 2021. Counting Persons, Place of Usual Residence [Census TableBuilder]. Accessed 10 May 2023.
- . 2021-22. National Health Survey, 2017-18 [TableBuilder]. Accessed 10 May 2023.
- . 2023. Census of Population and Housing [MRDF]. Belconnen: ABS.
- Australian Communications and Media Authority (ACMA). 2022b. *Communications and Media in Australia: How we Use the Internet*. Belconnen: ACMA. <https://www.acma.gov.au/publications/2022-12/report/communications-and-media-australia-how-we-use-internet> (accessed 8 March 2023).
- American Association for Public Opinion Research (AAPOR). 2016. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 9th ed. Lenexa, KS, USA: AAPOR. <https://aapor.org/wp-content/uploads/2022/11/Standard-Definitions20169theditionfinal.pdf> (accessed 16 March 2023).
- Australian Government. 2023. *Geoscape Geocoded National Address File (G-NAF)*. Canberra: data.gov.au. <https://data.gov.au/data/dataset/geocoded-national-address-file-g-naf> (accessed 3 March 2023).
- Battaglia, Mike, Michael W. Link, Martin R. Frankel, Larry Osborn and Ali H. Mokdad. 2008. 'An Evaluation of Respondent Selection Methods for Household Mail Surveys.' *Public Opinion Quarterly* 72(3):459–69. <https://doi.org/10.1093/poq/nfn026>
- Brick, J. Michael, Joseph Waksberg, Dale Kulp, and Amy Starer. 1995. 'Bias in List-Assisted Telephone Samples.' *Public Opinion Quarterly* 59(2):218–35. <https://doi.org/10.1086/269470>
- Callegaro, Mario and Charles DiSogra. 2008. 'Computing Response Metrics for Online Panels.' *Public Opinion Quarterly* 72(5):1008–32. <https://doi.org/10.1093/poq/nfn065>
- Deville, J.-C. C.-E. Särndal and O. Sautory (1993). Generalized raking procedures in survey sampling. *Journal of the American Statistical Association* 88(423), 1013-1020. DOI: 10.1080/01621459.1993.10476369.
- Dillman, Don A. 2017. 'The Promise and Challenge of Pushing Respondents to the Web in Mixed-Mode Surveys.' *Survey Methodology* 43(1):3–30.
- Elliott, M.R. and R. Valliant (2017) Inference for nonprobability samples. *Statistical Science* 32(2), 249-264. DOI: 10.1214/16-STS598.
- Kaczmirek, Lars, Benjamin Phillips, Darren Pennay and Dina Neiger. 2019. Building a Probability-Based Online Panel: Life in Australia™. CSRM & SRC Methods Paper No. 2/2019. Canberra: ANU Centre for Social Research & Methods, Research School of Social Sciences, College of Arts & Social Sciences, the Australian National University. <https://srcentre.com.au/our-research/methods->

[research/Building%20a%20probability-based%20online%20panel-Life%20in%20Australia%20-%20202.0.pdf](#) (accessed 3 March 2023).

Kalton, G. and I. Flores-Cervantes (2003). Weighting methods. *Journal of Official Statistics* 19(2), 81-97.

Link, Michael, Michael P. Battaglia, Martin R. Frankel, Larry Osborn and Ali H. Mokdad. 2008. 'A Comparison of Address-Based Sampling (ABS) versus Random-Digit Dialing (RDD) for General Population Surveys.' *Public Opinion Quarterly* 72(1):6–21. <https://doi.org/10.1093/poq/nfn003>

Lumley, T. (2020) survey: analysis of complex survey samples. R package version 4.0. <https://cran.r-project.org/package=survey>.

Olson, Kristen, Mathew Stange and Jolene Smyth. 2014. 'Assessing Within-Household Selection Methods in Household Surveys.' *Public Opinion Quarterly* 78(3):656–78. <https://doi.org/10.1093/poq/nfu022>

Phillips, Benjamin, Jack Barton, Darren Pennay and Dina Neiger. 2019. *Socio-demographic Characteristics of Telephone Access in Australia: Implications for Survey Research*. Melbourne: the Social Research Centre. <https://srcentre.com.au/our-research/methods-research/Socio-demographic%20Characteristics%20of%20Telephone%20Access%20in%20Australia%20-%20Implications%20for%20Survey%20Research.pdf> (accessed 3 March 2023).

R Core Team (2022). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. <https://www.R-project.org/>.

Särndal, C.-E., B. Swensson and J. Wretman (1992). *Model Assisted Survey Sampling*. Springer-Verlag Publishing. DOI: 10.1007/978-1-4612-4378-6.

Stekhoven D. J. and P. Buehlmann, P. (2012). MissForest - non-parametric missing value imputation for mixed-type data. *Bioinformatics*, 28(1), 112-118. DOI: 10.1093/bioinformatics/btr597.

Valliant, R. (2020). Comparing alternatives to estimation from nonprobability samples. *Journal of Survey Statistics and Methodology* 8(2), 231–263. DOI: 10.1093/jssam/smz003.

Valliant, R., J. Dever and F. Kreuter (2018). *Practical Tools for Designing and Weighting Survey Samples*. (2nd ed.) Springer. Statistics for Social and Behavioral Sciences. DOI: 10.1007/978-3-319-93632-1.

Appendix 1: Questionnaire

Jean Hailes National Women's Health Survey 2023

Questionnaire for April Life in Australia™ and non-probability sample boost

Developed by Jean Hailes for Women's Health and the Social Research Centre (SRC).

Notes when reading this questionnaire:

- All programmer notes and interview notes are in UPPERCASE text.
- All question text in **BLUE** is CATI only and in **ORANGE** is web only. Text in **BLACK** is for both.
- Modules A to G to be asked of **both** LinA and ORU panel respondents
- Please autofill introduction and demographic questions for LinA panel respondents unless there is an instruction for this question to be asked of both LinA and ORU panel respondents
- Please ensure LinA demographic variables that haven't been re-asked as part of this survey are included when merging LinA and ORU data

LinA targets (18+, females only)

State/ Territory	Target	Notes
NSW	350	
VIC	350	
QLD	243	
SA	200	
WA	200	
TAS	72	As many as possible
NT	17	As many as possible
ACT	68	As many as possible
Total	1,500	

Panel provider targets (18+, females only)

State/ Territory	Target	Notes
NSW	135	
VIC	134	
QLD	241	
SA	284	
WA	284	
TAS	412	
NT	130	
ACT	380	
Total	2,000	

Contents

INTRODUCTION	3
MODULE A: GENERAL HEALTH	5
MODULE E: WORKPLACE ATTITUDES TO WOMEN'S HEALTH	6
MODULE B: EXPERIENCE WITH PERIODS.....	8
MODULE C: PELVIC PAIN	10
MODULE D: MENOPAUSE	12
MODULE F: EXPERIENCE WITH HEALTH PROFESSIONALS	15
MODULE G: EXPERIENCE WITH COVID.....	16
DEMOGRAPHICS	18
CLOSE	22

*(PROGRAMMER: ORU PANEL ONLY)

(INTRO)

The Social Research Centre is conducting an important study about women's health issues on behalf of Jean Hailes for Women's Health, a national not-for-profit that produces women's health information and health care professional training on women's health issues.

What is involved?

Participation in the study will involve:

- Answering a few questions about yourself
- Answering some questions about women's health issues
- Answering some questions your health experiences
- The survey will take approximately 10–15 minutes

If you can't finish the survey in one sitting, you can select "Save", exit the survey, and then return at a later time to edit or add to your saved responses. Please use the "Previous" and "Next" buttons to navigate through the survey - DO NOT use the "back" or "forward" buttons on your browser. If you are using a mobile device or tablet, please hold it horizontally while you complete the survey.

This survey is being conducted in accordance with the requirements of the Privacy Act and the Australian Privacy Principles. Your responses will be used for research purposes only and will be held in the strictest confidence. Participation in this study is voluntary and you are free to withdraw from the study at any time.

Please click 'Next' to start the survey.

*(PROGRAMMER: LINA PANEL ONLY)

INTRO These questions are being asked on behalf of Jean Hailes for Women's Health, a national not-for-profit that produces women's health information and health care professional training on women's health issues.

This research is looking to understand the health experiences of women in Australia, with a focus on women's health issues.

INTRODUCTION

*(PROGRAMMER: ORU PANEL ONLY)

DEMO_INTRO First, just a couple of questions about yourself.

*(PROGRAMMER: ORU PANEL ONLY)

SEX What was your sex recorded at birth?

1. Male (TERM 1)
2. Female
3. Another term (TERM 1)

98. (Don't know) / Not sure (TERM 3)
99. (Refused) / Prefer not to say (TERM 3)

*(PROGRAMMER: ORU PANEL AND LINA PANEL)

DUM_Sex

1. Female (SEX=2 OR p_Sex=2, FEMALE AT BIRTH)

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_Sex=1, FEMALE AT BIRTH)

GENDER How do you describe your gender?

Gender refers to your current gender, which may be different to your sex recorded at birth and may be different to what is indicated on legal documents.

1. Man or male
 2. Woman or female
 3. Non-binary
 4. I use a different term (please specify)
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

AGE How old are you today?

1. (____) years [IF UNDER 18 – GO TO TERM2]
-
99. (Refused) / Prefer not to say

*(AGE=999, REFUSED AGE)

AGE_GROUP Which age group would you fall into?

*PROGRAMMER INSTRUCTION: PLEASE FILL AGE_GROUP FOR RESPONDENTS WHO ANSWER AGE.

0. Under 18 years [GO TO TERM2]
 1. 18-24 years
 2. 25-34 years
 3. 35-44 years
 4. 45-54 years
 5. 55-64 years
 6. 65-74 years
 7. 75 or more years
-
99. (Refused) / Prefer not to say [GO TO TERM3]

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

STATE Which state do you currently live in?

1. NSW
 2. VIC
 3. QLD
 4. SA
 5. WA
 6. TAS
 7. NT
 8. ACT
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

POSTCODE What is your current residential postcode?

*PROGRAMMER NOTE: VALIDATE POSTCODE FROM LOOKUP BASED ON STATE

1. (RANGE ALL VALID POSTCODES BASED ON STATE)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(POSTCODE=98 or 99, DK/REF POSTCODE)
SUBURB What suburb you live in?

(INTERVIEWER NOTE: Type in at least the first 3 letters of suburb)

Enter suburb

98. (Don't know) / Not sure (TERM 3)
99. (Refused) / Prefer not to say (TERM 3)

*(TIMESTAMP)

MODULE A: GENERAL HEALTH

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)

INTRODUCTION

Now some questions about your health and well-being.

*(DUM_SEX=1, FEMALE AT BIRTH)

A1 The following question asks how satisfied you feel about life in general, on a scale from 0 to 10. Zero means you feel 'not at all satisfied' and 10 means 'completely satisfied'.

Overall, how satisfied are you with life as a whole these days?

0. 0 - Not at all satisfied
 1. 1
 2. 2
 3. 3
 4. 4
 5. 5
 6. 6
 7. 7
 8. 8
 9. 9
 10. 10 - Completely satisfied
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

A2 Has your satisfaction with life changed in the past 12 months?

(READ OUT)

1. No, it's about the same
2. Yes, it's worse than before
3. Yes, it's better than before

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

A3 In general, would you say that your physical health is...?

(READ OUT)

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

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

A4 Has your physical health changed in the past 12 months?

(READ OUT)

- 1. No, it's about the same
- 2. Yes, it's worse than before
- 3. Yes, it's better than before

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

A5 In general, would you say that your mental health is...?

(READ OUT)

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

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

A6 Has your mental health changed in the past 12 months?

(READ OUT)

- 1. No, it's about the same
- 2. Yes, it's worse than before
- 3. Yes, it's better than before

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

- 99. (Refused) / Prefer not to say

*(TIMESTAMP)

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)

INTRODUCTION

The next questions are about women's health and the workplace.

*(DUM_SEX=1, FEMALE AT BIRTH)

E1 Some women experience period symptoms that can affect their ability to work.

Do you think women should be able to access additional paid leave, called menstrual leave, when they have their periods?

1. Yes
2. No

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

E2 To what extent do you agree or disagree with the following statements about period symptoms and menstrual leave.

(STATEMENTS) (RANDOMISE) (DISPLAY THREE STATEMENTS PER SCREEN)
(READ OUT)

- a) Women have the right to additional paid leave for periods
- b) You / I would be comfortable asking for menstrual leave as often and for as much time as I / you needed
- c) You / I would be comfortable asking for menstrual leave if you / I were / was really unwell
- d) You / I would be comfortable asking for menstrual leave as long as your / my co-workers didn't know what the leave was for
- e) Some employers or co-workers will use menstrual leave as an excuse to discriminate against women
- f) Period symptoms can be managed with medicine and women can use normal sick leave rather than special leave
- g) It is private and embarrassing to tell your employer you have your period
- h) Some employers or co-workers would not be understanding if someone took menstrual leave

(RESPONSE FRAME)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

E3 Some women experience menopause symptoms that can affect their ability to work.

Do you think women should be able to access additional paid leave for menopause?

1. Yes
2. No

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

E4 To what extent do you agree or disagree with the following statements about menopause symptoms and menopause leave.

(STATEMENTS) (RANDOMISE) (DISPLAY THREE STATEMENTS PER SCREEN)
(READ OUT)

- a) Women have the right to additional paid leave for menopause
- b) You / I would be comfortable asking for menopause leave as often and for as much time as I / you needed
- c) You / I would be comfortable asking for menopause leave but only if you / I really needed it
- d) You / I would be comfortable asking for menopause leave as long as my / your co-workers didn't know what the leave was for
- e) Some employers or co-workers will use menopause leave as an excuse to discriminate against women
- f) Menopause symptoms can be managed with medicine and women can use normal sick leave rather than special leave
- g) It is private and embarrassing to tell your employer you have menopause symptoms
- h) Some employers or co-workers would not be understanding if someone took menopause leave

(RESPONSE FRAME)

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

E5 To what extent do you agree or disagree there should be more sick or personal leave available so everyone can get paid leave when they need it.

(READ OUT)

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(TIMESTAMP)

MODULE B: EXPERIENCE WITH PERIODS

*(DUM_SEX=1, FEMALE AT BIRTH)

B1 The next few questions are about your experience with periods.

In the last five years, have you been bothered by symptoms relating to menstruation, such as heavy bleeding, painful or irregular periods?

1. Yes
2. No

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(B1=1, BOTHERED BY PERIOD SYMPTOMS)

B2 Have these period symptoms impacted you in any of the following ways?

Please select all that apply / (READ OUT)

1. Missed days of work or study
 2. Missed exercise
 3. Found it hard to work or study
 4. Found it hard to do daily activities (e.g. caring or household duties)
 5. Other (specify)
 6. None of the above^
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(B2=ANY 1-5, IMPACTED BY PERIOD SYMPTOMS)

B3 Have you needed to take an extended break or stop work, study or exercise as a result of your period symptoms?

(MULTIPLE RESPONSE CODES 1-2)
(READ OUT)

1. Yes, from work or study
 2. Yes, from exercise
 3. No, this has not happened^
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(B1=1, BOTHERED BY PERIOD SYMPTOMS)

B4 And have these period symptoms negatively impacted...

(STATEMENTS)
(READ OUT)

- a) Your relationship with your partner
- b) Your relationships with friends and family
- c) Your mental and emotional wellbeing

(RESPONSE FRAME)

1. Yes
 2. No
 3. Not applicable
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(B1=1, BOTHERED BY PERIOD SYMPTOMS)

B5 Have you discussed these period symptoms with a doctor?

1. Yes
 2. No
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(B5=1, DISCUSSED WITH DOCTOR)

B6 Thinking about how you felt when discussing these period symptoms with a doctor, to what extent do you agree or disagree that you felt...

(STATEMENTS) (RANDOMISE a-f)
(READ OUT)

- a) Empowered
- b) Reassured
- c) Believed
- d) Ashamed
- e) Dismissed
- f) Embarrassed

(RESPONSE FRAME)

1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(B5=2, DID NOT DISCUSS WITH DOCTOR)

B7 Why did you decide not to discuss these period symptoms with a doctor?

(RANDOMISE 1-4)
Please select all that apply / (READ OUT)

1. You / I didn't think the symptoms were bad enough
 2. You / I were/was too embarrassed or ashamed to ask
 3. You / I already had the information needed
 4. You / I didn't think anything could be done
 5. Other (specify)
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

MODULE C: PELVIC PAIN

*(DUM_SEX=1, FEMALE AT BIRTH)

C1 The next few questions are about your experiences with pelvic pain.

In the last five years, have you experienced pelvic pain (felt in your lower belly and above your legs)?

1. Yes
 2. No
-
98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(C1=1, HAD PELVIC PAIN)

C2 Has this pelvic pain impacted you in any of the following ways?

Please select all that apply / (READ OUT)

1. Missed days of work or study
 2. Missed exercise
 3. Found it hard to work or study
 4. Found it hard to do daily activities (e.g. caring or household duties)
 5. Other (specify)
 6. None of the above^
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(C2=ANY 1-5, IMPACTED BY PELVIC PAIN)

C3 Have you needed to take an extended break or stop work, study or exercise as a result of your pelvic pain?

(MULTIPLE RESPONSE CODES 1-2)
(READ OUT)

1. Yes, from work or study
 2. Yes, from exercise
 3. No, this has not happened^
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(C1=1, HAD PELVIC PAIN)

C4 And has your pelvic pain negatively impacted...

(STATEMENTS)
(READ OUT)

- a) Your relationship with your partner
- b) Your relationships with friends and family
- c) Your mental and emotional wellbeing

(RESPONSE FRAME)

1. Yes
 2. No
 3. Not applicable
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(C1=1, HAD PELVIC PAIN)

C5 Have you discussed this pelvic pain with a doctor?

1. Yes
 2. No
98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(C5=1, DISCUSSED WITH DOCTOR)

C6 Thinking about how you felt when discussing this pelvic pain with a doctor, to what extent do you agree or disagree that you felt...

(STATEMENTS) (RANDOMISE a-f)
(READ OUT)

- a) Empowered
- b) Reassured
- c) Believed
- d) Ashamed
- e) Dismissed
- f) Embarrassed

(RESPONSE FRAME)

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(C5=2, DID NOT DISCUSS WITH DOCTOR)

C7 Why did you decide not to discuss this pelvic pain with a doctor?

(RANDOMISE 1-4)
Please select all that apply / (READ OUT)

- 1. You / I didn't think the symptoms were bad enough
- 2. You / I were/was too embarrassed or ashamed to ask
- 3. You / I already had the information needed
- 4. You / I didn't think anything could be done
- 5. Other (specify)

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(TIMESTAMP)

MODULE D: MENOPAUSE

*(DUM_SEX=1, FEMALE AT BIRTH)

D1 The next few questions are about menopause.

Menopause is when your final period happens, often between 45 to 55 years of age. You know you've reached menopause when you haven't had a period for 12 months.

Have you reached menopause?

- 1. Yes
- 2. No

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(D1=1, HAVE REACHED MENOPAUSE)

D2 What age were you when you reached menopause (that is, you didn't have a period for 12 months)?

1. (RANGE 18 TO 99, WHOLE NUMBERS)

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D1=1, HAVE REACHED MENOPAUSE)

D3 Did you reach menopause naturally or was it due to surgery or treatment such as chemotherapy?

1. Reached menopause naturally

2. Reached menopause due to surgery or treatment

3. Other (specify)

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

D4 In the last five years, have you been bothered by menopause-type symptoms, such as hot flashes, night sweats or difficulty concentrating?

1. Yes

2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D4=1, HAD MENOPAUSE SYMPTOMS)

D5 Have these menopause-type symptoms impacted you in any of the following ways?

Please select all that apply / (READ OUT)

1. Missed days of work or study

2. Missed exercise

3. Found it hard to work or study

4. Found it hard to do daily activities (e.g. caring or household duties)

5. Other (specify)

6. None of the above^

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D5=ANY 1-5, IMPACTED BY MENOPAUSE SYMPTOMS)

D6 Have you needed to take an extended break or stop work, study or exercise as a result of these menopause-type symptoms?

(MULTIPLE RESPONSE CODES 1-2)

(READ OUT)

1. Yes, from work or study

2. Yes, from exercise

3. No, this has not happened

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(D4=1, HAD MENOPAUSE SYMPTOMS)

D7 And have your menopause-type symptoms negatively impacted...

(STATEMENTS)
(READ OUT)

- a) Your relationship with your partner
- b) Your relationships with friends and family
- c) Your mental and emotional wellbeing

(RESPONSE FRAME)

- 1. Yes
 - 2. No
 - 3. Not applicable
-
- 98. (Don't know) / Not sure
 - 99. (Refused) / Prefer not to say

*(D4=1, HAD MENOPAUSE SYMPTOMS)

D8 Have you discussed these menopause-type symptoms with a doctor?

- 1. Yes
 - 2. No
-
- 98. (Don't know) / Not sure
 - 99. (Refused) / Prefer not to say

*(D8=1, DISCUSSED WITH DOCTOR)

D9 Thinking about how you felt when discussing these menopause-type symptoms with a doctor, to what extent do you agree or disagree that you felt...

(STATEMENTS) (RANDOMISE a-f)
(READ OUT)

- a) Empowered
- b) Reassured
- c) Believed
- d) Ashamed
- e) Dismissed
- f) Embarrassed

(RESPONSE FRAME)

- 1. Strongly agree
 - 2. Agree
 - 3. Neither agree nor disagree
 - 4. Disagree
 - 5. Strongly disagree
-
- 98. (Don't know) / Not sure
 - 99. (Refused) / Prefer not to say

*(D8=2, DID NOT DISCUSS WITH DOCTOR)

D10 Why did you decide not to discuss these menopause-type symptoms with your doctor?

(RANDOMISE 1-4)

Please select all that apply / (READ OUT)

1. You / I didn't think the symptoms were bad enough
 2. You / I were/was too embarrassed or ashamed to ask
 3. You / I already had the information needed
 4. You / I didn't think anything could be done
 5. Other (specify)
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(TIMESTAMP)

MODULE F: EXPERIENCE WITH HEALTH PROFESSIONALS

*(DUM_SEX=1, FEMALE AT BIRTH)

F1 The next questions are about seeing health professionals.

When you see a doctor, do you prefer...

(READ OUT)

1. A male doctor
 2. A female doctor
 3. You / I don't have a preference
 4. Depends on why you are / I am seeing the doctor
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

F2 Would you feel comfortable discussing any of the following with a male doctor?

(STATEMENTS) (RANDOMISE)

(READ OUT)

- a) Your periods
- b) Pelvic pain
- c) Menopause symptoms
- d) Painful sex
- e) An itchy or sore vulva or vagina

(RESPONSE FRAME)

1. Yes
 2. No
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

F3 Would you feel comfortable discussing any of the following with a female doctor?

(STATEMENTS) (RANDOMISE)

(READ OUT)

- a) Your periods
- b) Pelvic pain
- c) Menopause symptoms
- d) Painful sex
- e) An itchy or sore vulva or vagina

(RESPONSE FRAME)

- 1. Yes
- 2. No

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)

F4 To what extent do you agree or disagree with the following statements.

(STATEMENTS) (RANDOMISE)
(READ OUT)

- a) I know where to go to get the health care I need
- b) I can understand most of the information my doctor tells me
- c) I can afford to see a doctor if I need to
- d) It's easy to get an appointment with a doctor when I need one

(RESPONSE FRAME)

- 1. Strongly agree
- 2. Agree
- 2. Neither agree nor disagree
- 3. Disagree
- 4. Strongly disagree

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(TIMESTAMP)

MODULE G: EXPERIENCE WITH COVID

*(DUM_SEX=1, FEMALE AT BIRTH)

G1 The following questions are about your experience with COVID-19.

Have you had COVID-19?

(READ OUT)

- 1. Yes, once
- 2. Yes, more than once
- 3. No

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(G1=1 OR 2, HAD COVID)

G2 *(IF G1=2 HAD COVID MORE THAN ONCE DISPLAY: For any of your COVID-19 infections, did) *(IF G1=1 HAD COVID ONCE DISPLAY: Did) you have any of the

following symptoms for more than three months that began at the time of your COVID-19 infection?

(READ OUT)

- a) Extreme tiredness
- b) Coughing
- c) Breathlessness
- d) Fever
- e) Chest pain
- f) Joint pain
- g) Problems with memory and concentration

(RESPONSE FRAME)

1. Yes
2. No

*(G1=1 OR 2, HAD COVID)

G3 Did you develop any new symptoms within three months of *(IF G1=2 HAD COVID MORE THAN ONCE DISPLAY: any of your COVID-19 infections?) *(IF G1=1 HAD COVID ONCE DISPLAY: your COVID-19 infection?

(READ OUT)

1. Yes
2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(G3=1, NEW SYMPTOMS DEVELOPED)

G4 And did these new symptoms last for at least two months, **and** there was no other explanation for these new symptoms?

(READ OUT)

1. Yes, lasted for at least two months **and** no other explanation for these new symptoms
2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(G2=1 FOR ANY A TO G, SYMPTOMS FOR MORE THAN 3 MONTHS OR G4=1, NEW SYMPTOMS MORE THAN TWO MONTHS)

G5 Did you use any of the following to manage your long COVID-19 symptoms?

Long COVID has been defined as the continuation of symptoms or development of new symptoms 3 months after the initial COVID-19 infection, with these symptoms lasting for at least 2 months with no other explanation.

Please select all that apply (READ OUT)

1. GP consultation
2. Specialist consultation
3. Long-COVID clinic
4. Medication
5. Physiotherapy
6. I did not see anyone about managing my long COVID-19 symptoms^

7. Other (please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(TIMESTAMP)

DEMOGRAPHICS

*(PROGRAMMER: ORU PANEL ONLY)
(DUM_SEX=1, FEMALE AT BIRTH)

DEMO_INTRO2 The next few questions are about you and your background.

*(PROGRAMMER: ORU PANEL ONLY)
*(DUM_SEX=1, FEMALE AT BIRTH)

COB In which country were you born?

1. Australia
2. England
3. New Zealand
4. China
5. India
6. Philippines
7. Vietnam
8. Italy
9. Other (please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)
LOTE Do you use a language other than English at home?

1. Yes
2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)
ATSI Are you of Aboriginal or Torres Strait Islander origin?

(IF YES, PROBE TO FRAME)

1. Yes – Aboriginal
2. Yes – Torres Strait Islander
3. Yes – both
4. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(SHOW FOR LINA PANELLISTS ONLY)
To finish off, we have a few questions about you.

*(PROGRAMMER: ORU PANEL **AND** LINA PANEL)

*(DUM_SEX=1, FEMALE AT BIRTH)
MARITAL What is your present marital status?

(READ OUT)

1. Never married
2. Widowed
3. Divorced
4. Separated but not divorced
5. Married in a registered marriage
6. Married in a de facto marriage

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)
SEXID How do you describe your sexual orientation?

(READ OUT)

1. Heterosexual or straight
2. Gay
3. Lesbian
4. Bisexual
5. Asexual
6. Pansexual
7. Queer
8. I use a different term (please specify)

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)
HIGHEST_SCHOOLING Now, some questions about your education, employment and household.

What is the highest year of primary or secondary school you have **completed**?

If you are currently at school, select the highest year of school you have completed, not the year you are currently in.

(INTERVIEWER NOTE: If respondent is currently at school, select the highest year of schooling they have completed, not the year they are currently in.)

1. Year 12 or equivalent
2. Year 11 or equivalent
3. Year 10 or equivalent
4. Year 9 or equivalent
5. Year 8 or below
6. Did not go to school

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

HIGHEST_QUALIFICATION What is the level of the highest educational qualification you have completed, if any?

(PROBE TO CODE FRAME)

0. Have not completed a qualification
1. Postgraduate Degree Level (incl. master degree, doctoral degree, other postgraduate degree)
2. Graduate Diploma and/or Graduate Certificate Level
3. Bachelor Degree Level
4. Advanced Diploma and/or Diploma Level
5. Certificate III and/or IV Level
6. Certificate I and/or II Level
96. Other (please specify)

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL AND LINA PANEL)

EMP1 Last week, did you have a job of any kind?

(READ OUT)

1. Yes, worked for payment or profit
2. Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
3. Yes, unpaid work in a family business
4. Yes, other unpaid work
5. No, did not have a job

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL AND LINA PANEL)

EMP2 Did you actively look for work at any time in the last four weeks?

(READ OUT)

1. Yes, looked for work
2. No, did not look for work

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL AND LINA PANEL)

FIN_SIT How would you describe your financial situation?

(READ OUT)

1. Living comfortably
2. Doing alright
3. Just getting by
4. Finding it quite difficult
5. Finding it very difficult

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

HOMEOWNER Do you own outright, are you buying or renting the dwelling in which you now live?

(READ OUT)

- 1. Own outright
 - 2. Own with a mortgage
 - 4. Renting
 - 5. Occupying rent free
 - 3. Purchasing under a shared equity scheme (IF NEEDED: A shared equity scheme is a way to share the cost of buying a home with an equity partner, such as a private investor, not-for profit organisation or government housing authority.)
 - 6. Occupying under a life tenure scheme (IF NEEDED: A life tenure scheme is a contract to live in the dwelling for the term of your life without the full rights of ownership. This is a common arrangement in retirement villages.)
 - 7. Some other arrangement (please specify)
- 98. (Don't know) / Not sure
 - 99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

NO_OF_ADULTS And now for some questions about your household.

Including yourself, how many people aged 18 years and over live in your household?

[PROGRAMMER NOTE: ALLOW RESPONSES 1-20. DISPLAY 'That seems like an unlikely response. Please check and re-enter.' IF ANSWER IS GREATER THAN 10]

- 1. <RANGE 1 TO 20, WHOLE NUMBERS>
- 98. (Don't know) / Not sure
 - 99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)

HOUSEHOLD_STR Which of the following best describes your household?

(READ OUT)

- 1. Person living alone [DO NOT DISPLAY IF NO_OF_ADULTS>1]
- 2. Couple living alone
- 3. Couple with non-dependent child or children
- 4. Couple with dependent child or children
- 5. Couple with dependent and non-dependent child or children
- 6. Single parent with non-dependent child or children
- 7. Single parent with dependent child or children
- 8. Single parent with dependent and non-dependent child or children
- 9. Non-related adults sharing house / apartment / flat

10. Other (please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

CLOSE

*(TERM1a)

TERM1a. Thank you for your time.

*(TERM1)

TERM1. Unfortunately, you don't qualify for this study. Thank you for your time.

*(TERM2)

TERM2 Thank you for your time but we need to speak with people aged 18 years and over.

*(TERM3)

TERM3 Unfortunately, we need this information to continue. Thanks very much for your help anyway.

*(PROGRAMMER: ORU PANEL ONLY) (CLOSE)

CLOSE1. That's all the questions we have for you. Thank you very much for helping us with the survey. If you would like more information about the survey, you can call The Social Research Centre on 1800 023 040 or email at LifelInAus@srcentre.com.au

This research study has been carried out in compliance with the *Privacy Act 1988* and the *Privacy (Market and Social Research) Code 2021*, and the information you have provided will only be used for research purposes. Our Privacy Policy is available via our website, <http://www.srcentre.com.au/research-participants#privacy>

If you would like to talk to someone about how you have been feeling or have any concerns about your mental health, please visit: <https://www.lifeline.org.au/> or call *Lifeline* on 13 11 14.

Your answers have been submitted. You may now close this page.



Social
Research
Centre

Level 5, 350 Queen Street
Melbourne, Vic 3000

Locked Bag 13800
Law Courts, Vic 8010

03 9236 8500
info@srcentre.com.au

srcentre.com.au

A subsidiary of



Australian
National
University

