Default Question Block

Thank you for taking part in the **Victorian Oral Microbiome and Lifestyle Study.**

Please complete the following questionnaire as it will provide us with important information to match to the saliva sample you provided at the Melbourne Museum. The questionnaire should take you approximately 20 minutes to complete, and you may progress as fast as you like.

Your responses will be kept confidential and only disclosed with your permission, except as required by law. We may be required to break confidentiality if we are concerned about harm to yourself or others.

Your participation in this research is completely voluntary and you have the right to withdraw at any stage. You do not have to answer any questions that you do not feel comfortable with.

If you have any questions please contact our research staff by email or phone:
vic-spit@unimelb.edu.au; (03) 9035 4142

Please complete all questionnaire items yourself. If you close the questionnaire before completing it, you will be able to return to it at a later time by clicking the link in the email you received.

Please note that this survey will be best displayed on a laptop or desktop computer.

Some features may be less compatible for use on a mobile device.

Click the ">>" button to proceed to the questionnaire.

About You

What is your data of birth?

	Day	Month	Year
Please Select:	[▼]	[▼]	[▼]

What is your gender?

- ○ Female
- ○ Male
- ○ Other (please specify) [   ]
- ○ Prefer not to say

Are you pregnant?

- ○ Yes
- ○ No
- ○ Prefer not to say

Do you live in Australia?

- ○ Yes

○ No

○ Prefer not to say

What is your postcode?

[   ]

Have you lived in Australia your whole life?

Exclude travel less than 6 months.

○ Yes

○ No

○ Prefer not to say

How long since you moved to, or returned to Australia?

(Weeks, months, years? Complete as suits your situation best)

Weeks [   ]

Months [   ]

Years [   ]

Which country do you live in?

Countries are listed alphabetically.
Select "Other" if the country is not listed.

[▲▼]

How long have you lived there?

(Months, years? Complete as suits your situation best)

Months

Years

How long have you been visiting Australia for?

(Months, weeks, days? Complete as suits your visit best)

Days

Weeks

Months

Do you speak a language other than English with your family?

○ Yes. Please specify:

○ No

○ Prefer not to say

Please indicate your housing situation:

○ Own your own home, or currently paying off mortgage

○ Renting (or pay board)

○ Living with parents or other family

○ Government or council housing

○ Homeless

○ No fixed abode

○ Prefer not to say

How many people, 18 years or older (including you), live in your home?

	1	2	3	4	5	6	7	7	8	9	10	11	12
Adults in home													

What is your occupation?

If not employed, please describe your working status, e.g., "unemployed", "retired", "home maker".

[   ]

What is the occupation of the **second adult** in your home?

If not employed, please describe their working status, e.g., "unemployed", "retired", "home maker".

[   ]

What is the occupation of the **third adult** in your home?

If not employed, please describe their working status, e.g.,

"unemployed", "retired", "home maker".

[   ]

What is the occupation of the **fourth adult** in your home?

*If not employed, please describe their working status, e.g.,
"unemployed", "retired", "home maker".*

[   ]

What is the occupation of the **fifth adult** in your home?

*If not employed, please describe their working status, e.g.,
"unemployed", "retired", "home maker".*

[   ]

What is the highest level of education you have completed?

○ No schooling

○ Did not finish primary school

○ Year 7, 8 or equivalent

○ Year 9, 10 or equivalent

○ Year 11 or equivalent

○ Year 12 or equivalent

○ TAFE certificate 1 or 2

○ TAFE certificate 3 or 4

○

TAFE diploma / TAFE advanced diploma / TAFE graduate diploma

○ Bachelor degree but not Honours

○ Honours Bachelor degree / Graduate Diploma / Graduate Certificate

○ Postgraduate Degree

○ Other. Please specify: [   ]

○ Prefer not to say

Are you currently studying?

○ Yes

○ No

○ Prefer not to say

Are any of the other adults in your home studying?

Check all boxes that apply.

☐ Adult 2   ☐ Adult 6   ☐ Adult 10

☐ Adult 3   ☐ Adult 7   ☐ Adult 11

☐ Adult 4   ☐ Adult 8   ☐ Adult 12

☐ Adult 5   ☐ Adult 9

How many people under 18 years of age do you live with?

If none, click on the point at 0.

0 1 2 3 4 5 6 7 8 9 10 11 12

Young people in home

How many <u>cats</u> do you live with?

If none, click on the point at 0.

                    0   1   2   3   4   5   6   7   8   9   10 11 12

Cats in home

How many <u>dogs</u> do you live with?

If none, click on the point at 0.

                    0   1   2   3   4   5   6   7   8   9   10 11 12

Dogs in home

Do you have any other pets or farm animals?
Select all that apply.

☐ <u>No other animals</u>   ☐ Goats   ☐ Rodents

☐ Birds   ☐ Horses   ☐ Sheep

☐ Cows   ☐ Insects   ☐ Sheep

☐ Fish   ☐ Reptiles   ☐ Other

How many pets or farm animals do you have (not including dogs and cats)?

If just one animal, click on the point at 1 to record your response.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Pets/farm animals

Childhood

Were you born via caesarean section?

○ Yes
○ No
○ Unsure
○ Prefer not to say

Were you (mostly) breastfed for 6 months or more as an infant?

○ Yes
○ No
○ Unsure
○ Prefer not to say

Which country were you born in?

Countries are listed alphabetically.
Select "Other" if your country is not listed, and "Don't know" if you are unsure.

[select dropdown ▲▼]

The following questions are about the two primary caregivers/guardians who you lived with most of the time for the first 10 years of your life. This might be your mum, dad, grandparent, or someone else who looked after you.

What is the gender of your Primary Caregiver / Guardian 1?

○ No one filled this role
○ Female
○ Male
○ Other
○ Prefer not to say

Which country was your Primary Caregiver / Guardian 1 born in?

Countries are listed alphabetically.
Select "Other" if the country is not listed, and "Don't know" if you are unsure.

[select dropdown ▲▼]

What is the gender of your second Primary Caregiver / Guardian 2?

○ No one filled this role

○ Female

○ Male

○ Other

○ Prefer not to say

Which country was your second Primary Caregiver / Guardian 2 born in?
Countries are listed alphabetically.
Select "Other" if the country is not listed, and "Don't know" if you are unsure.

▲
▼

Before the age of 5 years, where did you live?

Select one response from the options below, where you mostly lived, if more than one applies.

○ Rural area

○ Regional city

○ Semi-rural, or urban fringe

○ Suburban area

○ Central business district, or area of high density, high rise living.

○ Don't know / remember

○ Prefer not to say

Before the age of 5 years, how many pets or farm animals did you have?

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 1011121314151617181920

Pets or farm animals

Before the age of 5 years, how many older siblings did you live with?

If none, click on the point at 0 to record your response.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Older siblings

Before the age of 5 years, how many younger siblings did you live with?

If none, click on the point at 0 to record your response.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Younger siblings

Your health

Do you have an ongoing physical health concern?

○ Yes (Please specify) [   ]

○ No

○ Unsure

○ Prefer not to say

Have you taken any medications, prescription or over the counter, in the last month?

Do not include vitamins or other supplements.

○ Yes

○ No

○ Unsure

○ Prefer not to say

Have you been physically unwell in the last month?

Select all that apply.

☐ No

☐ Cold or Influenza

☐ Fever

☐ Pain (headaches, tummy aches)

☐ Tummy bug

☐ Unwell, but with something else

☐ Unsure

☐ Prefer not to say

How recently were you unwell in the past month?

○ Today

○ 1 - 7 days ago (in past week)

○ 7 - 14 days ago (more than 1 week, less than 2 weeks)

○ 14 - 28 days ago (2 - 4 weeks)

○ Prefer not to say

How many times have you taken a course of antibiotics (tablets, capsules, or by injection) in the last 12 months?

[⬍]

When was the most recent time?

○ Today

○ 1 – 7 days ago (in past week)

○ 7 – 14 days ago (more than 1 week, less than 2 weeks)

○ 14 – 28 days ago (2 – 4 weeks ago)

○ 1 – 2 months ago

○ 3 – 6 months ago

○ 6 – 12 months ago

○ Prefer not to say

Do you remember what the most recent antibiotic you took was called?

○ Unsure / Don't remember

○ Penicillins, such as penicillin (Flucloxacillin, Benzylpenicillin) and amoxicillin (Amoxil, Augmentin)

○ Cephalosporins (Cephalexin, Keflex, Cefaclor, Ceclor)

○ Macrolides (Rulide, Zithromax, Erythromycin, Clarithromycin, and Azithromycin

○ Nitromidazoles (Simplotan, Flagyl)

○ Fluoroquinolones (ciprofloxacin, levofloxacin, and ofloxacin)

○ Tetracyclines, such as doxycycline (Doxy)

○ Aminoglycosides, such as Gentamicin and tobramycin

○ Glycopeptides, such as Vancomycin

○ Prefer not to say

Smoking

How often do you currently use any of the following types of tobacco or smoking implements?

E.g., cigarettes, cigars, pipes, chewing tobacco, bongs, hookah pipes.

○ Never

○ Seldom

○ Several times a month

○ Once a week

○ Several times a week

○ Every day

○ Prefer not to say

How often do you currently use e-cigarettes, vapes?

It isn't know how e-cigarettes influence bacteria in the mouth, but you can help us find out!

○ Never
○ Seldom
○ Several times a month
○ Once a week
○ Several times a week
○ Every day
○ Prefer not to say

Food

How would you generally classify your diet?

Please answer for the way you mostly eat. For example, if you are mostly vegetarian, then select that response. We'll ask about any restrictions (like Halal, or gluten/dairy restrictions) in the next question.

○ I eat anything with no or few exclusions (omnivore)
○ I eat anything except red meat
○ I eat some meat, but mostly have a vegetable diet (flexitarian)
○ Vegetarian
○ Vegetarian but eat seafood (pescatarian)
○ Vegan
○ Prefer not to say

Do you eat a specialised diet, and/or limit or restrict any foods?
Select all that apply.

- [ ] I do not eat a specialised diet
- [ ] Prefer not to say
- [ ] **Dairy**, exclude
- [ ] Low **FODMAP**
- [ ] **Fructose**, limit
- [ ] **Gluten**, exclude
- [ ] **Halal**
- [ ] **Keto** diet
- [ ] **Kosher**
- [ ] **Lactose**, limit
- [ ] **Low-grain, low processed food** (Weston-Price) diet
- [ ] **Nightshades**, exclude
- [ ] **Paleo-diet** or primal diet
- [ ] Modified **paleo-diet**
- [ ] **Raw food** diet
- [ ] **Wheat**, limit
- [ ] Other restrictions. Please specify:

How many meals and snacks (in total) do you usually eat during a typical **weekday**?

Snacks might include a piece of fruit, a chocolate bar, a sandwich, a glass of juice, or beer, etc., that aren't part of a main meal. For

example, eating breakfast, lunch and dinner, plus a morning tea snack would equal **4** *meals/snacks. Adding dessert would make it* **5.**

○ 1–2 meals/snacks

○ 3-4 meals/snacks

○ 5-6 meals/snacks

○ 7-8 meals/snacks

○ 8 or more meals/snacks

○ Don't know

○ Prefer not to say

How many servings of **poultry** do you typically eat each week?
E.g., grilled/roast chicken, chicken curry, turkey or duck dishes.

A serving = 100g, about the size of your palm, <u>not including</u> fingers.

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Poultry

How many servings of **red meat (including pork)** do you typically eat each week?
E.g., steak, meatbals, pork chops, lamb or goat dishes.

A serving = 100g, about the size of your palm, <u>not including</u> fingers.

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Red meat

How many servings of **fish** do you typically eat each week?
E.g., baked/fried fish, fish soup, tuna salad, smoked salmon.

A serving = 150g, about the size of your palm, <u>including</u> fingers.

Red meat

If none, click on the point at 0 to record your response.

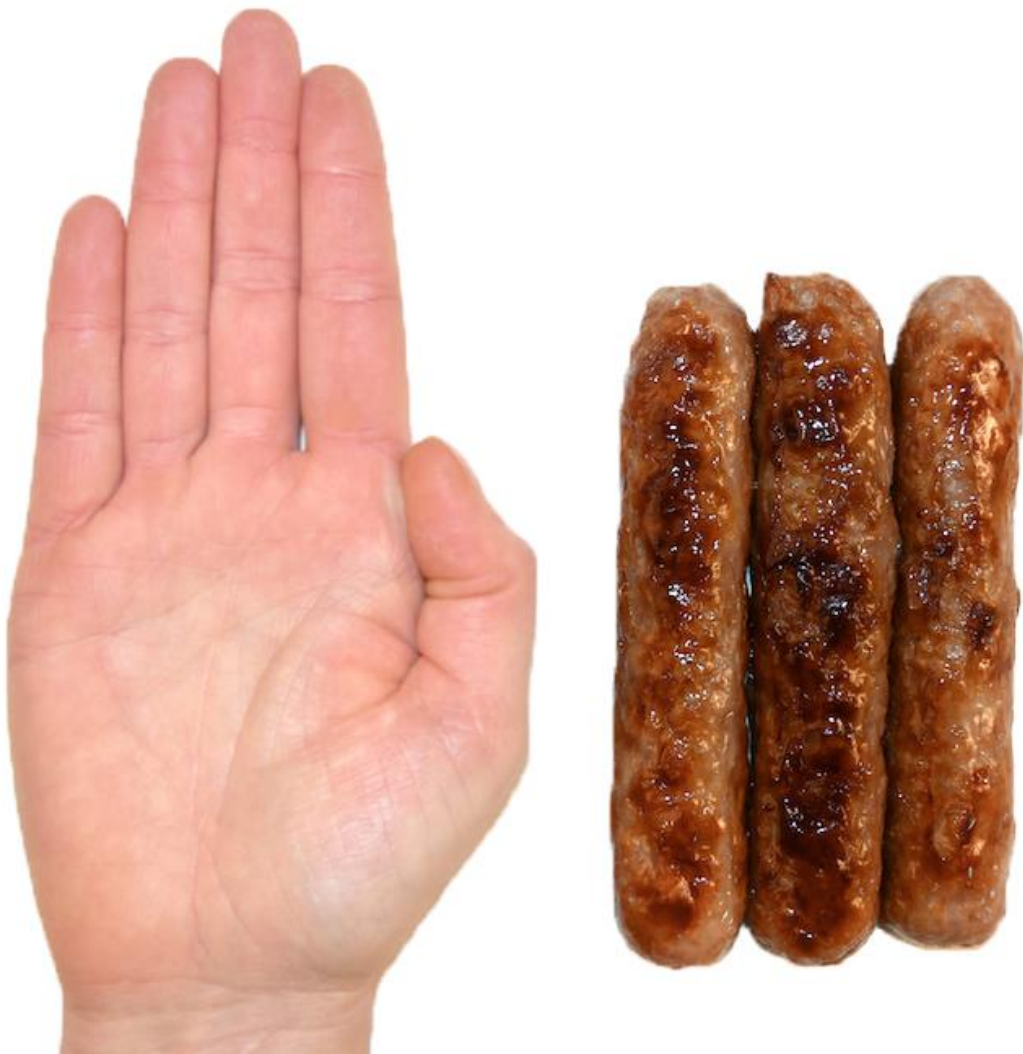0 1 2 3 4 5 6 7 8 9 10111213141516171819 20

Fish

How many servings of **sausages** do you typically eat each week?
E.g., on their own, in bread, or cooked into other foods.

A serving = 170g, about 3 medium BBQ sausages.

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Sausages

How many servings of **beans/legumes** do you typically eat each

week?

E.g., cooked or canned legumes/beans, such as baked beans, red kidney beans, lentils or chickpeas.

A serving = 150g, about 1 cup. Most cans of beans hold about 200grams.

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Beans/Legumes

How many eggs do you typically eat each week?
E.g., whole eggs, or egg-filled meals, like quiche.

A serving = 1 chicken egg.

If none, click on the point at 0 to record your response.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

Eggs

How often do you eat out, either takeaway food or at a restaurant?

Do not include meals prepared in your home, or the homes of family or friends.

A serving = a meal, or large snack.

○ Never, or less than 1 serving a month

○ 1 - 3 servings a month

○ 1 serving a week

○ 2 - 3 servings a week

○ 4 - 6 servings a week

○ 1 serving or more per day

○ Prefer not to say

How often do you eat fast food?

Some examples are pizza, fish and chips, or McDonalds, KFC, Hungry Jacks, etc.

A serving = a meal, or large snack.

○ Never, or less than 1 serving a month

○ 1 - 3 servings a month

○ 1 serving a week

○ 2 - 3 servings a week

○ 4 - 6 servings a week

○ 1 or more serves per day

○ Prefer not to say

What type of cooking fat or oil is most often used in your household?

○ Nothing / we do not cook

○ Butter

○ Butter-vegetable oil mixture

○ Coconut oil

○ Ghee

○ Hard cooking margarine

○ Olive oil

○ Rice bran oil

○ Vegetable margarine with 60-80% fat

○ Vegetable oil or liquid margarine

○ Vegetable sterol margarine

○ Other. Specify: [   ]

○ Prefer not to say

What type of cream is most often used in your household?

○ Nothing/we do not cook

○ Coconut cream

○ Cream-vegetable oil mixture

○ Cream, crème fraîche, sour cream

○ Yoghurt

○ Low fat cream, low fat crème fraîche, low fat sour cream, cultured half cream

○

○ Other. Specify: [   ]

○ Prefer not to say

How often do you eat vegetables?

One serve is about 80 grams (1/2 cup) of cooked/root vegetables or corn, about 1 cup of green leafy or raw salad vegetables, or 1 medium tomato.

○ Less than 1 serve a week or none

○ 1 – 3 serves a week

○ 4 – 6 serves a week

○ 1 serve per day

○ 2 serves per day

○ 3 – 4 serves per day

○ 5 – 6 serves per day

○ 7 or more serves per day

○ Prefer not to say

How often do you eat fruit?

One serve is 120grams, so a medium-sized fruit, like a banana, orange or apple, or 200ml (4/5 cup) of berries or diced/tinned fruit.

○ Less than 1 serve a week or none

○ 1 – 3 serves a week

○ 4 – 6 serves a week

○ 1 serve per day

○

○ 2 serves per day

○ 3 or more serves per day

○ Prefer not to say

What kind of salad dressing do you usually use?

○ Don't eat salad

○ Eat salad, but no salad dressing

○ Cultured yoghurt (or half cream)

○ Juice-based dressing

○ Vegetable oil or oil-based dressing (vinaigrette, French dressing, mayonnaise etc.)

○ Other. Please specify: [   ]

○ Prefer not to say

How many serves of milk or liquid milk products, like yoghurt and drinking yoghurt, do you typically consume per week?

Only include milks that contain vitamin D, like cow/goat milk, and soy and almond milks where it has been added. Most soy and almond milks do have these added.

A serve = 250ml (1 cup). For example, typically drinking 1 cup of milk each day would equal 7 serves per week.

If none, click on the point at 0 to record your response.

Serves of **milk products with 3% fat or more**?

All *full cream milks, regular yoghurt*

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Full cream/fat

Serves of **milk products with 2% - 3% fat**?
Some light milks, e.g., Pura New, Pauls Smarter White Milk.

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Light milks

Serves of **milk products with 1% - 2% fat**?
Light/low fat milks, e.g., supermarket Lite Milks, Rev, Pauls PhysiCAL Low Fat, Zymil Low Fat, Pura Light Start.

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Light/low fat

Serves of **milk products with less than 1% fat**?
Skim milk or fat-free yogurt, e.g., Pura Tone, Pauls Skinny Milk, Pauls PhysiCAL Skim, supermarket Skim Milks.

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Skim/fat-free

How many slices of bread do you typically eat per week?

A slice = a ready cut slice, or half of a bread roll.

If none, click on the point at 0 to record your response.

Slices of **high fibre bread**?
*E.g., **wholemeal** and **wholegrain** – include white bread if fortified with fibre, such as **The One**, and **Wonderwhite**.*

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

High fibre bread slices

Slices of **medium fibre bread**?
*E.g., **mixed grain** and **light rye bread**.*

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Medium fibre bread slices

Slices of **low fibre bread**?
*E.g., most **white bread,** including hot dog and burger buns.*

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Low fibre bread

slices

How many serves of cereals do you typically eat per week?

A serve = half a cup.

If none, click on the point at 0 to record your response.

Serves of **porridge**?
E.g., ***rye, oat,*** *or* ***wheat flake*** *porridge.*

0　2　4　6　8　10　12　14　16　18　20　22　24　26　28

Porridge

Serves of **low fibre** breakfast **cereals**?
E.g., ***corn flakes, rice bubbles***.

0　2　4　6　8　10　12　14　16　18　20　22　24　26　28

Low fibre cereals

Serves of **high fibre** breakfast **cereals**?
E.g., ***muesli*** *or other* ***whole grains, Wheetbix, All-bran***

0　2　4　6　8　10　12　14　16　18　20　22　24　26　28

High fibre

cereals

How many serves of rice, noodles and pasta do you typically eat per week, on average?

A serve is ½ cup of cooked rice/noodles/pasta. For example, typically eating 1 cup of pasta 3 times a week would equal 6 serves per week.

If none, click on the point at 0 to record your response.

Serves of **white rice** or **clear rice noodles**?
*E.g., **vermicelli**.*

	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28
White rice / rice noodles															

Serves of **brown rice**, **wholemeal pasta** or **brown rice noodles**?

	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28
Brown rice / wholemeal pasta															

Serves of **wheat pasta/noodles**?
*E.g., **spaghetti, udon**.*

0   2   4   6   8   10 12 14 16 18 20 22 24 26 28

**Wheat pasta /
noodles**

Serves of **egg pasta**, or **egg/alkalised noodles**?

E.g., egg noodle pasta, hokkien, ramen.

0   2   4   6   8   10 12 14 16 18 20 22 24 26 28

**Egg pasta /
noodles**

Serves of **buckwheat**, or **high fibre pasta or noodles**.

E.g., soba noodles.

0   2   4   6   8   10 12 14 16 18 20 22 24 26 28

**High fibre
pasta/noodles**

What kind of butter/margarine spread do you typically usually use on your bread?

○ I do not usually eat butter/margarine spreads on bread

○ Reduced-fat margarine (28%–60% fat)

○ Soft margarine with 70%–80% fat

○ Vegetable sterol margarine

○ Butter-vegetable oil mixture

○ Butter

○

Other [   ]

◯ Prefer not to say

How much cheese do you typically eat per week?

A slice of cheese is 20grams, the same as a Kraft Single cheese slice.

If none, click on the point at 0 to record your response.

Slices of **full-fat cheese (more than 20% fat)**
*E.g., **tasty, vintage, edam, Kraft slices, Brie.***

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Full-fat cheese slices

Slices of **low-fat cheese (less than 20% fat)**
*E.g., low fat products, like **ricotta, cottage cheese**, and **mozzarella.***

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Low-fat cheese slices

Slices of **cheese with vegetable fat**
*E.g., **vegan cheese,** like **cashew cheese**, or **soy cheese.***

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

**Vegetable fat
cheese slices**

How much deli meat (e.g., ham, salami, hotdogs) do you typically eat per week?

A serve is 20grams, which is about 1 large thin slice of ham, or a thick slice of salami.

If none, click on the point at 0 to record your response.

Serves of deli meats with more than 10% fat?
E.g., **salami, strasbourg, devon.**

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

**Salami,
strasbourg, etc**

Serves of deli meats with less than 10% fat?
E.g., **sliced roast beef, turkey, chicken, ham.**

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

**Ham, chicken,
etc**

Serves of hot dog or cabana?

A serve is about 1/3 of a hot dog, so a whole hot dog is 3 pieces, or a long cabana is 6 serves

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Hot dog / cabana

How often do you typically eat sugary breakfast cereals, like Cocoa-Pops, Nutri-grain, or Milo cereal?

One serve = half a cup.

○ Less than 1 portion a week or none
○ 1 - 3 portions a week
○ 4 - 6 portions a week
○ 1 portion per day
○ 2 portions per day
○ 3 or more portions per day
○ Prefer not to say

How many portions of ice cream, chocolate, cake, puddings and sweet pastries, do you typically eat?

One portion is 75 grams, so could be a small piece of cake, a small doughnut or Danish pastry, 2 small sweet biscuits, an ice cream, pudding, or chocolate bar.

(We'll ask about lollies in the next question.)

○ Less than 1 portion a week or none

○ 1 - 3 portions a week

○ 4 - 6 portions a week

○ 1 portion per day

○ 2 portions per day

○ 3 or more portions per day

○ Prefer not to say

How many portions of lollies, sugar, or honey does your child usually eat?

One portion is 10 grams, so about 5 small lollies, 2 teaspoons of sugar or honey, or 3 sugar lumps.

○ Less than 1 portion a week or none

○ 1 - 3 portions a week

○ 4 - 6 portions a week

○ 1 portion per day

○ 2 portions per day

○ 3 or more portions per day

How many cups of the following beverages do you typically drink **per week**?

If none, or less than once a week, click on the point at 0 to record

your response.

Do not include herbal teas or decaffeinated coffees.

Cups of regular **tea**?

0   2   4   6   9   11   13   15   17   19   22   24   26   28

Tea:
1 cup = 200ml

Cups of regular **coffee**?

0   2   4   6   9   11   13   15   17   19   22   24   26   28

Coffee:
1 cup = 100ml

How many glasses of the following beverages do you typically drink **per week**?

If none, or less than once a week, click on the point at 0 to record your response.

1 glass = 200ml, 1 (375ml) can = 2 glasses and 1 (600ml) bottle = 3 glasses. For example, about 1 can per day, would equal 14 glasses per week.

Glasses of soft drink with sugar per week?

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Soft drink:
1 glass = 200ml

Glasses of diet/sugar-free soft drink per week?

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Diet soft drink:
1 glass = 200ml

Glasses of fruit juice per week?

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Fruit juice
1 glass = 200ml

Glasses of sugar-sweetened juice per week?

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Sugar sweetened
juice
1 glass = 200ml

Do you drink alcoholic beverages?

○ Yes

○ No

○ Check here if under 16 years of age.

○ Prefer not to say

How many of the following beverages do you usually drink per week?

If none, or less than once a week, click on the point at 0 to record your response.

Please provide your best guess if unsure.

Bottles/cans of **full strength beer, alcoholic cider**, etc?

1 bottle/can = 375ml, so a 750ml longneck = 2 bottles/cans

         0 2 4 6 9 11 13 15 17 19 22 24 26 28

Bottles/cans

Bottles/cans of **light (low alcohol) beer**?

1 bottle/can = 375ml, so a 750ml longneck = 2 bottles/cans

         0 2 4 6 9 11 13 15 17 19 22 24 26 28

Bottles/cans

Pots of **full strength beer, alcoholic cider, etc**?

1 pot = 285ml, so a 570ml pint = 2 pots

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Pots

Pots of **light (low alcohol) beer**?

1 pot = 285ml, so a 570ml pint = 2 pots

0 2 4 6 9 11 13 15 17 19 22 24 26 28

Pots

How many of the following beverages do you usually drink per week?

If none, or less than once a week, click on the point at 0 to record your response.

Please provide your best guess if unsure.

Glasses of **wine**?

E.g., white/red, prosecco, champagne, etc.

1 glass = 120ml

0   2   4   6   9   11 13 15 17 19 22 24 26 28

Glasses

Portions of **spirits**?

E.g., vodka, whiskey, gin, cognac, liqueurs, etc.

1 portion = 40ml

0   2   4   6   9   11 13 15 17 19 22 24 26 28

Shots, 40ml

Oral Health

How would you describe the condition of your teeth?

Tooth problems can include cavities, pain, difficulty biting foods, and other children making fun of their teeth.

○ Excellent
○ Very good
○ Good
○ Average
○ Poor
○

○ Very poor

○ Don't know

○ Prefer not to say

How would you describe the condition of your gums?

Gum problems can include redness, swelling or pain, bleeding, a receding gum line, and persistent bad breath.

○ Excellent

○ Very good

○ Good

○ Average

○ Poor

○ Very poor

○ Don't know

○ Prefer not to say

How often do you clean your teeth?

○ Never

○ Several times a month (2-3 times)

○ Once a week

○ Several times a week (2-6 times)

○ Once a day

○ 2 or more times a day

○ I don't know

○ Prefer not to say

Do you use any of the following to clean your teeth?

Select all that apply.

☐ Toothbrush, most of the time

☐ Dental floss or dental pick (i.e., plastic pick with floss), at least one or more times per week

☐ Toothpaste, most of the time

☐ Toothpaste, with fluoride

☐ Prefer not to say

Do you use mouth wash?

○ Never

○ Once a month

○ 2 - 3 times a month

○ Once a week

○ 2 - 6 times a week

○ Once a day

○ Twice or more a day

○ Prefer not to say

How long is it since you last saw a dentist?

○ Less than six months

○ 6 - 12 months

○ More than 1 year but less than 2 years

○ 2 years or more but less than 5 years

○ 5 years or more

○ Never received dental care

○ Prefer not to say

About your sleep, activities and outlook

If you work or study, how do you travel there each day?

If more than one mode of transport, pick the one you mostly use.

○ I don't work or study

○ I work/study at home

○ Bicycle

○ Bus

○ Car - as driver

○ Car - as passenger

○ Motorbike or motor scooter

○ Taxi/Uber

○ Train

○ Tram

○ Truck or van

○ Walk only

○ Other

○ Prefer not to say

If you work, is your job:

○ Full-time

○ Part-time

○ Casual

○ Occasional

○ I don't work

○ Prefer not to say

How much time do you usually spend outside?

Such as gardening, in parks or farms, hiking, swimming, etc.

○ Less than one hour per week (10 minutes or less a day)

○ 1 – 3 hours a week (~10 – 30 minutes each day)

○ 3 – 6 hours a week (~30 – 60 minutes each day)

○ 7 – 14 hours a week (~1 – 2 hours each day)

○ 14 – 28 hours a week (~2 – 4 hours each day)

○ More than 28 hours a week (~4 hours or more each day)

○ Don't know

○ Prefer not to say

How often do you usually do 30 MINUTES or more of (at least) MODERATE-INTENSITY physical activity?

E.g., activity that increases your heart rate or makes you breathe harder than normal.

○ Never

○ A few times a year

○ Montly

○

○ 2 - 3 times a month

○ 1 - 2 times a week

○ 3 - 4 times a week

○ 5+ times a week

○ Prefer not to say

How often do you usually do 20 MINUTES or more of (at least) VIGOROUS-INTENSITY physical activity?

E.g., activity that makes you sweat and puff and pant.

○ Never

○ A few times a year

○ Montly

○ 2 - 3 times a month

○ 1 - 2 times a week

○ 3 - 4 times a week

○ 5+ times a week

○ Prefer not to say

What time do you usually go to bed?

PM (before midnight) / AM (after midnight)   [▴▾]

Time   [▴▾]

What time do you usually get out of bed?

AM (before midday) / PM (after midday)   [⬍]

Time   [⬍]

Are you a shift worker, and have irregular bedtimes?

○ Yes

○ No

○ Prefer not to say

How many hours of sleep do you usually get?

This depends on how much you sleep after you go to bed.

[⬍]

Do you usually feel well rested when you wake up in the morning?

○ Yes

○ No

○ Prefer not to say

How would you describe yourself? How <u>optimistic</u> are you in general?

Optimists are people who look to the future with confidence and who mostly expect good things to happen.

Click and drag the point to record your response.

	Not at all				**Very**		
	1	2	3	4	5	6	7
Optimism							

How would you describe yourself? How <u>pessimistic</u> are you in general?

Pessimists are people who are full of doubt when they look to the future and who mostly expect bad things to happen.

Click and drag the point to record your response.

	Not at all				**Very**		
	1	2	3	4	5	6	7
Pessimism							

All things considered, how satisfied are you with your life as a whole these days?

Click and drag the point to record your response.

	Dissatisfied							**Satisfied**	
1	2	3	4	5	6	7	8	9	10

End

Please click the **next (">>")** button at the bottom of the page to save your results!

Thank you for taking the time to complete this online questionnaire. We appreciate your time and effort!

If you have any questions or comments, please contact our research staff by email or phone at **vic-spit@unimelb.edu.au** or **(03) 9035 4142.**

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