

## Health & Wellness Survey for Non-Falun Gong Practitioners (HW2)

Dear participant,

This is the Health & Wellness Survey (HW2) for respondents who do NOT practise Falun Gong, other meditation or similar practices such as Tai Chi, Yoga, etc. on a regular basis during the last 6 months.

This online survey will take about 15-20 minutes. Please read all instructions carefully and set aside enough time to complete the survey.

**Participation is voluntary.** You are under no obligation to participate in the survey. The researcher will not be approaching participants in China. Please do not complete the survey if participating poses a security risk for you and your family.

All responses are confidential and anonymous. No one will be identified or identifiable in this survey. (However, researchers cannot guarantee the security of material transferred by email or Internet.)

Please complete each question before going to the next question.

### SECTION 1 - ABOUT YOU

The questions in the first section provide information on the global demographic characteristics of respondents.

To respond, please place a check  in the box or click the button next to the most appropriate option.

1. Are you  Male or  Female?
2. Which age group do you belong to?
  - Under 20 years
  - 20 – 29 years
  - 30 – 39 years
  - 40 – 49 years
  - 50 – 59 years
  - 60 – 69 years
  - 70 years and above
3. What is your relationship status?
  - Now married
  - De facto relationship (Cohabitation)
  - Never married
  - Divorced/Separated
  - Widowed
4. How do you identify your ethnicity? Please specify. (E.g. Australian Aboriginal, African, Arabic, Chinese, Hispanic or Mediterranean, Indian, Japanese, Northern European and Slav, Sri Lankan, South Sea Islander, etc.)  
.....
5. What is your country of birth? (E.g. Australia, Canada, China, France, India, Italy, Malaysia, Sweden, Taiwan, UK, USA, Vietnam, etc.)  
.....
6. What is your current country of residence? (E.g. Australia, Canada, China, France, India, Italy, Malaysia, Sweden, Taiwan, UK, USA, etc.)  
.....
7. Is English your first language? (The language you grew up with as a child)  
 Yes  No
8. If English is not your first language, what is your first language? (E.g. Chinese Mandarin, Chinese Dialect, French, Italian, Bahasa Malaysia, Portuguese, Russian, Spanish, Vietnamese, etc.)  
.....
9. What is your highest educational attainment?
  - Middle/Secondary/Primary School
  - High/Senior School Diploma or equivalent
  - Undergraduate degree (bachelor)
  - Master or postgraduate degree
  - PhD or Doctoral degree
10. What is your current occupation? (E.g. chef, counsellor, lawyer, medical doctor, plumber, secretary, police or secret agent, college or university student, retired, etc.)  
.....
11. What is your gross annual household income? [in your local currency, for e.g. Yen180,000, US\$80,000, 100,000 rupees, £38,000]  
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### SECTION 2 – YOUR MEDICAL HISTORY AND HEALTH STATUS

12. How many times have you consulted a medical doctor during the past 6 months?
- None                       1 - 3 times  
 4 - 6 times               7 - 9 times  
 Over 10 times
13. If you have consulted a medical doctor, briefly state main reason(s). (E.g. bone fracture, colds.)
- .....
- .....
14. Are you currently taking any of the following? (Check  all that apply)
- None  
 Prescription drugs (medical)  
 Over counter drugs, e.g. Panadol, Aspirin  
 Chinese herbal remedies  
 Western herbal remedies  
 Homeopathic remedies  
 Multi-vitamins and health supplements
15. How much have you spent on all medical and health expenses (including prescriptions, herbal remedies, supplements) in the past six months? Write None or state total amount [in your local currency, e.g. US\$500, 10,000 rupees, etc.]
- .....

- .....
16. Do you smoke tobacco cigarettes?  
 No                       Yes
17. If yes, how many cigarettes per day? (E.g. 20 cigarettes per day.) .....
18. Do you plan to stop smoking?  
 No                       Yes                       Not Applicable
19. Do you consume alcohol?  No                       Yes
20. If yes, how much alcohol per day? (E.g. 50mls spirits, 200mls wine, 500mls beer.)
- .....
21. Do you plan to stop consuming alcohol?  
 No                       Yes                       Not Applicable
22. Do you use recreational drugs (e.g. heroin, ice, marijuana, ecstasy, etc.)?  
 No                       Yes
23. If yes, what recreational drug(s) do you use?  
 .....
24. Do you plan to stop using recreational drugs?  
 No                       Yes                       Not Applicable

### SECTION 3 – THE SF36 HEALTH SURVEY

**INSTRUCTIONS:** This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

25. In general, would you say your health is: (Please check  one box.)
- Excellent                        
 Very Good                        
 Good                                
 Fair                                  
 Poor

26. Compared to one year ago, how would you rate your health in general now? (Please check  one box.)
- Much better than one year ago                        
 Somewhat better than last year                        
 About the same as one year ago                        
 Somewhat worse now than one year ago                        
 Much worse than one year ago

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The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much. <b>(Please circle one number on each line.)</b>			
Activities	Yes, Limited A Lot	Yes, Limited A Little	Not Limited At All
27. a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
28. b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
29. c. Lifting or carrying groceries	1	2	3
30. d. Climbing <b>several</b> flights of stairs	1	2	3
31. e. Climbing <b>one</b> flight of stairs	1	2	3
32. f. Bending, kneeling, or stooping	1	2	3
33. g. Walking <b>more than a mile</b>	1	2	3
34. h. Walking <b>several</b> blocks	1	2	3
35. i. Walking <b>one block</b>	1	2	3
36. j. Bathing or dressing yourself	1	2	3
During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u> <b>(Please circle one number on each line.)</b>			
	<b>Yes</b>	<b>No</b>	
37. a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	
38. b. Accomplished less than you would like	1	2	
39. c. Were <b>limited</b> in the <b>kind</b> of work or other activities	1	2	
40. d. Had <b>difficulty</b> performing the work or other activities	1	2	
During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (e.g. feeling depressed or anxious)? <b>(Please circle one number on each line.)</b>			
	<b>Yes</b>	<b>No</b>	
41. a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	
42. b. Accomplished less than you would like	1	2	
43. c. Didn't do work or other activities <b>as carefully</b> as usual	1	2	
44. During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please check <input checked="" type="checkbox"/> <b>one</b> box.)			
Not at all	<input type="checkbox"/>		
Slightly	<input type="checkbox"/>		
Moderately	<input type="checkbox"/>		
Quite a bit	<input type="checkbox"/>		
Extremely	<input type="checkbox"/>		
45. How much physical pain have you had during the past 4 weeks? (Please check <input checked="" type="checkbox"/> <b>one</b> box.)			
None	<input type="checkbox"/>	Mild	<input type="checkbox"/>
Severe	<input type="checkbox"/>	Very Severe	<input type="checkbox"/>
		Moderate	<input type="checkbox"/>
46. During the <u>past 4 weeks</u> , how much did pain interfere with your normal work (including both work outside the home and housework)? (Please check <input checked="" type="checkbox"/> <b>one</b> box.)			
Not at all	<input type="checkbox"/>		
Slightly	<input type="checkbox"/>		
Moderately	<input type="checkbox"/>		
Quite a bit	<input type="checkbox"/>		
Extremely	<input type="checkbox"/>		

## Health & Wellness Survey for Non-Falun Gong Practitioners (HW2)

These questions are about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item.

(Please circle one number on each line.)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
47. a. Did you feel full of life?	1	2	3	4	5	6
48. b. Have you been a very nervous person?	1	2	3	4	5	6
49. c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
50. d. Have you felt calm and peaceful?	1	2	3	4	5	6
51. e. Did you have a lot of energy?	1	2	3	4	5	6
52. f. Have you felt downhearted and blue?	1	2	3	4	5	6
53. g. Did you feel worn out?	1	2	3	4	5	6
54. h. Have you been a happy person?	1	2	3	4	5	6
55. i. Did you feel tired?	1	2	3	4	5	6
56. During the <u>past 4 weeks</u> , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.) (Please check <input checked="" type="checkbox"/> <b>one</b> box.) All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/>						
How TRUE or FALSE is <u>each</u> of the following statements for you?						
(Please circle one number on each line.)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	
57. a. I seem to get sick a little easier than other people	1	2	3	4	5	
58. b. I am as healthy as anybody I know	1	2	3	4	5	
59. c. I expect my health to get worse	1	2	3	4	5	
60. d. My health is excellent	1	2	3	4	5	

Thank you for completing all THREE sections of the Health & Wellness Survey for non-Falun Gong practitioners (HW2). Your contribution to this research project is much appreciated. If participating in this study has caused you concern or worry, please speak to your Falun Gong friend or family member who has invited you to participate. Alternatively, you could contact the researcher via email: [margaret.lau@postgrads.unisa.edu.au](mailto:margaret.lau@postgrads.unisa.edu.au).

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