



National Women's Health Survey

Life in Australia TM Technical Report

July 2025



Social
Research
Centre



Life in
Australia TM

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List of abbreviations and terms

A-BS	Address-based sampling
CATI	Computer-assisted telephone interviewing
CAWI	Computer-assisted web interviewing (i.e. online)
COMR	Completion Rate
CUMRR	Cumulative Response Rate
G-NAF	Geo-coded National Address File
IVR	Interactive Voice Response
PROR	Profile Rate
RDD	Random digit dialling
RECR	Recruitment Rate
RETR	Retention Rate
SMS	Short Messaging Service (i.e. text message)

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 (NWHHS). This is an annual survey focusing on women's health, the topics explored each year are updated to reflect current information needs. The 2025 iteration of the NWHHS focused on women's knowledge and experiences in relation to their general health as well as migraine, dementia, early pregnancy loss, and sex and gender issues in health research.

The data were collected via two sample sources:

- The Social Research Centre's probability-based panel Life in Australia™ (121st wave)
- ORU, a non-probability panel provider.

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

This report provides an overview of the data collection and methodological aspects of the 2025 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

The survey was conducted from 5th May 2025 to 18th May 2025 for Life in Australia™, and from 12th May 2025 to 26th May 2025 for the ORU non-probability panel.

A total of 2,014 Life in Australia™ panellists were invited to participate in the survey. The online population, with internet access, will complete the survey online, while the offline population, including those without internet access or who are uncomfortable with online surveys, can complete the surveys by telephone. Among them, 1,485 completed the survey online, while 20 completed it by telephone. Additionally, 35,000 ORU non-probability panel members were invited, with 2,124 completing the survey online.

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

Table 1 Summary of key statistics

Field	Total	Life in Australia™ probability panellists			ORU non-probability panel members
		Total	Online	Offline	
Invited to complete survey	37,014	2,014	1,983	31	35,000
Total Interviews achieved	3,629	1,505	1,485	20	2,124
Average interview duration (mins)	16.2	16.2	16.0	29.8	16.3
Completion rate (%)	9.8%	74.7	74.9	64.5	6.1%
Main fieldwork start date	5-May-25	5-May-25	5-May-25	5-May-25	12-May-25
Main fieldwork finish date	26-May-25	18-May-25	18-May-25	18-May-25	26-May-25

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.

1.4. Ethics and quality assurance

All aspects of this research were undertaken in accordance with ISO 20252:2019 Market, Opinion and Social Research Standard, The Research Society (formerly AMSRS) Code of Professional Behaviour, the Australian Privacy Principles and the *Privacy (Market and Social Research) Code 2021*.

The Social Research Centre is an accredited Company Partner of The Research Society with all senior staff as full members and several senior staff QPMR accredited. The Social Research Centre is also a member of the Australian Data and Insights Association (ADIA formerly known as AMSRO) and bound by the Market and Social Research Privacy Principles/Code.

The survey has been reviewed and approved by the Bellberry Ethics Committee (Reference number: 2018-03-187-A-16).

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

2. Questionnaire design and testing

The questionnaire was developed by Jean Hailes for Women's Health, while 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 Life in Australia™ online and offline records on the first planned day of fieldwork.

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 is women (sex recorded as 'female' at birth) aged 18+ residing in Australia. Life in Australia™ members who had female recorded as their sex at birth were randomly selected to participate in the survey.

A screener question at the start of the questionnaire asked ORU non-probability panel respondents their sex recorded at birth. Those who did not answer 'female' were screened out and did not proceed with the remaining survey questions.

3.1.2 Life in Australia™

Life in Australia™ members were randomly recruited via their landline or mobile phone and provided their contact details so that they could take part in surveys on a regular basis. This means that the population covered by the panel is all Australian adults contactable via either a landline or mobile phone.

A dual-frame random digit dialling (RDD) sample design was employed to undertake recruitment of Life in Australia™ in 2016, 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.

In May 2018, the panel was refreshed with $n = 287$ panellists being retired and $n = 267$ new panellists being recruited. The recruitment methodology used only mobile RDD sample and recruited only online participants that were under 55 years old 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%. After the refresh, there were $n = 2,839$ active members of Life in Australia™. For both the recruitment in 2016 and panel refreshment in 2018, the RDD sample was provided by SamplePages.

Between October-December 2019, the panel was refreshed with $n = 347$ panellists being retired and $n = 1,810$ new panellists being recruited. This recruitment used a G-NAF (Geocoded National Address File) sample frame and push-to-web methodology. 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 recruitment rate (RECR) for the replenishment was 12.1%. After the refresh, there were $n = 4,025$ active members of Life in Australia™.

Between November 2020 and January 2021, the panel was refreshed with $n = 385$ panellists being retired and $n = 612$ new panellists being recruited. This recruitment used a combination of recruitment methodologies: G-NAF (Geocoded National Address File) sample frame and push-to-web, mobile sample frame IVR (interactive voice response) push-to-web, and mobile sample frame SMS invitation. 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 recruitment rate (RECR) for the replenishment was 3.1%. After the refresh, there were $n = 4,060$ active members of Life in Australia™.

In April 2021, the panel was refreshed with $n = 510$ new panellists being recruited. This recruitment used an RDD mobile sample frame with SMS invitation. 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 recruitment rate (RECR) for the replenishment was 3.4%. After the refresh, there were $n = 4,499$ active members of Life in Australia™.

In August and September 2021, the panel was expanded with $n = 3,715$ new panellists being recruited. This recruitment used the G-NAF (Geocoded National Address File) sample frame sample frame and push-to-web methodology. The recruitment rate (RECR) for the replenishment was 7.7%. After the refresh, there were $n = 7,645$ active members of Life in Australia™.

In February-March 2023 and February-March 2024, the panel was expanded using an RDD mobile sampling frame and SMS push-to-web. Over time some panellists have withdrawn from future participation in the panel, while others are retired due to non-response or poor-quality responses.

Unlike other research panels, Life in Australia™ includes people both with and without internet access. Those without internet access or those who are not comfortable completing surveys over the internet are able to complete surveys by telephone. Life in Australia™ members receive a small incentive for joining the panel and another incentive for each survey they complete.

3.1.3 Sample design

The sample design for the 2025 survey was structured to ensure comparability with the 2023 design by employing a square root design approach with strata defined by state, distributing the sample size proportionally across different regions to maintain consistency and comparability. Due to different amounts of Life in Australia™ sample in each stratum, the ratio between Life in Australia™ and ORU varied by stratum (Table 2).

Table 2 Sample design – strata defined by state

State	Life in Australia™ (n)	ORU non-probability panel (n)	Total (n)
New South Wales	348	439	787
Victoria	316	399	715
Queensland	280	356	636
South Australia	163	212	375
Western Australia	200	258	458
Tasmania	90	119	209
Northern Territory	22	111	133
Australian Capital Territory	81	106	188
Total	1,500	2,000	3,500

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™ panellists (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark ²
Base (n)	1,505	2,124	3,629	
Gender				
Female	98.1	99.2	98.8	-
Male	0.5	0.3	0.4	-
Age				
18-24 years	4.6	9.4	7.4	11.0

² Australian Bureau of Statistics (September 2021 ERPS).

Subgroup	Life in Australia™ panellists (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark ²
25-34 years	13.8	18.3	16.4	18.8
35-44 years	18.5	15.2	16.6	17.5
45-54 years	18.2	15.3	16.5	16.2
55-64 years	18.3	17.0	17.6	14.9
65-74 years	18.5	16.6	17.4	12.0
75 or more years	8.1	8.2	8.2	9.5
Location				
Sydney	13.8	13.9	13.9	20.6
Rest of NSW	9.9	5.6	7.4	11.3
Melbourne	15.4	15.2	15.3	19.7
Rest of VIC	5.5	3.7	4.4	6.3
Brisbane	10.2	8.9	9.5	9.7
Rest of QLD	8.2	7.1	7.6	10.4
Adelaide	8.3	8.5	8.4	5.4
Rest of SA	2.1	1.9	2.0	1.6
Perth	10.7	11.4	11.1	8.1
Rest of WA	2.6	1.6	2.0	2.2
Hobart	3.2	4.7	4.1	0.9
Rest of TAS	3.2	3.9	3.6	1.2
Darwin	1.1	4.3	2.9	0.6
Rest of NT	0.4	1.5	1.0	0.3
ACT	5.4	7.9	6.8	1.7

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.¹

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 5 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.

The exact contact dates are shown below in Table 54 and Table 5Table 5.

Table 4 Summary of contact schedule – Life in Australia™

Contact type	Date	Population
Phone interviews	5-May-25 - 17-May-25	Offline only
Email*	5-May-25	Online only
SMS*	5-May-25	Both
SMS	6-May-25	Both
Email	6-May-25	Online only
Email	9-May-25	Online only
Reminder calls	13-May-25 - 19-May-25	Online only
Email	13-May-25	Online only
SMS	13-May-25	Both

Email	16-May-25	Online only
SMS	16-May-25	Both
Email	17-May-25	Online only
SMS	17-May-25	Both

*Soft launch

Table 5 Summary of contact schedule – ORU non-probability panel

Schedule	Dates
*Email	12 th May
Email	13 th May
Emails sent daily to fresh sample for all quotas	13 th May – 16 th May
Email reminders sent daily to push state quotas	19 th May – 26 th May

*Soft launch

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

ORU panel members were invited to complete the survey via initial invitation emails, and non-completers were followed up with targeted reminder emails throughout the fieldwork to maximise responses.

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:

- Points redeemable as an electronic gift card from GiftPay
- 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.

ORU panel members received reward points for completing the survey. These points were credited to members’ panel accounts as either a cash reward, Mint rewards points, or prize draw entries.

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

4. Response outcomes

4.1. Completion rate

The Social Research Centre uses standard industry definitions for calculating outcome rates (American Association for Public Opinion Research, 2023; Callegaro & DiSogra, 2008). The completion rate (COMR) represents completed interviews as a proportion of all Life in Australia™ members invited to participate in this survey.

Overall, in comparison to the ORU non-probability panel, Life in Australia™ members had higher completion rates (74.7% vs 6.1%) and lower refusals and mid-survey terminations (1.4% vs 0.9%). However, this difference is mainly attributed to variations in sampling and recruitment approaches between the panels. A summary of the AAPOR outcomes is shown in Table 6.

Table 6 Summary of survey completion rate

AAPOR code	Outcome categories	Total		Life in Australia™ total		ORU non-probability panel total	
		n	%	n	%	n	%
	Total invited	37,014	100.0	2,014	100.0	35,000	100.0
1.1	Completed interview	3,629	9.8%	1,505	74.7%	2,124	6.1%
2.1	Refusals and mid-survey terminations	351	0.9%	29	1.4%	322	0.9%
2.2	Non-contacts	4	0.0%	4	0.2%	0	0.0%
2.3	Other	702	1.9%	86	4.3%	616	1.8%
COMR	Completion Rate (%)	-	9.8%	-	74.7%	-	6.1%

4.1.1 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 2.4% (see Table 7 Table 7).

Table 7 Summary of panel outcome rates (Life in Australia™ only)

Code	Name	%
RECR	Recruitment rate	6.5
PROR	Profile rate	97.0
RETR	Retention rate	52.1
COMR	Completion rate	74.7
CUMRR2	Cumulative response rate 2	2.4

5. Data processing and outputs

5.1. Coding

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
- Verbatim responses to open-ended questions or questions with an 'other (specify)'.

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, 6 ORU case were removed due to poor data quality and are not counted toward the completion rate.

5.3. 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.

5.4. Weighting

The 2025 National Women's Health Survey consisted of two components that were combined for weighting purposes:

1. A random (probability) sample of female adults aged 18+ years old from Life in Australia™.
2. A convenience (non-probability) sample of female adults aged 18+ years old 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 8. 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), and adjusted to meet the latest Estimated Resident Population (ERP) figures (ABS, June 2023). All population counts refer to the Australian 18+ year old female population.

The method used to adjust the base weights was regression calibration (Deville *et al.*, 1993), implemented in R (R Core Team, 2023) using the *survey* package (Lumley, 2021). For more information on weighting of sample surveys, refer to Valliant *et al.* (2018).

Table 8 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	3,391,565	31.17	
Victoria	2,817,174	25.89	
Queensland	2,224,508	20.44	
South Australia	764,859	7.03	
Western Australia	1,158,846	10.65	
Tasmania	235,365	2.16	
Northern Territory	96,286	0.88	
Australian Capital Territory	192,373	1.77	
Geographic location			(A)
Capital city	7,302,552	67.11	
Rest of state	3,578,424	32.89	
Language other than English spoken at home			(A)
Yes	2,675,271	24.59	
No	8,205,705	75.41	
Number of adults in the household			(B)
One	1,943,494	17.86	
Two	5,911,700	54.33	
Three or more	3,025,781	27.81	
Age group by Highest education			(A)
18-24	1,181,373	10.86	
25-34 x Bachelor or above	1,025,050	9.42	
25-34 x Below Bachelor	984,771	9.05	
35-44 x Bachelor or above	945,737	8.69	
35-44 x Below Bachelor	986,712	9.07	
45-54 x Bachelor or above	602,982	5.54	
45-54 x Below Bachelor	1,080,430	9.93	
55-64 x Bachelor or above	413,938	3.8	
55-64 x Below Bachelor	1,154,510	10.61	
65-74 x Bachelor or above	275,563	2.53	
65-74 x Below Bachelor	1,044,788	9.6	
75+ x Bachelor or above	141,248	1.3	
75+ x Below Bachelor	1,043,874	9.59	

Sources:

(A) Census 2021 (ABS, 2021) with ERP updates (ABS, June 2024).

(B) National Health Survey 2022 (ABS, 2024) with ERP updates (ABS, June 2024).

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.

References

- American Association for Public Opinion Research. (2023). *Standard definitions: Final dispositions of case codes and outcome rates for surveys* (10th ed.). <https://aapor.org/wp-content/uploads/2023/05/Standards-Definitions-10th-edition.pdf>
- Australian Bureau of Statistics (2021). Counting Persons, Place of Usual Residence [Census TableBuilder]. Accessed 27 May 2024.
- Australian Bureau of Statistics (June 2024) 'National, state and territory population tables' [Estimated resident population, by age and sex—at 30 June 2024], National, state and territory population [https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release], accessed 02 May 2025.
- Australian Bureau of Statistics (2024). National Health Survey, 2022 [TableBuilder]. Accessed 27 May 2024.
- Australian Bureau of Statistics (June 2023) 'National, state and territory population tables' [Estimated resident population, by age and sex—at 30 June 2023], National, state and territory population [https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release], accessed 27 May 2024.
- Australian Bureau of Statistics. (2018a). *Census reveals a rise in the rate of homelessness in Australia*. <https://www.abs.gov.au/media-centre/media-releases/census-reveals-rise-rate-homelessness-australia>
- Australian Bureau of Statistics. (2018b). *81460DO002_201617 Household use of information technology, Australia, 2016-17* [Data set]. <https://www.abs.gov.au/statistics/industry/technology-and-innovation/household-use-information-technology/latest-release>
- Australian Bureau of Statistics. (2023). *Census of population and housing* [Data set]. <https://www.abs.gov.au/statistics/microdata-tablebuilder>
- Australian Communications and Media Authority. (2022a). *Communications and media in Australia: How we communicate*. Belconnen: ACMA. <https://www.acma.gov.au/publications/2022-12/report/communications-and-media-australia-how-we-communicate>
- Australian Communications and Media Authority. (2022b). *Communications and media in Australia: How we use the internet*. <https://www.acma.gov.au/publications/2022-12/report/communications-and-media-australia-how-we-use-internet>
- Australian Government. (2023). *Geoscape geocoded national address file (G-NAF)*. <https://data.gov.au/data/dataset/geocoded-national-address-file-g-naf>
- Battaglia, M., Link, M. W., Frankel, M. R., Osborn, L., & Mokdad, A. H. (2008). An evaluation of respondent selection methods for household mail surveys. *Public Opinion Quarterly*, 72(3), 459–469. <https://doi.org/10.1093/poq/nfn026>
- Brick, J. M., Waksberg, J., Kulp, D., & Starer, A. (1995). Bias in list-assisted telephone samples. *Public Opinion Quarterly*, 59(2), 218–235. <https://doi.org/10.1086/269470>
- Callegaro, M., & DiSogra, C. (2008). Computing response metrics for online panels. *Public Opinion Quarterly*, 72(5), 1008–1032. <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, D. A. (2017). The promise and challenge of pushing respondents to the web in mixed-mode surveys. *Survey Methodology*, 43(1), 3–30. <https://www150.statcan.gc.ca/n1/pub/12-001-x/2017001/article/14836-eng.htm>
- Elliott, M.R. and R. Valliant (2017) Inference for nonprobability samples. *Statistical Science* 32(2), 249-264. DOI: 10.1214/16-STS598.
- Elliott, M.R. and R. Valliant (2017) Inference for nonprobability samples. *Statistical Science* 32(2), 249-264. DOI: 10.1214/16-STS598.
- Kalton, G. and I. Flores-Cervantes (2003). Weighting methods. *Journal of Official Statistics* 19(2), 81-97.

- Kaczmirek, L., Phillips, B., Pennay, D., & Neiger, D. (2019). *Building a probability-based online panel: Life in Australia™* (CSRM & SRC Methods Paper No. 2/2019). Australian National University. <https://csrcm.cass.anu.edu.au/research/publications/building-probability-based-online-panel-life-australia>
- Kalton, G. and I. Flores-Cervantes (2003). Weighting methods. *Journal of Official Statistics* 19(2), 81-97.
- Link, M., Battaglia, M. P., Frankel, M. R., Osborn, L., & Mokdad, A. H. (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. (2021) survey: analysis of complex survey samples. R package version 4.0. <https://cran.r-project.org/package=survey>.
- Olson, K., Stange, M., & Smyth, J. (2014). Assessing within-household selection methods in household surveys. *Public Opinion Quarterly*, 78(3), 656–678. <https://doi.org/10.1093/poq/nfu022>
- Phillips, B., Barton, J., Pennay, D., & Neiger, D. (2019). *Socio-demographic characteristics of telephone access in Australia: Implications for survey research*. The Social Research Centre.
- R Core Team (2023). 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

National Women's Health Survey 2025

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

*GENERAL PROGRAMMING NOTES:

- All programmer 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.
- 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
- Please include standard SRC footer for ORU respondents
- As per Life in Australia™ standard, please always hide options 98, and 99. If respondent doesn't answer, please then add them to the frame via:
 - MESSAGE ON POP-UP: You have not provided a response. Is that because you're not sure, or you would prefer not to answer?
- Questions are single response, unless otherwise specified (e.g. if there is an instruction (MULTIPLE RESPONSE) OR (ACCEPT MULTIPLES))

*SURVEY FOOTER

PROGRAMMER: FOR LIFE IN AUSTRALIA™, DISPLAY THE BELOW TEXT ABOVE THE STANDARD LINA FOOTER. FOR ORU SAMPLES, DISPLAY ONLY THE BELOW FOOTER)

If you would like to talk to someone about any issues covered by this survey, you can contact these free support and information services

- 1800 RESPECT (1800 737 732)
- Lifeline (13 11 14)
- Migraine & Headache Australia (1300 886 660)
- National Dementia Helpline (1800 100 500)
- Red Nose Grief and Loss Support (1300 308 307)

Targets (18+, females only)

State	LinA sample	ORU sample	Total	Notes
New South Wales	348	439	787	
Victoria	316	399	715	
Queensland	280	356	636	
South Australia	163	212	375	
Western Australia	200	258	458	
Tasmania	90	119	209	
Northern Territory	22	111	133	
Australian Capital Territory	81	106	188	
Total	1,500	2,000	3,500	

*(PROGRAMMER: ORU 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 about your health experiences
- The survey will take approximately 10–15 minutes

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.

The survey has been reviewed and approved by the Bellberry Ethics Committee (Ethics Number: 2018-03-187-A-16).

The Ethics Approval process requires you to be provided with a Participant Information Sheet. In order to continue with the survey you need to first access this statement by clicking [<here>](#).

For the 'next' button to appear, please click on the link in the above sentence to read the Participant Information Sheet before continuing.

The Participant Information Sheet will open in a new window. Once you have read the Participant Information Sheet, you will need to navigate back to this window to start the survey.

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.

PROGRAMMER: SURVEY CANNOT CONTINUE UNTIL THE RESPONDENT HAS CLICKED ON THE LINK TO ACCESS THE PARTICIPANT INFORMATION SHEET AND RETURNED TO THE QUESTIONNAIRE.

CONSENT. To protect your privacy, before starting we need to check that you understand what is involved and agree to participate.

Please read each of the following statements carefully. If you agree with all of the statements, select "yes" in the box below. If you disagree with any of the statements, select "no" in the box below.

- I have read and understood the information in the Participant Information Sheet;
- I understand I am being asked to provide consent to participate in this research project;
- I understand the purposes of the research;
- I provide my consent for the information collected about me to be used for the purpose of this research study only;
- I understand that I am free to withdraw at any time during the project;
- I understand that I can download a copy of the Participant Information Sheet from [<here>](#);
- I am aged 18 years or older

1. Yes
2. No (TERM 4)

than

*(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.

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 about your health experiences
- The survey will take approximately 10–15 minutes

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.

The survey has been reviewed and approved by the Bellberry Ethics Committee (Ethics Number: 2018-03-187-A-16).

The Ethics Approval process requires you to be provided with a Participant Information Sheet.

In order to continue with the survey you need to first access this statement by clicking [<here>](#).

In order to continue with the survey I will need to read out this information to you, please bear with me as I read it out, this will take a few minutes (INTERVIEWER CLICK [<HERE>](#), then return to Dimensions to continue with survey).

For the 'next' button to appear, please click on the link in the above sentence to read the Participant Information Sheet before continuing.

The Participant Information Sheet will open in a new window. Once you have read the Participant Information Sheet, you will need to navigate back to this window to start the survey.

PROGRAMMER: SURVEY CANNOT CONTINUE UNTIL THE RESPONDENT/INTERVIEWER HAS CLICKED ON THE LINK TO ACCESS THE PARTICIPANT INFORMATION SHEET AND RETURNED TO THE QUESTIONNAIRE.

CONSENT. To protect your privacy, before starting we need to check that you understand what is involved and agree to participate.

Please read each of the following statements carefully. If you agree with all of the statements, select "yes" in the box below. If you disagree with any of the statements, select "no" in the box below.

- I have read and understood the information in the Participant Information Sheet;
- I have understood the information in the Participant Information Sheet;
- I understand I am being asked to provide consent to participate in this research project;
- I understand the purposes of the research;
- I provide my consent for the information collected about me to be used for the purpose of this research study only;
- I understand that I am free to withdraw at any time during the project;
- I understand that I can download a copy of the Participant Information Sheet from [<here>](#);
- I understand that I can request a copy of the Participant Information Sheet (INTERVIEWER NOTE: If requested, fill out Panellist Information Update Form with request for PIS).
- I am aged 18 years or older

1. Yes
2. No (TERM 4)

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

*(ALL)

(SHOW ON OWN PAGE)

INTRO_A Now some questions about your health and well-being.

*(ALL)

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

*(ALL)
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

*(ALL)
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

*(ALL)
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

*(ALL)
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

*(ALL)

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

*(TIMESTAMP)

MODULE B: HEADACHES & MIGRAINE

*(ALL)

(SHOW ON OWN PAGE)

INTRODUCTION_B The following questions are about headaches and migraine.

*(ALL)

B4 (B1.4) Have you ever sought medical advice or treatment for headaches?

1. Yes
2. No
96. Not applicable, I have never had headaches

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(B4=1,2, HAD HEADACHES)

B5 (B1.5) Have you ever been diagnosed with migraine?

1. Yes
2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(B4=1,2, HAD HEADACHES)

B7 Have you had a headache or migraine in the last three months?

1. Yes
2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(B7=1, HEADACHE OR MIGRAINE IN LAST THREE MONTHS)

B1 (B1.1) In the last three months, has a headache limited your ability to work, study, or do what you needed to do for at least one day?

1. Yes
2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(B7=1, HEADACHE OR MIGRAINE IN LAST THREE MONTHS)

B2 (B1.2) In the last three months, did you feel nauseated or sick to your stomach with a headache?

1. Yes
2. No

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

*(B7=1, HEADACHE OR MIGRAINE IN LAST THREE MONTHS)

B3 (B1.3) In the last three months, did light bother you when you had a headache (a lot more than when you did not have a headache)?

1. Yes
2. No

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

*(ALL)

B6 (B1.6) How much do you agree or disagree that migraine disorders (commonly known as migraine) are an important health issue in Australia?

(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 C: DEMENTIA

*(ALL)

C2 (C1.2) Thinking about your **heart health**, which of the following statements best describes you?

(READ OUT)

1. I / You do not think about keeping my / your heart healthy
2. I / You think someday I / you will need to consider what I / you can do to keep my / your heart healthy
3. I / You think I / you should start taking action to keep my / your heart healthy, but I am / you are not quite ready
4. I am / You are starting to think about what I / you can do to keep my / your heart healthy
5. I am / You are taking action to keep my / your heart healthy

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

*(ALL)

(SHOW ON OWN PAGE)

INTRO_C1 The following questions are about your views on brain health. Brain health refers to how well a person's brain is working, including the ability to remember, learn, concentrate, interact with others, and maintain a clear and active mind.

*(ALL)

C1 (C1.1) Thinking about your **brain health**, which of the following statements best describes you?

(READ OUT)

1. I / You do not think about keeping my / your brain healthy
 2. I / You think someday I / you will need to consider what I / you can do to keep my / your brain healthy
 3. I / You think I / you should start taking action to keep my / your brain healthy, but I am / you are not quite ready
 4. I am / You are starting to think about what I / you can do to keep my / your brain healthy
 5. I am / You are taking action to keep my / your brain healthy
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

C3 (C1.3) Have any of the following experiences made you concerned about your brain health in the last 12 months?

(RANDOMISE A-F)

(READ OUT)

STATEMENTS

- a. Pregnancy or postpartum ("baby brain")
- b. Menopause ("brain fog")
- c. After a head injury
- d. Feeling like I was / you were getting older - that age was starting to affect my / your body
- e. Finding it hard to keep on top of things at work
- f. During a period of mental distress (such as experiencing stress, burnout, depression, anxiety)

RESPONSE FRAME

1. Yes
 2. No
 96. Not applicable, I / you have not experienced this
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

C4 (C1.4) Have any of the following experiences made you concerned about your brain health in the last 12 months?

(RANDOMISE A-G)

(READ OUT)

STATEMENTS

- a. Frequently misplacing my / your wallet, keys, or glasses
- b. Frequently forgetting to do everyday tasks like errands, returning calls, or paying bills
- c. Friends or family members telling me / you that I'm / you're often forgetting things
- d. Finding myself / yourself getting easily distracted
- e. Frequently tuning out instead of focusing
- f. Having difficulty organising tasks that have many steps
- g. Frequently finding it hard to concentrate

RESPONSE FRAME

1. Yes
 2. No
 96. Not applicable, I / you have not experienced this
98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(ALL)

INTRO_C2 The following questions are about dementia. Dementia is a group of brain diseases that cause a decline in thinking, memory, and reasoning skills.

*(ALL)

C5 (C2.5) In the past 12 months, have you been the primary carer of someone with dementia?

Being the primary carer means taking care of most of another person's physical, medical, and social care needs on a daily basis.

(PROMPT IF NECESSARY)

1. Yes
2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(ALL)

C7 (C2.6) Which of the following groups of people do you think can be affected by dementia?

Please select all that apply.

(READ OUT) (MULTIPLES ACCEPTED)

1. Children
2. Young adults (people in their 20s and 30s)
3. Adults in midlife (people in their 40s and 50s)
4. Older adults (people in their 60s and older)

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(ALL)

C8

For each of the following statements about dementia, please indicate whether you think it is true, false, or you don't know. If you don't know the answer, please select / say "Not sure" rather than trying to guess the answer.

(RANDOMISE A-L)

(SPLIT STATEMENTS ACROSS TWO SCREENS, 6 STATEMENTS PER SCREEN)

STATEMENTS

- a) The sudden onset of cognitive problems (forgetting things or not thinking clearly) is characteristic of common forms of dementia (C2.4)
- b) Dementia does not result from physical changes in the brain (C2.5)
- c) Alzheimer's disease is the most common form of dementia (C2.6)
- d) Blood vessel disease (vascular dementia) is the most common form of dementia (C2.7)
- e) Medications are the most effective way of treating behavioural symptoms of dementia (C2.8)
- f) People can recover from the most common forms of dementia (C2.9)
- g) Dementia is a normal part of the ageing process (C2.10)
- h) Symptoms of depression can be mistaken for symptoms of dementia (C2.11)
- i) Most forms of dementia do not generally shorten a person's life (C2.12)
- j) People experiencing dementia do not generally have problems making decisions (C2.13)
- k) Dementia is the leading cause of death in Australian men (C2.14)

l) Dementia is the leading cause of death in Australian women (C2.15)

*DISPLAY 98 UPFRONT WITH OTHER RESPONSE OPTIONS
RESPONSE FRAME

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

*(ALL)

C9 (C3.1) If there was a test to detect dementia before you had symptoms, would you take it?

(PROMPT IF NECESSARY)

1. Yes, I would want to know so I can be prepared
2. No, I wouldn't want to know
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

C10 For each of the following statements about dementia, please indicate whether you think it is true, false, or you don't know. If you don't know the answer to a question, please select / say "Not sure" rather than trying to guess the answer.

(RANDOMISE A-E)

STATEMENTS

- a) Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition (C3.2)
- b) Having high blood pressure increases a person's risk of developing dementia (C3.3)
- c) Having hearing problems increases a person's risk of developing dementia (C3.4)
- d) Exercise is generally beneficial for people experiencing dementia (C3.5)
- e) Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia (C3.6)

*DISPLAY 98 UPFRONT WITH OTHER RESPONSE OPTIONS
RESPONSE FRAME

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

*(ALL)

C11 For each of the following statements about dementia, please indicate whether you think it is true, false, or you don't know. If you don't know the answer to a question, please select / say "Not sure" rather than trying to guess the answer.

(RANDOMISE A-K)

(SPLIT STATEMENTS ACROSS TWO SCREENS, 5 ON ONE SCREEN 6 ON THE OTHER)

STATEMENTS

- a) Planning for end of life care is generally not necessary following a diagnosis of dementia (C4.1)
- b) Movement is generally affected in the later stages of dementia (C4.2)
- c) Difficulty eating and drinking generally occurs in the later stages of dementia (C4.3)
- d) People with advanced dementia may have difficulty speaking (C4.4)
- e) People experiencing dementia often have difficulty learning new skills (C4.5)

- f) Daily care for a person with advanced dementia is effective when it focuses on providing comfort (C4.6)
- g) It is impossible to communicate with a person who has advanced dementia (C4.7)
- h) A person experiencing advanced dementia will not generally respond to changes in their physical environment (C4.8)
- i) It is important to correct a person with dementia when they are confused (C4.9)
- j) People experiencing advanced dementia often communicate through body language (C4.10)
- k) Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs (C4.11)

*DISPLAY 98 UPFRONT WITH OTHER RESPONSE OPTIONS
RESPONSE FRAME

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

*(ALL)

C12 (C5.1) Where would you go **for information** if you were concerned you or someone close to you was developing dementia?

(RANDMISE 1-9)

Please select all that apply.

(PROBE TO FRAME) (MULTIPLES ACCEPTED)

- 1. Dementia Australia website
- 2. A government health website
- 3. GP
- 4. Psychologist
- 5. Psychiatrist
- 6. Neurologist
- 7. Geriatrician
- 8. Internet search engine (such as Google)
- 9. Social media (such as Facebook)
- 95. Other (please specify)
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(ALL)

C13 (C5.2) Where would you go **for a diagnosis** if you were concerned you or someone close to you was developing dementia?

(RANDMOISE 1-6)

Please select all that apply.

(PROBE TO FRAME) (MULTIPLES ACCEPTED)

- 1. GP
- 2. Psychologist
- 3. Psychiatrist
- 4. Neurologist
- 5. Geriatrician
- 6. Dementia Australia
- 95. Other (please specify)
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(TIMESTAMP)

MODULE D: EARLY PREGNANCY LOSS

*(ALL)

(SHOW ON OWN PAGE)

INTRO_D The following questions are about pregnancy.

*(ALL)

D1 (D1.1) To make sure we ask you the right questions, have you ever been pregnant?

If you are currently pregnant, please select 'Yes'.

(PROMPT IF NECESSARY)

1. Yes
2. No, or not that I know of

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

*(D1=1, HAVE EVER BEEN PREGNANT)

INTRO_D1 The next set of questions asks about experiences with early pregnancy loss, broadly known as miscarriage. Early pregnancy loss is defined as the loss of a pregnancy before 20 weeks (about 5 months) of gestation.

Please remember there are no right or wrong answers, and your responses are confidential.

*(D1=1, HAVE EVER BEEN PREGNANT)

D2 (D1.2) Have you ever had an early pregnancy loss?

(PROMPT IF NECESSARY)

1. Yes
2. No, or not that I know of

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

*(D2=1, HAVE EVER HAD AN EARLY PREGNANCY LOSS)

D3 (D1.3) How many early pregnancy losses have you had?

(PROMPT IF NECESSARY)

1. 1 early pregnancy loss
2. 2 early pregnancy losses
3. 3 early pregnancy losses
4. 4 or more early pregnancy losses

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

*(D2=1, HAVE EVER HAD AN EARLY PREGNANCY LOSS)

D4 (D1.4) Have you had an early pregnancy loss in the last 3 years?

(PROMPT IF NECESSARY)

1. Yes
2. No, or not that I know of

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

*(D4=1, HAD PREGNANCY LOSS IN LAST 3 YEARS)

INTRO_D2 The following questions are about your most recent early pregnancy loss. Please answer these questions in relation to that loss only. Please remember your responses are confidential.

*(D4=1, HAD PREGNANCY LOSS IN LAST 3 YEARS)

D7 (D2.1) Thinking about your most recent early pregnancy loss, did you go somewhere for medical care or treatment?

(PROMPT IF NECESSARY)

1. Yes
2. No

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D7=1, RECEIVED MEDICAL CARE OR TREATMENT)

D8 (D2.2) Who did you see for medical care or treatment?

(MULTIPLE RESPONSE)

(RANDOMISE 1-7)

Please select all that apply.

(PROBE TO FRAME)

1. GP
2. Nurse
3. Midwife
4. Pharmacist
5. A doctor in the emergency department
6. A doctor in a hospital inpatient ward
7. Obstetrician (sometimes called 'O&G')
95. Other (please specify)

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D7=1, RECEIVED MEDICAL CARE OR TREATMENT)

D10 (D2.4) Were you offered a choice of treatments for your early pregnancy loss?

*Treatment for early pregnancy loss includes 'natural' management where medicine or medical procedures are **not** used, medical management (where medicine is taken) and surgical management (such as a D&C).*

(PROMPT IF NECESSARY)

1. Yes
2. No, I was not given a choice

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

*(D10=1, OFFERED A CHOICE OF TREATMENTS)

D11 (D2.5) Which of the following treatments were you offered?

(MULTIPLE RESPONSE CODES)

Please select all that apply.

(READ OUT)

1. Expectant (or 'natural') management (medicines or procedures were not used)
 2. Medical management (taking medicines such as mifepristone and/or misoprostol)
 3. Surgical management (A 'D&C' - dilation and curettage, a physical procedure)
 4. I / You cannot remember what I was / you were offered *(EXCLUSIVE)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(D7=1, RECEIVED MEDICAL CARE OR TREATMENT)

D12 (D2.6) Were you able to access the treatment you wanted?

(PROMPT IF NECESSARY)

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

*(D12=2,98 OR 99, UNABLE TO ACCESS TREATMENT)

D13 (D2.7) What stopped you from getting the treatment you wanted?

(MULTIPLE RESPONSE)

Please select all that apply.

(PROBE TO FRAME)

1. Treatment or service too expensive
 2. Treatment or service too far away
 3. Unable to find someone to take over my caring responsibilities
 4. Unable to get transport to or from the treatment or service
 5. Unable to take time off from work
 6. Privacy concerns
 7. Language or disability barriers
 8. Unable to find a prescribing doctor or healthcare provider
 9. No capacity at local clinics or hospitals to provide treatment
 95. Other (Please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(D7=1, RECEIVED MEDICAL CARE OR TREATMENT)

D14 (D3.1) Thinking of your most recent experience receiving medical care or treatment for early pregnancy loss, were you offered any information on:

(MULTIPLE RESPONSE)

Please select all that apply.

(READ OUT)

1. An early pregnancy loss support group or organisation
 2. Workplace support
 3. How to manage your physical health after pregnancy loss
 4. How to manage your mental and emotional health after pregnancy loss
 5. I was not offered any information *(EXCLUSIVE)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(D7=1, RECEIVED MEDICAL CARE OR TREATMENT)

D9 (D2.3) Thinking about your overall experience with medical care or treatment for your early pregnancy loss, to what extent do you agree or disagree that the healthcare professional or team:

STATEMENTS

- a) Acknowledged **my** / **your** loss
- b) Treated **me** / **you** with empathy and compassion
- c) Made **me** / **you** feel supported

(READ OUT)

RESPONSE FRAME

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
97. Not applicable

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

*(D4=1, HAD PREGNANCY LOSS IN LAST 3 YEARS)

D15 (D3.2) Thinking of your most recent early pregnancy loss, did you look for **information** on early pregnancy loss from...

(MULTIPLE RESPONSE)

(RANDOMISE 1-7)

Please select all that apply.

(READ OUT ONE BY ONE)

1. Your GP
2. Your pharmacist
3. A nurse or midwife
4. By searching health information websites
5. By searching a social media platform, such as Facebook
6. Friends and/or family
7. Your workplace
95. Other (Please specify)
97. I did not look for any information *(EXCLUSIVE)

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

*(D4=1, HAD PREGNANCY LOSS IN LAST 3 YEARS)

D16 (D3.3) Thinking of your most recent early pregnancy loss, did you look for **emotional support** from...

(MULTIPLE RESPONSE)

(RANDOMISE 1-7)

Please select all that apply.

(READ OUT ONE BY ONE)

1. A counsellor or psychologist
2. An early pregnancy loss support group or organisation
3. By searching websites
4. By searching a social media platform (such as Facebook)
5. Friends and/or family
6. Your workplace
7. Your spouse / partner
97. I did not look for emotional support *(EXCLUSIVE)

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

*(D4=1, HAD PREGNANCY LOSS IN LAST 3 YEARS)

D17 (D3.4) Thinking of your most recent early pregnancy loss, did you tell your employer about your pregnancy loss?

(PROMPT IF NECESSARY)

1. Yes
2. No
96. Not applicable (I'm not in paid employment)

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

*(D17=1, TOLD EMPLOYER ABOUT PREGNANCY LOSS)

D17A Did your employer offer you any support (such as to take leave or different working arrangements) after you told them about the early pregnancy loss?

(PROMPT IF NECESSARY)

1. Yes
2. No

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

*(D17A=1, EMPLOYER OFFERED SUPPORT)

D18 (D3.5) What support did your employer **offer** you?

(MULTIPLE RESPONSE)

(RANDOMISE 1-6)

Please select all that apply.

(PROBE TO FRAME)

1. Paid annual leave
2. Paid sick leave
3. Paid bereavement leave
4. Unpaid leave
5. Working from home to suit your needs (remote working provisions)
6. Working reduced or different hours to suit your needs (flexible working provisions)
95. Something else (Please specify)

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

*(D17=1 OR 2, IN PAID EMPLOYMENT)

D19 (D3.6) Thinking of your most recent early pregnancy loss, did you take any leave from paid employment?

(MULTIPLE RESPONSE CODES 1-5)

(PROBE TO FRAME)

1. Yes, I took unpaid leave
2. Yes, I took paid annual leave
3. Yes, I took paid personal, sick, or carer's leave
4. Yes, I took paid bereavement leave
5. Yes, I took cultural leave
6. No, I did not want or need leave *(EXCLUSIVE)
7. No, I wanted leave but I did not want to tell my manager and/or colleagues about the pregnancy loss *(EXCLUSIVE)
8. No, I wanted leave but my manager or employer would not give it to me *(EXCLUSIVE)
9. Not applicable (do not have access to leave) *(EXCLUSIVE)

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

*(ALL)

INTRO_D3 The next set of questions asks about people's knowledge and attitudes in relation to early pregnancy loss, broadly known as miscarriage. Early pregnancy loss is defined as the loss of a pregnancy before 20 weeks (about 5 months) of gestation. Please remember your responses are confidential.

*(ALL)

D21 (D4.1) What percent of pregnancies do you think end in an early pregnancy loss?

(READ OUT)

1. 75%
2. 50%
3. 25%
4. 5%
5. 1% or less
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

D23 (D4.3) Please indicate if you think the following can be a cause of early pregnancy loss...

(RANDOMISE A-N)

(READ OUT ONE BY ONE)

- a. There is a problem with the fetus, such as genetic abnormality
- b. Lifting heavy objects
- c. The mother has a medical problem (such as uncontrolled diabetes or cervical problems)
- d. Sex during pregnancy
- e. Past use of birth control
- f. Smoking
- g. Drinking alcohol
- h. Eating food that could make you sick (such as raw fish, soft cheese, uncooked egg)
- i. Drinking too much coffee
- j. Stress
- k. Eating spicy food
- l. Runs in the family
- m. Destiny or fate
- n. There's not a reason, it just happens

RESPONSE FRAME

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

*(ALL)

D24 (D4.4) Please indicate how much you agree or disagree with the following statements:

(RANDOMISE A-B)

(READ OUT)

STATEMENTS

- a) Women should get bereavement leave from work if they have an early pregnancy loss
- b) Partners of women who have an early pregnancy loss should get bereavement leave from work

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

MODULE E: SEX AND GENDER QUESTIONS

*(ALL)

E7 (E1.7) For each of the following statements, please indicate whether you think it is true, false, or you don't know. If you don't know the answer to a question, please select "Not sure" rather than trying to guess the answer.

(RANDOMISE A-I)

(READ OUT)

- a) Medicines affect men and women the same
- b) Women and men have different heart attack symptoms
- c) More men than women suffer from autoimmune diseases, like lupus or multiple sclerosis
- d) Historically, medicines were tested mostly on men
- e) Most laboratory research is done on female specimens
- f) In Australia, women are more likely than men to feel that their pain is dismissed by healthcare professionals
- g) 'Gender' is a word that refers to the roles, behaviours and identities that societies and cultures expect of a person
- h) 'Sex' is a word that refers to biological things like anatomy, hormones and chromosomes
- i) In Australia, migraine disorders are equally common in women and men

*DISPLAY 98 UPFRONT WITH OTHER RESPONSE OPTIONS
RESPONSE FRAME

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

DEMOGRAPHICS

*(PROGRAMMER: ORU PANEL ONLY)

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

*(PROGRAMMER: ORU PANEL ONLY)

COB In which country were you born?

1. <PREDICTIVE TEXT INPUT USING COUNTRY LOOK-UP LIST >

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

*(PROGRAMMER: ORU PANEL)

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)

ATSI Are you of Aboriginal or Torres Strait Islander origin?

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

*(PROGRAMMER: ORU PANEL)

MARITAL What is your current marital status?

1. Never married
 2. Widowed
 3. Divorced
 4. Separated but not divorced
 5. Married
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL)

SEXID How do you describe your sexual orientation?

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)

HIGHEST_SCHOOLING 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.)

(PROBE TO CODE FRAME)

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)

HQUAL What is the highest qualification that you have obtained?

(INTERVIEWER NOTE: If respondent is currently studying for a qualification, select the highest qualification they have completed, not the one they are studying for.)

(PROBE TO CODE FRAME)

0. Have not completed a qualification
1. Postgraduate Degree Level *(include 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 ONLY)

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 ONLY)

HOMEOWNER Is the dwelling in which you live...?

This question asks about your household. A person who lives rent free with a parent who owns the dwelling with a mortgage should answer 'Owned with a mortgage'. A person who is renting from a landlord should answer 'Rented'.

(READ OUT)

- 1. Owned outright
- 2. Owned with a mortgage
- 4. Rented
- 5. Occupied rent free
- 3. Purchased 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. Occupied 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) [TEXT BOX]

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

*(PROGRAMMER: ORU PANEL ONLY)

P_NO_OF_CHILDREN How many children **under age 18** are currently living in your household (at least 50% of the time)?

If there are no children under age 18 currently living in your household at least 50% of the time, please select 'None'.

- 1. <RANGE 1-10, WHOLE NUMBERS>
- 2. None

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

*(PROGRAMMER: ORU PANEL ONLY)

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

[PROGRAMMER NOTE: ALLOW RESPONSES 1-20. DISPLAY 'THAT SEEMS LIKE A HIGH NUMBER. 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)

INTERNET How often do you...?

(STATEMENTS)

- a) Look for information over the Internet
- b) Comment or post images or videos to social media (Facebook, TikTok, Instagram, Snapchat, X, etc.)
- d) Read comments or view posts, images, and videos on social media sites

(READ OUT)

- 1. More than once a day
- 2. About once a day
- 3. Three to five days a week
- 4. One to two days a week
- 5. Every few weeks
- 6. Once a month
- 7. Less than once a month
- 8. Never

98. (Don't know) / Not sure

99. (Refused) / Prefer not to say

CLOSE

*(TERM1)

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

*(TERM2)

TERM2. Unfortunately, due to the focus of this study you do not qualify due to your age. Thank you for wishing to take part in this survey.

*(TERM3)

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

*(TERM4)

TERM4. Thank you for your interest in the survey, there are no further questions.

*(PROGRAMMER: LINA PANEL ONLY) (CLOSE) *PLEASE ADD BELOW TEXT BELOW STANDARD LINA CLOSE

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.

If you would like support or information about migraine, you can contact Migraine & Headache Australia on 1300 886 660 or go to www.headacheaustralia.org.au.

If you would like support or information about dementia, you can contact the National Dementia Helpline on 1800 100 500 or go to www.dementia.org.au.

If you would like support in relation to early pregnancy loss, you can find information about the different support services available on the Miscarriage Australia website: <https://miscarriageaustralia.com.au/finding-miscarriage-support/support-for-everyone/>

Please click here to view the correct answers to the true or false questions about dementia asked in the survey.

(PROGRAMMER NOTE: PLEASE MAKE THE ABOVE SENTENCE AN EXPANDABLE HEADING. I.E. IF RESPONDENTS CLICK ANYWHERE ON THAT SENTENCE, PLEASE EXPAND AND SHOW THE BELOW TEXT. COLLAPSE THE TEXT AGAIN IF THEY CLICK ON THE ABOVE SENTENCE AGAIN)

Dementia set 1

- a) The sudden onset of cognitive problems (forgetting things or not thinking clearly) is characteristic of common forms of dementia **FALSE**
- b) Dementia does not result from physical changes in the brain **FALSE**
- c) Alzheimer's disease is the most common form of dementia **TRUE**
- d) Blood vessel disease (vascular dementia) is the most common form of dementia **FALSE**
- e) Medications are the most effective way of treating behavioural symptoms of dementia **FALSE**
- f) People can recover from the most common forms of dementia **FALSE**
- g) Dementia is a normal part of the ageing process **FALSE**
- h) Symptoms of depression can be mistaken for symptoms of dementia **TRUE**
- i) Most forms of dementia do not generally shorten a person's life **FALSE**
- j) People experiencing dementia do not generally have problems making decisions **FALSE**
- k) Dementia is the leading cause of death in Australian men **FALSE**
- l) Dementia is the leading cause of death in Australian women **TRUE**

Dementia set 2

- a) Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition **FALSE**
- b) Having high blood pressure increases a person's risk of developing dementia **TRUE**
- c) Having hearing problems increases a person's risk of developing dementia **TRUE**
- d) Exercise is generally beneficial for people experiencing dementia **TRUE**
- e) Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia **FALSE**

Dementia set 3

- a) Planning for end of life care is generally not necessary following a diagnosis of dementia **FALSE**
- b) Movement is generally affected in the later stages of dementia **TRUE**
- c) Difficulty eating and drinking generally occurs in the later stages of dementia **TRUE**
- d) People with advanced dementia may have difficulty speaking **TRUE**
- e) People experiencing dementia often have difficulty learning new skills **TRUE**
- f) Daily care for a person with advanced dementia is effective when it focuses on providing comfort **TRUE**
- g) It is impossible to communicate with a person who has advanced dementia **FALSE**
- h) A person experiencing advanced dementia will not generally respond to changes in their physical environment **FALSE**
- i) It is important to correct a person with dementia when they are confused **FALSE**
- j) People experiencing advanced dementia often communicate through body language **TRUE**
- k) Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs **TRUE**

Please click here to view the correct answers to the true or false questions about sex and gender asked in the survey.

(PROGRAMMER NOTE: PLEASE MAKE THE ABOVE SENTENCE AN EXPANDABLE HEADING. I.E. IF RESPONDENTS CLICK ANYWHERE ON THAT SENTENCE, PLEASE EXPAND AND SHOW THE BELOW TEXT. COLLAPSE THE TEXT AGAIN IF THEY CLICK ON THE ABOVE SENTENCE AGAIN)

Sex and gender statements

- a) Medicines affect men and women the same **FALSE**
- b) Women and men have different heart attack symptoms **TRUE**
- c) More men than women suffer from autoimmune diseases, like lupus or multiple sclerosis **FALSE**
- d) Historically, medicines were tested mostly on men **TRUE**
- e) Most laboratory research is done on female specimens **FALSE**
- f) In Australia, women are more likely than men to feel that their pain is dismissed by healthcare professionals **TRUE**
- g) 'Gender' is a word that refers to the roles, behaviours and identities that societies and cultures expect of a person **TRUE**
- h) 'Sex' is a word that refers to biological things like anatomy, hormones and chromosomes **TRUE**
- i) In Australia, migraine disorders are equally common in women and men **FALSE**

*(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 LifelnAus@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>

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- h) 'Sex' is a word that refers to biological things like anatomy, hormones and chromosomes **TRUE**
- i) In Australia, migraine disorders are equally common in women and men **FALSE**

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

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