



IN CONFIDENCE

# Women's Supplementary Health Form

National Aboriginal and Torres Strait Islander Health Survey 2004-05

## Confidentiality

The answers you provide will be treated confidentially. The Australian Bureau of Statistics is required by the *Census and Statistics Act 1905* to maintain the confidentiality of all information provided to it. No information will be released in a way that would enable an individual or household to be identified.

## Authority for this Survey

The information asked for is collected under the authority of the *Census and Statistics Act 1905*.

### How to complete this form:

- Answer questions by ticking one box only, unless otherwise stated. For example,

**5 Do you have regular mammograms?**  
(e.g. every month, 6 monthly, 12 monthly)

Yes .....  Go to 6

Only had one .....  Go to 8

No or not regularly .....  Go to 7

**6 What is the usual time period between your mammograms?**

One year or less .....  Go to 8

More than one year to two years .....  Go to 8

More than two years .....  Go to 8

- Please add any notes or comments necessary to clarify your answers.
- After completing the form, please place questionnaire in the envelope, seal it and hand it back to the interviewer.

Completion of this form is voluntary.

Dennis Trewin  
Australian Statistician

INTERVIEWER USE ONLY						
WLD	PSU	BLK	DWG	HH	PERS	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**1 Do you know what a mammogram is?**

Yes .....

No .....

**2 A mammogram is an X-ray taken of the breast by a machine that presses against the breast while the picture is taken. It is a means of detecting breast cancer in the early stages.**

**Have you ever had a mammogram?**

Yes .....  ► Go to 3

No .....  ► Go to 8

**3 How long ago was your last mammogram?**

Please write down either the number of months **OR** the number of years.

Months ago ► Go to 4  
or

Years ago ► Go to 4

**4 Why did you have this last mammogram?**

*Please tick all that apply*

Symptoms present (e.g. thickening, lump in breast, etc.) ...

Family history of breast cancer .....

Had breast cancer in the past .....

Referred by doctor .....

Participating in a screening programme .....

Regular annual check-up .....

Other reasons .....

**5 Do you have regular mammograms? (e.g. every month, 6 monthly, 12 monthly, etc.)**

Yes .....  ► Go to 6

Only had one .....  ► Go to 8

No or not regularly .....  ► Go to 7

**6 What is the usual time period between your mammograms?**

One year or less .....  ► Go to 8

More than one year, up to and including 2 years ...  ► Go to 8

More than 2 years .....  ► Go to 8

**7 Do you have a mammogram at least every two years?**

Yes .....

No .....

**8 Do you know what a Pap smear test is?**

Yes .....

No .....

**9 A Pap smear test, sometimes called a Pap test, involves a doctor or nurse taking a sample of cells to detect precancerous changes or cancer of the cervix.**

**Have you ever had a Pap smear test?**

Yes .....  ► Go to 10

No .....  ► Go to 14

**10 How long ago was your last Pap smear test?**

Please write down either the number of months **OR** the number of years.

Months ago ► Go to 11  
or

Years ago ► Go to 11

**11 Do you have regular Pap smear tests? (e.g. every month, 6 monthly, 12 monthly, etc.)**

Yes .....  ► Go to 12

Only had one .....  ► Go to 14

No or not regularly .....  ► Go to 13

**12 What is the usual time between your Pap smear tests?**

One year or less .....  ► Go to 14

More than one year, up to and including 2 years ...  ► Go to 14

More than 2 years .....  ► Go to 14

**13 Do you have a Pap smear test at least every two years?**

Yes .....

No .....

**14 If you are aged 65 or more ► Go to 24  
If you are aged less than 65 ► Go to 15**

**15** The next few questions are about children and breastfeeding.

Have you ever had any babies?

Include live births only.

Yes .....  ► Go to 16

No .....  ► Go to 17

**16** Have you ever breastfed any of your children?

Include expressing milk and children you are currently breastfeeding.

Yes .....

No .....

**17** If you are aged 50 or more ► Go to 24  
If you are aged less than 50 ► Go to 18

**18** Women can take oral contraceptive pills for birth control or other medical reasons.

Have you ever taken the contraceptive pill for any reason?

Yes .....  ► Go to 19

No .....  ► Go to 22

**19** What age were you when you first started taking the contraceptive pill?

Write the age in years

**20** Do you currently take the contraceptive pill?

Yes .....  ► Go to 21

No .....  ► Go to 22

**21** What is the main reason you are currently taking the contraceptive pill?

To prevent pregnancy ...  ► Go to 22

Medical reasons .....  ► Go to 22

Other .....  ► Go to 22

**22** The next questions are about things that can prevent pregnancy or provide protection from sexually transmissible infections (STIs).

Do any of the following apply to you now?

*Please tick all that apply*

Use condoms as protection against STIs  1

Use condoms as contraception .....  2

Had a hysterectomy .....  3

Had an implant (e.g. Implanon) .....  4

Use a diaphragm .....  5

Use Natural, Rhythm or Billings method  6

Use withdrawal method .....  7

Had a contraceptive injection (DepoProvera) .....  8

Take the morning after pill .....  9

Had a tubal ligation/tubes tied .....  10

Partner has been sterilised (including vasectomy) .....  11

Menopause (going or gone through) ...  12

Infertile (self or partner) .....  13

Other medical reason limiting likelihood of pregnancy .....  14

Trying to get pregnant .....  15

Currently pregnant .....  16

Currently breastfeeding .....  17

Can't afford to pay for birth control .....  18

Don't like to use contraceptives or believe it's not good for health or religious reasons  19

Not sexually active .....  20

None of these apply .....  21

**23** If there is something else not listed on this form which you currently do or use to prevent pregnancy or provide protection from STIs, please write it in this box:

**24** You have now finished the form. Thank you for your help.

*Please do not fold the form.*

*Please place the questionnaire in the envelope, seal it and hand it back to the interviewer.*

