

Population Health Survey 2007 Questionnaire

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Question Code	Question Name	New or modified for 2007	Age Groups	Question
				INTRODUCTION
LOTE	Survey conducted in LOTE		All	[RECORD LANGUAGE SURVEY CONDUCTED IN] 1 English 2 Arabic 3 Chinese 4 Greek 5 Italian 6 Vietnamese
DEMZ				DEMOGRAPHICS 1 (Age and Sex)
DEM 2 DEM2b (months) DEM2e (weeks) DEM2c (years)	Age in years		All	Could you please tell me how old you are/[child] is today? [NOTE: IF RESPONDENT DOES NOT GIVE AGE SURVEY WILL TERMINATE!] We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your age. 1 Age in Months (0-23 months only) 2 Age in years X Don't know → Thank and Goodbye R Refused → Thank and Goodbye
DEM2d	Child proxy respondent's age		Children 0-15 years	Could you please tell me how old you are today? We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. Age in years 88888 Don't know (skp TGB) 99999 Refused (skp TGB)
DEM3	Sex		All	Are you/ is [child] male or female? 1 Male 2 Female
DEM4	Child proxy's sex		Children 0-15 years	RECORD PROXY RESPONDENTS SEX [IF UNSURE ASK: Are you male or female? 1 Male 2 Female
CDM6	Proxy respondent's relationship to child		Children 0-15 years	What is your relationship to [child]? IF FEMALE: For example are you [child]'s mother, stepmother or other relation? IF MALE: For example are you [child]'s father, stepfather or other relation? 1 Mother 2 Father 3 Stepmother 4 Stepfather 5 Grandmother 6 Grandfather 7 Legal Guardian 8 Other [SPECIFY] _____ X Don't know R Refused
DEM X	End of Demographics 1 (Age and Sex)			

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HSUZ	Start of Health Services Access, Use and Satisfaction			HEALTH SERVICES ACCESS, USE AND SATISFACTION
HSU			All	The next questions are about your/ [child]'s use of health services.
HSU1a	Health service attended in last 12 months	Y	All	In the last 12 months, have you /has [child] attended any of the following services: [READ OUT] [MULTIPLE RESPONSE] (PAUSE AFTER EACH RESPONSE FOR ANSWER) Stayed for at least one night in hospital → HSU2H A hospital emergency department (or casualty) for your own /for [child]'s medical care → HSU3 An Early Childhood Centre A Government Run Community Health Centre → HSU6CH A Government Dental Service or Dental Hospital → HSU6PD A general practitioner → HSU6GP Did not attend any services → HSU12a for <5 yrs else HSU14 Don't know → HSU14 Refused → HSU14
HSU6H	Rating of care for most recent overnight hospital stay	Y	All	If HSU1a= Hospital Overall, what do you think of the care you /[child] received at the last hospital you attended? Was it...? [READ OUT] 1 Excellent → HSU12n 2 Very Good → HSU12n 3 Good → HSU12n 4 Fair 5 Poor X Don't know → HSU12n R Refused → HSU12n
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor	Y	All	Could you briefly describe why you rated the care you /[child] received as fair/poor? [MULTIPLE RESPONSE] Not enough staff Poor quality accommodation Communication problems Poor attitude of clinical staff Poor technical skill of clinical staff Excessive time waiting for care Poor patient Care Hospital could not offer required care Other (Specify) _____ Don't Know Refused
HSU6ED	Rating of care for most recent emergency department visit	Y	All	If HSU1a= Emergency Department Overall, what do you think of the care you / [child] received at the emergency department you last attended? Was it...? [READ OUT] 1 Excellent → HSU12n 2 Very Good → HSU12n 3 Good → HSU12n 4 Fair 5 Poor X Don't Know → HSU12n R Refused → HSU12n

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HSU7ED	Reason for rating most recent emergency department visit as fair/poor	Y	All	<p>Could you briefly describe why you rated the care you/[child] received as fair / poor? [MULTIPLE RESPONSE] Not enough staff Communication problems Poor attitude of clinical staff Poor technical skill of clinical staff Waiting time Other (Specify) _____ Don't Know Refused</p>
HSU6B	Rating of overall care at early childhood centre	Y	Children 0-4 years	<p>If HSUS1a= Early childhood centre Overall, what do you think of the care [child] received at the most recent early childhood centre visit? Was it...? [READ OUT] 1 Excellent → HSU12n 2 Very Good → HSU12n 3 Good → HSU12n 4 Fair 5 Poor X Don't Know → HSU12n R Refused → HSU12n</p>
HSU7B	Reason for rating overall care at early childhood centre as fair/poor	Y	Children 0-4 years	<p>Could you briefly describe why you rated the care [child] received as fair / poor? [MULTIPLE RESPONSE] Not enough staff Communication problems Poor attitude of clinical staff Poor technical skill of clinical staff Waiting time Other (Specify) _____ Don't Know Refused</p>
HSU6PD	Rating of care for most recent public dental service visit	Y	All	<p>If HSUS1a= Public Dental Overall, what do you think of the care you / [child] received at the most recent public dental service visit? Was it...? [READ OUT] 1 Excellent → HSU12n 2 Very Good → HSU12n 3 Good → HSU12n 4 Fair 5 Poor X Don't Know HSU12n R Refused → HSU12n</p>
HSU7PD	Reason for rating most recent public dental service visit as fair/poor	Y	All	<p>Could you briefly describe why you rated the care you / [child] received as fair poor? [MULTIPLE RESPONSE] Not enough staff Communication problems Poor attitude of clinical staff Poor technical skill of clinical staff Waiting time Other (Specify) _____ Don't Know Refused</p>

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HSU5GP	Last see a GP	Y	All	If HSUS1a= General Practitioner When did you last see a General Practitioner? 1. Within the last week 2. 1 to 2 weeks ago 3. 2 weeks to 1 months ago 4. between 1 and 6 months 5. 6 to 12 months ago X Don't Know R Refused
HSU6GP	Rating of care for most recent General Practitioner visit	Y	All	Overall, what do you think of the care you / [child] received at the most recent General Practitioner visit? Was it...? [READ OUT] 1 Excellent → HSU12n 2 Very Good → HSU12n 3 Good HSU12n 4 Fair 5 Poor X Don't Know → HSU12n R Refused → HSU12n
HSU7GP	Reason for rating most recent General Practitioner visit as fair/poor	Y	All	Could you briefly describe why you rated the care you / [child] received as fair poor? Description:_____
HSU12n	Home-visit in last 12 months	Y	0-11 months	In the last 12 months, has a child or community nurse visited [child] in your home? 1 Yes 2 No → HSUX X Don't Know → HSUX R Refused → HSU
HSU6C	Rating of overall care from community nurse in last 12 months	Y	0-11 months	Overall, what do you think of the care / [child] received from this child and community nurse? [READ OUT] 1 Excellent → HSU6M 2 Very Good → HSU6M 3 Good → HSU6M 4 Fair 5 Poor X Don't Know → HSU6M R Refused → HSU6M
HSU7C	Reason for rating overall care by community nurse as fair/poor	Y	0-11 months	Could you briefly describe why you rated the care you / [child] received as fair/poor? Description:_____
HSU14	Difficulties in getting health care		All	Do you have any difficulties getting health care when you need /[child] needs it? 1 Yes 2 No → HSU16 3 Don't need health care → HSU16 X Don't Know → HSU16 R Refused → HSU16
HSU15	Types of difficulties in getting health care		All	Please describe the difficulties you have. [PROBE FULLY] Description:_____
				→CHSZ

Question Code	Question Name	New or modified for 2007	Age Groups	Question
HSU16	Comments on health services in local area		All	Do you have any comments on the health services in your local area? [PROBE FULLY] Description: _____
HSUX	End of Health Services Access, Use and Satisfaction			
CHSZ	Start of Childhood Personal Health Record			CHILDHOOD PERSONAL HEALTH RECORD
CHS31	Possess Personal Health Record	Y	Children 0-15 years	Do you have a personal health record for [child]? (NOTE: A personal health record is given to all babies. It contains a record of growth, health check-ups and immunisation). 1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS30	Ever used Personal Health Record	Y	Children 0-15 years	Have you ever used, the personal health record for [child]? 1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS32		Y	Children 0-15 years	Do you currently use, the personal health record' for [child]? 1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS33A	Current uses of Personal Health Record		Children 0-15 years	What do you currently use the Personal Health Record for? [MULTIPLE RESPONSE] Record of immunisation Record of growth (height and weight) Record of visits to baby health or early childhood centre Record of visits to the doctor Information on child health Nothing Other (specify) _____ Don't know Refused
CHSX	End of Childhood Personal Health Record			
				BREASTFEEDING
CBFZ	Start of Breastfeeding			The next questions are about breastfeeding.
CBF1	Child Ever Breastfed		Children 0-23 months	Has [child] ever been breastfed? 1 Yes 2 No → CBF14a X Don't know → CBF4 R Refused → CBF4

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CBF2	Child Currently Breastfed		Children 0-23 months	Is [child] currently being breastfed? 1 Yes 2 No→CBF13 X Don't know→CBF13 R Refused→CBF13
CBF15	Breast fed since yesterday		Children 0-23 months	Since this time yesterday, has [child] been breastfed? (Breastfed includes giving expressed breast milk). 1 Yes 2 No X Don't know R Refused
CBF13 (CBF13b CBF13a)	Duration of Breastfeeding		Children 0-23 months	Including times of weaning, what is the total time [child] was breastfed? <i>(ENTER FULL NUMBERS ONLY: IGNORE HALF)</i> 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF4 R Refused→CBF4
CBF14a	Main Reasons Decided not to Breastfeed.		Children 0-23 months	IF MOTHER ASK: What were the main reasons you decided not to breastfeed [child]? Previous bad experience Poor quality milk Returning to work or study Health problem with mother Mother did not want to Health problem with child Other small children Technique difficulties Other Specify _____ Don't know Refused
CBF4	Child Ever Regularly Given Infant or Toddler Formula		Children 0-23 months	Has [child] ever been given infant or toddler formula regularly? (PROMPT IF NECESSARY: regularly means at least once a day) 1 Yes 2 No → CBF6 X Don't know → CBF6 R Refused → CBF6
CBF5 (CBF5b CBF5b)	Age First Given Infant or Toddler Formula Regularly		Children 0-23 months	At what age was [child] first given infant or toddler formula regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A –HALF WEEKS) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF6 R Refused→CBF6
CBF6	Child ever regularly given cows milk		Children 0-23 months	Has [child] ever been given cow's milk regularly? 1 Yes 2 No → CBF8 X Don't know → CBF8 R Refused → CBF8
CBF7 (CBF7b CBF7a)	Age first given cows milk		Children 0-23 months	At what age was [child] first given cow's milk regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A –HALF WEEKS) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF8 R Refused→CBF8

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CBF8	Child ever given other milk substitutes regularly		Children 0-23 months	Has [child] ever been given any other type of milk substitute on a regular basis? (PROMPT: Apart from breast milk/infant formula/cows milk) 1 Yes 2 No → CBF12 X Don't know → CBF12 R Refused → CBF12
CBF9	Types of other milk substitutes		Children 0-23 months	What type of milk substitutes did [child] have? (MULTIPLE RESPONSE) Soya Bean milk Goat's milk Evaporated milk Other [SPECIFY] _____ Don't know R Refused
CBF10 CBF10b CBF10a)	Age first given other milk substitutes		Children 0-23 months	At what age was [child] first given [this/any of these] milk substitute(s) regularly? (NOTE: IF USED MORE THAN ONE TYPE OF MILK RECORD EARLIEST AGE THAT ANY MILK SUBSTITUTE WAS GIVEN REGULARLY) (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF12 R Refused→CBF12
CBF12 (CBF12b CBF12a)	Age when First Given Solid Food		Children 0-23 months	At what age was [child] first given solid food regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Never given solids/not yet started solids X Don't know→CNF19 R Refused→CNF19
CNF19 (CNF19b CNF19a)	At what age given fruit juice		Children 0-23 months	At what age was [child] first given fruit juice regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in months AND weeks 3 Less than one week 4 Never given fruit juice/not yet started fruit juice X Don't know→CNF110 R Refused→CNF110
CNF110 (CNF110b CNF110a)	Age given water		Children 0-23 months	At what age was [child] first given water regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in months AND weeks (1-23 months) 3 Less than one week 4 Never given water/not yet started water X Don't know→CNF110 R Refused→CNF110

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CBF16	Receive any of the following since yesterday	Y	< 7 months of age	<p>Since this time yesterday, did [child] receive any of the following? [MULTIPLE RESPONSE] Vitamins, mineral supplements, medicine Plain water Sweetened or flavoured water Fruit juice Tea or infusion Infant formula Tinned, powdered or fresh milk Solid or semi-solid food Other (specify)</p> <p>Don't know Refused None of these</p>
CBFX	End of Breastfeeding			
CNFPZ	Start of Folate and Pregnancy			FOLATE AND PREGNANCY
CNF3	Take tablets or capsules containing folate or folic acid		0-11 months Only asked of mother	<p>The next few questions refer to when you were pregnant with [child]. Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or in the first three months of this pregnancy? ('IN THE MONTH BEFORE' INCLUDES TAKING FOLATE FOR MORE THAN ONE MONTH PRIOR TO PREGNANCY) ('FIRST THREE MONTHS OF PREGNANCY' INCLUDES TAKING FOLATE FOR MORE THAN THE FIRST THREE MONTHS OF PREGNANCY) 1 Yes, in the month before AND first 3 months of pregnancy 2 Yes, in the month before only 3 Yes, in the first 3 months of pregnancy only 4 No 5 Not applicable not the birth mother → CNFX X Don't know R Refused</p>
CNFX	End folate and Pregnancy			
CSDZ	Start of Injury 1 (Childhood Injury and Prevention)			INJURY 1 (CHILDHOOD INJURY AND PREVENTION)
CSD3	Sleeping position from birth		0-11 months	<p>What position did you put [child] to sleep in from birth? [READ OUT] 1 On his/her back 2 On his/her side 3 On his/her tummy 4 Any other position [SPECIFY] _____ X Don't know R Refused</p>
CSDX	End of Injury 1 (Childhood Injury and Prevention)			

Question Code	Question Name	New or modified for 2007	Age Groups	Question
EARZ	Start of Sight, Hearing and Speech	Y	All	SIGHT, HEARING AND SPEECH Now I'd like to ask you some questions about sight and hearing.
EAR2a	Time since last hearing check	Y	All	When did you last have your/[child's] hearing checked? [READ OUT] 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years ago to less than 5 years ago 4 5 or more years ago 5 Never X Don't Know R Refused
EAR2	Have normal hearing	Y	All	As far as you know, do you/does [child] currently have normal hearing in both ears? 1 Yes 2 No X Don't Know R Refused
EYE1	When eyesight last checked	Y	All	When did you last have your/[child's] eyesight checked? 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years ago to less than 5 years ago 4 5 or more years ago 5 Never X Don't Know R Refused
EYE2	Have normal vision	Y	All	As far as you know, do/does [child] have normal vision in both eyes? 1 Yes 2 No X Don't Know R Refused
EARX	End of Sight, Hearing and Speech			
HSDZ	Start of Self-Rated Health Status and Disability			SELF-RATED HEALTH STATUS & DISABILITY
HSDINT	Intro to Self rated general health	DELETE	All	Now I am going to read some statements about aspects of your health.
HSD4 (SF89H)	SF8- General health in past 4 weeks	MOVE TO IMMEDIATELY AFTER HSU	All	Overall, how would you rate your [child's] health during the past 4 weeks? [READ OUT] 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor 6 Very Poor X Don't Know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
HSDX	End of Self-Rated Health Status and Disability			
ALCZ	Start of Alcohol (Frequency and Consumption)			ALCOHOL (FREQUENCY & CONSUMPTION)
ALC			Adults 16+ years	Now I would like to ask you some questions about alcohol.
ALC1 (ALC1a)	How often do you have an alcoholic drink		Adults 16+ years	How often do you usually drink alcohol? [PROMPT IF NECESSARY] 1 _____ Number of days 2 Less than once per week 3 I don't drink alcohol → ALCX X Don't Know → HUN11 R Refused → HUN11
ALC2 (ALC2a)	Usual number of standard drinks per day		Adults 16+ years	Alcoholic drinks are measured in terms of a "standard drink". A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine or 1 pub-sized nip of spirits. On a day when you drink alcohol, how many standard drinks do you usually have? [PROMPT IF NECESSARY] 1 _____ Number of drinks X Don't Know → ALC3 R Refused → ALC3
ALC3	More than 4 male/2 female drinks in a day in past 4 weeks		Adults 16+ years	In the past four weeks have you had more than [2 If female/ 4 if male] drinks in a day? [PROMPT IF NECESSARY] 1 Yes 2 No → ALCX X Don't know → ALCX R Refused → ALCX
ALC4 (ALC4a)	More than 11 male/7 female drinks in a day in past 4 weeks		Adults 16+ years	In the past 4 weeks how often have you had [11 or more if male] [7 or more if female] drinks in a day? 1 _____ Days per week 2 Not at all X Don't Know R Refused
ALC5 (ALC5a)	More than 7-10 male/5-6 female drinks in a day in past 4 weeks		Adults 16+ years	In the past 4 weeks how often have you had [7-10 if male] [5-6 if female] drinks in a day? 1 _____ Days per week 2 Not at all X Don't Know R Refused
ALCX	End of Alcohol (Frequency and Consumption)			

Question Code	Question Name	New or modified for 2007	Age Groups	Question
ENRZ	Start of Environmental Risks (Water Usage)			ENVIRONMENTAL RISKS
ENR1	Usual source of drinking water		2+ years	What is your normal source of drinking water? INTERVIEWERS: IF RESPONSE IS TAP WATER PROMPT FOR PUBLIC OR PRIVATE SOURCE 1 Public water supply 2 Bottled water → ENRA 3 Rainwater 4 Private bore, spring or well 5 Other private supply (eg creek or farm dam) 6 Combination of different water sources 7 Other [SPECIFY] _____ X Don't Know R Refused
ENR2	Water treatment before drinking		2+ years	Do you treat your water before drinking? and if so how? [IF YES, HOW?] 1 No 2 Sometimes 3 Yes – Boiling 4 Yes – Filtering 5 Boil and filter 6 Yes – Other [SPECIFY] _____ X Don't Know R Refused
ENR4b	Support re-use of treated effluent water	Y	16 years and over	Which of the following re-uses of treated wastewater or sewage do you support? [READ OUT 1 to 4] [MULTIPLE RESPONSE] 1. Maintenance of water levels in rivers and waterways. 2. Watering of public parks and gardens 3. To increase drinking water supply in reservoirs 4. Crop irrigation 5. None X Don't Know R Refused
ENR12	Sensitive to chemical odours	Y	2 plus	Do certain chemical odours or smells regularly make you/(child) feel ill? 1. Yes 2. No →ENR13 X Don't know →ENR13 R Refused→ENR13
ENR37	Symptoms from chemical odours	Y	2 plus	What symptoms do [you/they] get? [MULTIPLE RESPONSE] Nose or sinus irritation Cough or wheeze Headache Nausea Fatigue Aches or pains Generally unwell Anxious, worried or Depressed Other (SPECIFY) _____ Don't know Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
ENR38	Odours that cause illness	Y	2 plus	<p>Which odours or smells cause you/(child) to feel ill? [MULTIPLE RESPONSE] Petrol or exhaust fumes Perfumes or aftershaves Scented soap or shampoo or other toiletries Scent of flowers such as jasmine, gardenia, wattle, etc Cleaning agents Fresh paint Pesticides Cigarette smoke Other [SPECIFY] _____ Don't know Refused</p>
ENR13	Diagnosed with chemical sensitivity	Y	2 plus	<p>Have you/Has child ever been diagnosed with a chemical sensitivity?</p> <p>[IF ASKED: Chemical sensitivity is a heightened response to chemical odours which can include symptoms such as headaches, nausea, dizziness or other symptoms.] 1 Yes 2 No → ENR39 X Don't know→ ENR39 R Refused→ ENR39</p>
ENR42	First diagnosis of chemical sensitivity	Y	2 plus	<p>Who first made the chemical sensitivity diagnosis?</p> <p>1 Your/Child's regular medical practitioner or GP 2 A medical specialist at hospital or elsewhere 3 Other (SPECIFY) X Don't know R Refused</p>
ENR39	Sensitive to food chemicals or substances	Y	2 plus	<p>Do certain food chemicals or substances sometimes make you/(child) ill? 1 Yes 2 No→ENRX X Don't know→ENRX R Refused→ENRX</p>
ENR40	Food chemicals or substances that cause illness	Y	2 plus	<p>What food chemicals or substances make you/(child) feel ill? [MULTIPLE RESPONSE] Pesticide residues Preservatives Colourings MSG Other [SPECIFY] _____ Don't know Refused</p>
ENRX	End of Environmental Risks (Water Usage)			
ASTZ	Start of Asthma (Prevalence and Service Use)			ASTHMA (PREVALENCE AND SERVICE USE)
AST			2+ years	The next few questions are about asthma.

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AST1	Ever told by doctor have asthma		2+ years	Have you ever been told by a doctor or at a hospital that you have / [child] has asthma? 1 Yes 2 No →ASTX X Don't Know → ASTX R Refused → ASTX
AST2	Asthma symptoms or treatment in last 12 months		2+ years	Have you /has [child] had symptoms of asthma or taken treatment for asthma in the last 12 months? 1 Yes – symptoms 2 Yes – treatment 3 Yes - both 4 No → ASTX X Don't Know → ASTX R Refused → ASTX
CA8	Written asthma management plan		2+ years	Do you have a written asthma management plan from your doctor on how to treat your [child's] asthma? 1 Yes 2 No X Don't know R Refused
A3	Asthma interfere with daily life		2+ years	During the past 4 weeks, did your/[child's] asthma interfere with your /[child's] ability to manage you're his/her day to day activities 1 Yes 2 No→ ASTX X Don't know→ ASTX R Refused→ ASTX
A4	Severity of asthma interference		2+ years	Did it interfere with these activities? [READ OUT] 1 A little bit 2 Moderately 3 Quite a lot 4 Extremely X Don't know R Refused
ASTX	End of Asthma (Prevalence and Service)			
DBTZ	Start of Diabetes 1 (Prevalence and Management)			DIABETES 1 (PREVALENCE AND MANAGEMENT)
	DBT	Y	9+ years	The next few questions are about diabetes and high blood sugar. Diabetes is a disease where there is too much glucose in the blood.
DBT1	Ever told by doctor had diabetes	Y	9+ years	Have you ever been told by a doctor or at a hospital that you have/[child] has diabetes? 1 Yes - if female adult → DBT3 if male →DBT19 2 No 3 Only during pregnancy → DBTX X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
DBT2	Ever told by doctor have high blood glucose	Y	9+ years	<p>Have you ever been told by a doctor or at a hospital that you have/[child] has high glucose levels in your/their blood or urine?</p> <p>1 Yes - if female → DBT3, if male → DBT19 2 No → DBTX 3 Borderline - If male → DBT19 4 Only during pregnancy → DBTX X Don't know R Refused</p>
DBT3	Pregnant when first had diabetes / high blood glucose	Y	Females 16+ years	<p>If adult female then ask: Were you pregnant when you were first told you had diabetes/high blood glucose?</p> <p>1 Yes 2 No → DBT19 X Don't know → DBT19 R Refused → DBT19</p>
DBT4	Apart from pregnancy, had diabetes/high blood glucose		Females 16+ years	<p>Have you ever had diabetes/high blood glucose apart from when you were pregnant?</p> <p>1 Yes 2 No → DBTX X Don't know R Refused</p>
DBT19	Type of diabetes	Y	9+ years	<p>What type of diabetes were you told you/[child] had?</p> <p>1. 1 Type 1 2. 2 Type 2 3. 3 Gestational 4. Other [SPECIFY] _____ X Don't know R Refused</p>
DBTX	End of Diabetes 1 (Prevalence and Management)			
DBTaZ	Start of Diabetes 2 (Complications and screening)		16+ years	DIABETES 2 (COMPLICATIONS AND SCREENING)
D8	Usual diabetes care provider	Y	9+ years	<p>Who usually provides care for your[child's] diabetes/high blood glucose?</p> <p>1 GP or local doctor 2 Diabetes clinic 3 Medical specialist 4 Aboriginal health worker 5 Other (SPECIFY) _____ X Don't know R Refused</p>
D9	Time since visiting eye specialist for eye related diabetes problems	Y	16+ years	<p>About how long is it since you consulted an eye specialist to check for or treat diabetes-related eye problems?</p> <p>1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
D10	Time since visiting diabetes educator for diabetes education	Y	16+ years	<p>About how long is it you/[child] consulted a diabetes educator for education about your diabetes/high blood glucose. A diabetes educator is a person who is specially trained to teach you about your diabetes and diabetes management?</p> <p>1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused</p>
D11	Time since visiting dietician for dietary advice about diabetes	Y	16+ years	<p>About how long is it since you consulted a dietician for dietary advice about diabetes?</p> <p>1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused</p>
D12	Time since visiting podiatrist	Y	16+ years	<p>About how long is it since you consulted a podiatrist to check for or treat diabetes-related foot problems? A podiatrist is a person who is specially trained to provide foot care?</p> <p>1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused</p>
D16	Number of times diabetes interfered with daily activities	Y	9+ years	<p>During the last 12 months did your diabetes/high blood glucose interfere with your/[child's] ability to work, study or manage your/[his/her] day-to-day activities?</p> <p>1 Yes 2 No X Don't know R Refused</p>
D17	How much interfered with activities	Y	9+ years	<p>Did it interfere with these activities... [READ OUT]</p> <p>1 A little bit 2 Moderately 3 Quite a lot 4 Extremely X Don't know R Refused</p>
DBTaX	End of Diabetes 2 (Complications and screening)			
CRCZ	Start of Cancer Screening 2 (Prostate and Bowel)		Adults 50+	CANCER SCREENING 2 (PROSTATE AND BOWEL)

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CRC2a	Bowel cancer screening in last 12 months	Y	Adults 50+	<p>Bowel cancer is a common cancer which, if found, can be treated at an early stage. Bowel cancer may be detected by using several different types of investigations. Have you ever had:</p> <p>[READ OUT] [MULTIPLE RESPONSE]</p> <p>An X-ray of the bowel A test which involves a doctor passing a long tube through your back passage to examine the inside of your bowel Sample of faeces examined for bowel cancer Don't Know Refused</p>
CRC3a	When last bowel x-ray	Y	Adults 50+	<p>When did you have your last x-ray?</p> <p>1 Within the last 12 months 2 12 months to 5 years 3 More than 5 years ago 4 Never had a bowel x-ray X Don't Know R Refused</p>
CRC3b	When last bowel test with tube like instrument	Y	Adults 50+	<p>When did you have your last test with the tube like instrument?</p> <p>1 Within the last 12 months 2 12 months to 5 years 3 More than 5 years ago 4 Never had a test with a tube like instrument X Don't Know R Refused</p>
CRC3c	When last faeces examination	Y	Adults 50+	<p>When did you have your last faeces sample examined?</p> <p>1 Within the last 12 months 2 12 months to 5 years ago 3 More than 5 years ago 4 Never had a faeces sample examined X Don't Know R Refused</p>
CRC4	Reason for bowel cancer investigation	Y	Adults 50+	<p>Can you tell me all the reasons why you had [this/these] investigations for bowel cancer?</p> <p>One or more relatives had bowel cancer Regular check up (seeing doctor) Due for screening test for bowel cancer Doctor recommended it Publicity about bowel cancer and screening Urged by a friend/relative to go Blood in the toilet bowl/stool/on toilet paper Other bowel problem such as pain, polyps or inflammatory bowel disease I have had bowel cancer in the past Other [SPECIFY] _____ Don't Know Refused</p>
CRCX	End of Cancer Screening 2 (Prostate and Bowel)			
HWTZ	Start of Height and Weight (BMI)	Y	2+ years	HEIGHT & WEIGHT (BMI)

Question Code	Question Name	New or modified for 2007	Age Groups	Question
HWT1 (H3) (HWT1a HWT1b, HWT1c)	Height in centimetres	Y	2+ years	<p>Now a few questions about your [child's] height and weight.</p> <p>How tall are yo/[is child] without shoes? _____ Centimetres (minimum 90cm maximum 300cm) OR _____ Feet _____ inches (minimum 3 feet maximum 9 feet)</p> <p>X Don't Know (Probe before accepting) R Refused</p>
HWT2 (W3) (HWT2a, HWT2b, HWT2bb)	Weight in kilograms	Y	2+ years	<p>How much do you /[does child] weigh without clothes or shoes? Kilograms _____ (minimum 20 kg, Clarify if >190 kg) OR _____ stones _____ lbs (minimum 3 stone or 42 lbs, Clarify if >30 stone or 420 lbs)</p> <p>X Don't Know (Probe before accepting) R Refused</p>
HWT9	Agree to measure child	Y	2 to 15 years	<p>As you were unsure or did not know the weight of [child] would you be able to measure [child] and provide us with that information when we ring you back in about a weeks time.</p> <p>1. Yes 2. No X Don't Know R Refused</p>
HWTX	End of Height and Weight (BMI)			
NUTZ	Start of Nutrition 1 (Adult Dietary Guidelines)			NUTRITION 1: (ADULT DIETARY GUIDELINES)
NUT			2+ years	The next few questions are about food.
NUT1 (V1) (NUT1a, NUT1b)	Serves of vegetables usually eaten per day		2+ years	<p>How many serves of vegetables do you [does child] usually eat each day? One serve is ½ cup cooked or 1 cup of salad vegetables. 1 _____serves per day 2 _____serves per week 3 Don't eat vegetables X Don't Know R Refused</p>
NUT18	Knowledge of recommend ed vegetable serves		Adults 16 years and over	<p>How many serves of vegetables do you think you should eat each day to be healthy?</p> <p>[WHOLE NUMBERS ONLY] _____Record</p> <p>Serves of Fruit 88888 Don't know 99999 Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
NUT2 (F1) (NUT1a, NUT1b)	Serves of fruit usually eaten per day		2+ years	<p>How many serves of fruit do you [does child] usually eat each day? A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces. 1 ____ serves per day 2 ____ serves per week 3 Don't eat fruit X Don't Know R Refused</p>
NUT17	Knowledge of recommended fruit serves.		Adults 16 years and over	<p>How many serves of fruit do you think you should eat each day to be healthy?</p> <p>[WHOLE NUMBERS ONLY] _____ Record</p> <p>Serves of Fruit 88888 Don't know 99999 Refused</p>
NUT3b (B2) (NUT3ba, NUT3bb, NUT3bc)	Times bread usually eat per day		Adults 16+ years	<p>How often do you usually eat bread? (Include bread rolls, flat breads, crumpets, bagels, English or bread type muffins). 1 ____ Times per day 2 ____ Times per week 3 ____ Times per month 4 Rarely or never X Don't know R Refused</p>
NUT4ba (BC2) (NUT4bb, NUT4bc, NUT4bd)	Times breakfast cereal usually eaten per day		Adults 16+ years	<p>How often do you eat breakfast cereal? (ready-made, home made or cooked). 1 ____ times per day 2 ____ times per week 3 ____ times per month 4 Rarely or never X Don't know R Refused</p>
NUT5ba (P2) (NUT5bb, NUT5bc, NUT5bd)	Times cooked pasta usually eaten per day		Adults 16+ years	<p>How often do you eat pasta, rice, noodles or other cooked cereals? (not including cooked breakfast cereals). 1 ____ times per day 2 ____ times per week 3 ____ times per month 4 ____ rarely or never X Don't know R Refused</p>
NUT7 (M2) (NUT7a, NUT7b, NUT7c)	Times meat products usually eaten per week		2+ years	<p>How often do you/does [child] eat processed meat products such as sausages, frankfurts, devon, salami, hamburgers, chicken nuggets, meat pies, bacon or ham? Longer list: (Do not read out) frankfurters, salami, bacon, chicken roll, luncheon meats, delicatessen meats, meat paste, liver paste, pate, meat pies, sausage rolls, hamburger, saveloys, cheerios, hotdogs, rissoles, chorizo, canned meats, smoked chicken, other smoked meats 1 ____ times per day 2 ____ times per week 3 ____ times per month 4 ____ rarely or never X Don't know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
NUT15 (FF1) (NUT15a, NUT15b, NUT15c)	Times chips etc usually eaten per week		2+ years	How often do you/does [child] eat hot chips, French fries, wedges or fried potatoes? 1 ___ times per day 2 ___ times per week 3 ___ times per month 4 ___ rarely or never X Don't know R Refused
NUT16 (NUT16a, NUT16b, NUT16c)	Times fried and salty snack products usually eaten per week		2+ years	How often do you /does [child] eat potato crisps or other salty snacks (such as Twisties or corn chips)? 1 ___ times per day 2 ___ times per week 3 ___ times per month 4 ___ rarely or never X Don't know R Refused
NUT6	Type of milk usually have		2+ years	What type of milk do you/does [child] usually have? 1 Regular milk (whole or full cream) 2 Low /reduced fat milk 3 Skim milk 4 Evaporated or sweetened milk 5 Other [SPECIFY] _____ 6 Don't have milk X Don't Know R Refused
NUTX	End of Nutrition 1 (Adult Dietary Guidelines)			
CNFZ	Start of Nutrition 2 (Child Dietary Guidelines)			NUTRITION 2: (CHILD DIETARY GUIDELINES)
CNFI5 (CNFI5a, CNFI5b)	Cups of Milk Drunk Each day		Children 2 –15 years	How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup) (PROMPT: MILK = COW'S MILK. IF CHILD DRINKS OTHER MILK SUCH AS SOYMILK USE RESPONSE OPTION 3) 1 _____ cups per day 2 _____ cups per week 3 Drinks other milk such as soy milk (SPECIFY ___) 4 Doesn't drink cow's milk or other milk X Don't know R Refused
CNFI6 (CNFI6a, CNFI6b)	Cups of fruit juice	Y	2 plus	How many cups of fruit juice do you/does [child] usually drink in a day? (1 cup=250ml, a household tea cup or large popper) 1 _____ cups per day 2 _____ cups per week 3 Doesn't drink juice X Don't know R Refused
CNFI14 (CNFI14a , CNFI14b)	Cups of water drunk per day	Y	2 plus	How many cups of water do you/does [child] usually drink in a day? (1 cup=250ml or a household tea cup. 1 average bottle of water = 1.5 cups) 1 Number of cups per day 2 Number of cups per week 3 Doesn't drink water X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CNF115 (CNF115a , CNF115b)	Cups of cordial/soft drink per day	Y	2 plus	How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you/does [child] usually drink in a day? (1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups). 1 _____ cups per day 2 _____ cups per week 3 Doesn't drink soft drink X Don't know R Refused
CNF111 (CNF111a , CNF111b)	Serves of yoghurt eaten daily		Children 2 –15 years	How many serves of yoghurt does [child] usually have in a day? (1 serve is 200gms yoghurt) 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have yoghurt X Don't know R Refused
CNF112 CNF112a, CNF112b)	Serves of custard eaten daily		Children 2 –15 years	How many serves of custard does [child] usually have in a day? (1 serve is 250 mls custard) 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have custard X Don't know R Refused
CNF113 CNF113a, CNF113b)	Serves of cheese eaten daily		Children 2 –15 years	How many serves of cheese does [child] usually have in a day? (1 serve is 40g cheese,) NOTE: Include all cheeses: ricotta, cottage, processed cream, hard and soft cheeses. 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have cheese X Don't know R Refused
NUT12 (NUT12a, NUT12b, NUT12c)	Red meat consumption	Y	2 plus	How often do you/does [child] eat red meat, such as beef or lamb? Include all steaks, chops, roasts, mince, stir fries and casseroles. Do not include pork or chicken. <i>Longer list (do not read out):</i> Veal, Offal (liver, kidney), Mutton, Game (buffalo, crocodile, frog, goanna, goat, hare, kangaroo, possum, rabbit, snake, venison, wild boar, witchetty grubs) 1 Times per day 2 Times per week 3 Times per month 4 Rarely/never X Don't know/can't say R Refused
NUT13 (NUT13a, NUT13b, NUT13c)	Fast food consumption	Y	2 plus	How often do you/does [child] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonald's, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places? 1 Times per week 2 Times per month 3 Rarely/Never X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CNFI16 (CNFI16a , CNFI16b, CNFI16c)	Confectionary Consumption		Children 2-15 years	How often does [child] usually eat confectionary? (including chocolate, confectionary bars and lollies). 1 Record times per day 2 Record times per week 3 Record times per month 4 Rarely or never X Don't Know R Refused
NUT19	Family eating together at the table	Y	2-15 years	How often does your family eat together at the table? 1. _____times per day 2. _____times per week 3. Less than once a week 4. Rarely/Never X Don't Know R Refused
NUT20	Family eat dinner in front of TV	Y	2-15 years	How often does your family eat dinner in front of the television? 1. _____times per day 2. _____times per week 3. Less than once a week 4. Rarely/Never X Don't Know R Refused
CNFX	End of Nutrition 2 (Child Dietary Guidelines)			
HUNFZ	Start of Hunter Food Preparation			HUNTER FOOD POISONING IF AREA HEALTH SERVICE NOT HUNTER → FSC1
HUN8	Hunter Area Health Service - Food poisoning in last 12 months		All Hunter AHS	Have you /has [child] had food poisoning in the last 12 months? 1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN9	Hunter Area Health Service - Reported food poisoning in last 12 months		All Hunter AHS	Have you reported the food poisoning to an authority? 1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN10	Hunter Area Health Service - Authority reported food poisoning to in last 12 months		All Hunter AHS	Which authority did you report the food poisoning to? _____Authority specified
HUNFX	End of Hunter Food Preparation			
FSCZ	Start of Food Security			FOOD SECURITY

Question Code	Question Name	New or modified for 2007	Age Groups	Question
FSC1	Food security in last 12 months		All	In the last twelve months, were there any times that you ran out of food and couldn't afford to buy more? 1 Yes 2 No → FSCX X Don't Know → FSCX R Refused → FSCX
FSC2	Coping methods for feeding children when lack of food security in the last 12 months		Children 0-15 years	How do you cope with feeding [child] when this happens? [MULTIPLE RESPONSE] Parent/guardian skips meals or eats less Children/child skip meals or eat less Cut down on variety of foods family eats Seek help from relatives Seek help from friends Seek help from Government / Social Security Seek help from welfare agencies Other [SPECIFY] _____ Don't Know Refusal
FSC3	Request help to ensure family has food security		Children 0-15 years	There are a number of agencies that can help with making sure your family has enough food. Would you like the phone numbers of these agencies? 1 Yes → Refer to list 2 No X Don't Know R Refused
FSCX	End of Food Security			
AMHZ	Start of Mental Health 1 (Adult Psychological Distress)			MENTAL HEALTH (ADULT PSYCHOLOGICAL DISTRESS)
AMH	Mental health Introduction		Adults 16+	The next questions are about how you have been feeling in the past 4 weeks
AMH1	K10 – Tired for no good reason in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel tired out for no good reason? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH2	K10 – Feel nervous in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel nervous? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time → AMH4 X Don't know → AMH4 R Refused → AMH4

Question Code	Question Name	New or modified for 2007	Age Groups	Question
AMH3	K10 – Feel so nervous that nothing can calm you in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH4	K10 – Feel hopeless in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel hopeless? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH5	K10 – Feel restless or fidgety in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel restless or fidgety? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time → AMH7 X Don't Know R Refused
AMH6	K10 – Feel so restless couldn't sit still in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so restless you could not sit still? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH7	K10 – Feel depressed in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel depressed? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH8	K10 – Feel everything was an effort in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel that everything was an effort? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
AMH9	K10 – Feel so sad everything could cheers you in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH10	K10 – Feel worthless in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel worthless? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
PSD1	Days unable to undertake daily activities because of psychological distress in past 4 weeks		Adults 16+ years	(Asked of respondents who scored >15 on the Mental Health Questions) Scoring: All of the time = 5; Most of the time = 4; Some of the time = 3; None of the time, don't know, refused = 1. In the last 4 weeks, how many days were you TOTALLY UNABLE to [work, study or] manage your day-to-day activities because of these feelings? _____ (NUMBER OF DAYS)
PSD2	Days reduced daily activities because of psychological distress in past 4 weeks		Adults 16+ years	[Aside from that day/those (number) days], In the last 4 weeks, HOW MANY DAYS were you able to [work, study or] manage your day-to-day activities, but had to CUT DOWN on what you did because of these feelings? _____ (NUMBER OF DAYS)
PSD3	Number of visits to health professionals for psychological distress in past 4 weeks		Adults 16+ years	In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? _____ (NUMBER OF CONSULTATIONS)
PSD4	Times that physical problems have been the cause of psychological distress in past 4 weeks		Adults 16+ years	In the last 4 weeks, how often have physical health problems been the main cause of these feelings? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
AMHX	End of Mental Health (Adult Psychological Distress)			
STRZ	Start of Mental Health 2 (Childhood Strengths and Difficulties)			MENTAL HEALTH 2 (STRENGTHS AND DIFFICULTIES QUESTIONNAIRE)
STR	Strengths and Difficulties		4-15 years	The next section is about [child's] personality and behaviour. For each statement please tell me if it is not true, somewhat true or certainly true for [child] over the past six months.
STR1	Considerate of other people's feelings		4-15 years	[Child] is considerate of other people's feelings. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR2	Restless, overactive		4-15 years	[He/she] is restless, overactive or cannot stay still for long. Is that [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR3	Often complains of sickness		4-15 years	[He/she] often complains of headaches, stomach-aches or sickness. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR4a	Child Shares readily		4-10 years	[He/she] shares readily with other children, for example toys, treats and pencils. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR4b	Youth Shared readily		11-15 years	[He/she] share readily with other young people, for example as CDs, games and food. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR5	Often loses temper		4-15 years	[He/she] often loses [his/her] temper. Is that [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STR6a	Child prefers to be alone		4-10 years	[He/she] is rather solitary or prefers to play alone. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR6b	Youth prefers to be alone		11-15	[He/she] would rather be alone than with other young people. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR7	Generally well behaved		4-15 years	[Child] is generally well behaved and usually does what adults request. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR8	Often seems worried		4-15 years	[He/she] has many worries or often seems worried. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR9	Helpful if someone is hurt, upset or feeling ill		4-15 years	[He/she] is helpful if someone is hurt, upset or feeling ill. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR10	Constantly fidgeting or squirming		4-15 years	[He/she] is constantly fidgeting or squirming. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR11	Has at least one good friend		4-15 years	[Child] has at least one good friend. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR12a	Child often fights with others		4-10 years	[He/she] often fights with or bullies other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STR12b	Youth often fights with others		11-15 years	[He/she] often fights with or bullies other young people. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR13	Often unhappy, depressed or tearful		4-15 years	[He/she] is often unhappy, depressed or tearful. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR14a	Child generally liked by others		4-10 years	[Child] is generally liked by other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR14b	Youth generally liked by others		11-15 years	[Child] is generally liked by other young people. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR15	Easily distracted		4-15 years	[He/she] is easily distracted or [his/her] concentration wanders. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR16a	Child easily loses confidence		4-10 years	[He/she] is nervous or clingy in new situations or easily loses confidence. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR16b	Youth easily loses confidence		11-15 years	[He/she] is nervous in new situations or easily loses confidence. Is that ... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR17	Kind to younger children		4-15 years	[Child] is kind to younger children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STR18	Often lies or cheats		4-15 years	[He/she] often lies or cheats. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR19a	Child picked on or bullied by others		4-10 years	[He/she] is picked on or bullied by other children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR19b	Youth picked on or bullied by others		11-15 years	[He/she] is picked on or bullied by other young people. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR20a	Child often offers to help others		4-10 years	[He/she] often volunteers to help others such as parents, teachers or other children. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR20b	Youth often offers to help others		11-15 years	[He/she] often volunteers to help others such as parents, teachers or children. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR21	Thinks things out before acting		4-15 years	[Child] thinks things out before acting. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR22	Steals		4-15 years	[He/she] steals from home, school or elsewhere. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR23a	Child gets along better with adults than with other children		4-10 years	[He/she] gets along better with adults than with other children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STR23b	Youth gets along better with adults than with other children		11-15 years	[He/she] gets along better with adults than with other young people. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR24	Many fears, easily scared		4-15 years	[Child] has many fears or is easily scared. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR25	Good attention span		4-15 years	[He/she] has a good attention span and sees chores or homework through to the end. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR36	Teacher complains of overactivity		4-15 years	Over the last six months, have [child's] teachers complained of fidgetiness, restlessness or overactivity? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR37	Teacher complains of poor concentration		4-15 years	Over the last six months, have [child's] teachers complained of [his/her?] poor concentration or being easily distracted? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR38	Teacher complains of impulsivity		4-15 years	Over the last six months, have [child's] teachers complained of [him/her] acting without thinking about what [he /she] is doing, frequently butting in, or not waiting [his/her] turn? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR26	Overall difficulties		4-15 years	Overall do you think that [child] has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people? [READ OUT] 1 No→STRX 2 Yes – minor difficulties 3 Yes – definite difficulties 4 Yes – severe difficulties X Don't know→ STRX R Refused→ STRX

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STR27	Duration of difficulties		4-15 years	<p>How long have these difficulties been present? [READ OUT] 1 Less than a month 2 1 – 5 months 3 6 – 12 months 4 Over a year X Don't know R Refused</p>
STR28	Amount of distress to child		4-15 years	<p>How much do these difficulties upset or distress [child]? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STR29	Interfere with everyday life – Home life		4-15 years	<p>How much do these difficulties interfere with [child's] everyday home life? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STR30	Interfere with everyday life – Friendships		4-15 years	<p>How much do these difficulties interfere with [his/her] friendships? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STR31	Interfere with everyday life – Classroom learning		4-15 years	<p>How much do these difficulties interfere with [his/her] classroom learning? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STR32	Interfere with everyday life – Leisure activities		4-15 years	<p>How much do these difficulties interfere with [his/her] leisure activities? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STR33	Difficulties put a burden on you or the family		4-15 years	<p>How much do these difficulties put a burden on you or your family as a whole? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
STRX	End of Mental Health 2 (Childhood Strengths and Difficulties)			
IMMaZ	Start of Immunisation 2 (Access-Attitudes to child immunisation)	Y	Children 0-5	IMMUNISATION 2 (ACCESS-ATTITUDES TO CHILD IMMUNISATION)
CHVAC1	Feelings on Childhood Vaccination	Y	Children 0-5	<p>Overall, how do you feel about childhood vaccination? Do you...</p> <p>[READ OUT]</p> <p>1 Strongly support it 2 Generally support it 3 Neither support nor oppose it 4 Generally oppose it 5 Strongly oppose it X Don't Know R Refused</p>
CHVAC8	Child up to date with immunisations	Y	Children 0-5	<p>Do you think [child] is up to date with his/her immunisations? Would you say:</p> <p>[READ OUT]</p> <p>1 Yes, completely up to date 2 No, but has had some 3 No, hasn't had any X Don't know R Refused</p>
IMMaX	End of Immunisation 2 (Access-Attitudes to child immunisation)			
IMMZ	Start of Immunisation 1 (Influenza and Pneumococcal)			IMMUNISATION 1 (INFLUENZA AND PNEUMOCOCCAL)
IMM			Adults 50+ years	I now have a few questions about immunisation.
IMM2	Vaccinated against influenza in last 12 months		Adults 50+ years	<p>Were you vaccinated or immunised against flu in the past 12 months?</p> <p>1 Yes 2 No X Don't Know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
IMM4a	When last pneumococcal vaccination		Adults 50+ years	<p>When were you last vaccinated or immunised against pneumonia?</p> <p>[IF ASKED VACINATIONS ARE RECOMMENDED EVERY 5 YEARS]</p> <p>1 Within the last 12 months 2 12 months to 5 years ago 3 More than 5 years ago 4 Never vaccinated X Don't Know R Refused</p>
IMMX	End of Immunisation 1 (Influenza and Pneumococcal)			
HUNPZ	Start of Environmental Risks (Pollution in the Hunter)			ENVIRONMENTAL HEALTH ISSUES IN HUNTER IF AREA HEALTH SERVICE NOT HUNTER →AL
HUN18a	Hunter Area Health Service – Most important environmental health issue		Adults 16+ years Hunter AHS	<p>What would you say is the single most important environmental health issue in the Hunter today?</p> <p>PROMPT: By environmental health issues, I mean issues involving the contamination or pollution of air, water, land or food that can affect human health.</p>
HUNPX	End of Hunter			
ORALZ	Start of Oral Health			ORAL HEALTH
ORAL			5+ years	The next questions are about your teeth and dental health.
OHE1	Any teeth missing		5+ years	<p>16+ years: Are any of your natural teeth missing? (Natural teeth does not include dentures).</p> <p>5 – 15 years: Are any of [child]'s natural (permanent or second) teeth missing?</p> <p>INCLUDES WISDOM TEETH (PROMPT ACCORDING TO RESPONSE)</p> <p>1 Yes – have some natural teeth missing 2 Yes – have all natural teeth missing 3 No – have no natural teeth missing →OHE6 X Don't know → OHE6 R Refused → OHE6</p>
OHE2	Dentures or false teeth		5+ years	<p>Do you /does [child] have dentures or false teeth?</p> <p>1 Yes 2 No X Don't Know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
OHE6	Time since last dental visit		5+ years	<p>When did you last visit a dental professional about your teeth, dentures or gums? (A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist or dental therapist).</p> <p>[READ OUT]</p> <p>1 Less than 12 months ago → OHE9 2 1 year to less than 2 years ago 3 2 to less than 5 years ago 4 5 to less than 10 years ago 5 10 years ago or more 6 Never X Don't know R Refused → OHE9</p>
OHE8	Reasons for not visiting dentist in last 12 months		5+ years	<p>What are the main reasons for you/ [child] not visiting the dentist in the last 12 months?</p> <p>[MULTIPLE RESPONSE]</p> <p>Respondent has dentures Worried or afraid of going; don't like going Don't need to Hard to find time Can't find a dentist I like Too expensive Too far to go Long waiting lists Dentist has moved or retired Other [SPECIFY] _____ Don't know Refused</p>
OHE9	Fluoride added to public water		5+ years	<p>Has fluoride been added to your public water supply?</p> <p>1 Yes 2 No → OHE10b X Don't know → OHE10b R Refused → OHE10b</p>
OHE10a	Agree with adding fluoride to water		5+ years	<p>Do you agree with adding fluoride to your water supply to try and prevent teeth decaying?</p> <p>1 Yes → OHE11 2 No → OHE11 X Don't know → OHE11 R Refused → OHE11</p>
OHE10b	Would be in favour of adding fluoride to water		5+ years	<p>Would you be in favour of adding fluoride to your water supply to try and prevent teeth decaying:</p> <p>[READ OUT]</p> <p>1 In children? 2 In adults? 3 Both adults and children? 4 Neither X Don't know R Refused</p>
OHE11	Places received information on water fluoridation		5+ years	<p>Where have you received information on water fluoridation?</p> <p>(MULTIPLE RESPONSE - do NOT prompt)</p> <p>Newspapers Magazines Television Radio Advertisements for dental products Health authorities Dentists Dental auxiliaries No information/source Other _____ [specify] Don't know Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
OHE12	Who should decide on fluoridation	Y	5+ years	Who should decide on the fluoridation of water supplies? [MULTIPLE RESPONSE] State government Health authorities Dental associations Water boards Community Councils Other _____ [specify] Don't know Refused
OHE13	Jaw pain	Y	Adults 16+	Have you had orofacial pain or ongoing unexplained pain in your jaw or face? 1 Yes 2 No →ORALX X Don't Know → ORALX R Refused → ORALX
OHE14	Duration of jaw pain	Y	Adults 16+	How long have you had this pain? 1. 1 to 6 days 2. 1 to 4 weeks 3. 2 to 11 months 4. One or more years X Don't Know → ORALX R Refused → ORALX
OHE15	Jaw pain interference with daily activities	Y	Adults 16+	Does this pain interfere with your ability to manage your day to day activities? 1 Yes 2 No →ORALX X Don't Know → ORALX R Refused → ORALX
OHE16	Severity of jaw pain interference	Y	Adults 16+	Did it interfere with these activities: [READ OUT] 1. A little bit 2. Moderately 3. Quite a lot 4. Extremely X Don't know R Refused
ORALX	End of Oral Health		Adults 16+	
SEXZ	Start of Sexual Health Risk Behaviours		Adults 16-70	SEXUAL HEALTH RISK BEHAVIOURS
SEXINTR O	Safe sex introduction	Y	Adults 16-70	The next questions are about your sexual health.
SEX1	Sexual intercourse in last 12 months	Y	Adults 16-70	Have you had sexual intercourse in the last 12 months? 1 Yes 2 No →SEXX X Don't Know → SEXX R Refused → SEXX
SEX2	Sexual intercourse with more than one person in the last 12 months	Y	Adults 16-70	Have you had sexual intercourse with more than one person in the last 12 months? 1 Yes 2 No→SEX4 X Don't Know →SEX4 R Refused→SEX4

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SEX3	Use condoms every time during sexual intercourse	Y	Adults 16-70	Do you use condoms every time you have sexual intercourse? 1 Yes 2 No X Don't Know R Refused
SEX4	Diagnosed with Chlamydia in last 12 months	Y	Adults 16-70	Have you been diagnosed with a Chlamydia in the last 12 months? 1 Yes 2 No→SEXX X Don't Know→SEXX R Refused→SEXX
SEXX	End of Sexual Health Risk Behaviours			
PHYSZ	Start of Physical Activity 1 (Leisure Time)			PHYSICAL ACTIVITY 1 (LEISURE TIME)
PHYS			Adults 16+ years	Now I'm going to ask some questions about the physical activity you did in the LAST WEEK.
PAC1	Number of times walked in last week		Adults 16+ years	In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places? [IF ASKED INCLUDE ANY WALKING FOR SELF-TRANSPORT] Number of times _____ If =0→ PAC3 88888 Don't Know →PAC3 99999 Refused →PAC3
PAC2 (WA3) (PAC2b)	Minutes spent walking in last week		Adults 16+ years	What do you estimate was the total time you spent walking in this way in the last week? (In hours and or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC3	Times did vigorous household chores	In	Adults 16+ years	The next question does not include gardening. In the last week, how many times did you do any vigorous household chores which made you breathe harder or puff and pant? Number of times _____ If =0→ PAC5 88888 Don't know →PAC5 99999 Refused →PAC5
PAC4a (PAC4b)	Total time spent doing vigorous household chores	In	Adults 16+ years	What do you estimate was the total time you spent doing these vigorous household chores in the last week? [In hours and minutes]. Number of hours _____ Number of minutes _____ 88888 Don't know 99999 Refused
PAC5	Times did vigorous gardening or yard work	In Do we need calculate variable here?	Adults 16+ years	In the last week, how many times did you do any vigorous gardening or heavy work around the yard which made you breathe harder or puff and pant? Number of times _____ If =0→ PAC7 88888 Don't know →PAC7 99999 Refused →PAC7

Question Code	Question Name	New or modified for 2007	Age Groups	Question
PAC6a (PAC6b)	Total time spent doing vigorous gardening or yard work	In	Adults 16+ years	What do you estimate was the total time you spent doing vigorous gardening or heavy work around the yard in the last week? [In hours and minutes]. Number of hours _____ Number of minutes _____ 88888 Don't know 99999 Refused
PAC7	Number of times exercised vigorously in last week		Adults 16+ years	The next question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming) Number of times _____ If=0→ PAC9 88888 Don't know → PAC9 99999 Refused → PAC9
PAC8a (PA3) (PAC8b)	Minutes spent exercising vigorously in last week		Adults 16+ years	What do you estimate was the total time you spent doing this vigorous physical activity in the last week? (In hours and/or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC9	Number of times spent exercising moderately in last week		Adults 16+ years	This next question does not include household chores or gardening. In the last week, how many times did you do any other more moderate physical activity that you haven't already mentioned? (eg: lawn bowls, golf, tai chi, and sailing) Number of times _____ If =0→ NEXT SECTION 88888 Don't know → NEXT SECTION 99999 Refused → NEXT SECTION
PAC10a (MA3) (PAC10b)	Minutes spent exercising moderately in last week		Adults 16+ years	What do you estimate was the total time that you spent doing these activities in the last week? (In hours and /or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PHYSX	End of Physical Activity 1 (Leisure Time)			
ILPAZ	Start of Physical Activity Illawarra			IF AREA HEALTH SERVICE NOT SOUTH EAST SYDNEY AND ILLAWARRA→NEXT SECTION
III14	Adequacy of current amount of physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	Would you say the amount of physical activity you currently do is: [READ OUT] 1 Too much 2 Enough to benefit your health 3 Not enough to benefit your health 4 I do none at all X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
ILL15	Reason for not doing more physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	What is the main reason why you do not do more physical activity? _____ REASON X Don't know R Refused
ILLX	End of Physical Activity Illawarra			
HUN1	Participated in organised exercise in last week		Adults 60+	Have you participated in any organised group exercise activity in the last week? Examples could include: gentle exercise groups, groups at fitness centres, walking groups, aqua-aerobics, team sports, tai chi or any other organised group exercise. 1 Yes 2 No → HUN3 X Don't Know → HUNXX R Refused → HUNXX
HUN2	Type of organised exercise participated in last week		Adults 60+	What type of activity did you participate in? [MULTIPLE RESPONSE] Exercise Classes Yoga Tai Chi Swimming Groups Aqua aerobics Walking groups Active over 50's Heart moves Dancing Groups Team sports [SPECIFY]_____ Other [SPECIFY]_____ Don't know Refused → HUNXX
HUN3	Hunter Area Health Service – reason did not participate in organised exercise in last week		Adults 60+	What is the reason you did not participate? 1 Ill health 2 Not interested 3 No appropriate activities in my area 4 Activities which exist are too expensive 5 No transport to reach activities 6 No access to appropriate childcare 7 Too busy 8 Other (please specify) 88888 Don't Know 99999 Refused
HUNYX	End of Physical Activity Group Hunter			
PHYSXa	Start of neighbourhood (physical activity 1)			PHYSICAL ACTIVITY 1 (LEISURE TIME) (USE OF NEIGHBOURHOOD FACILITIES)
PHYSN			Adults 16+ years	The next few questions are about the neighbourhood in which you live.

Question Code	Question Name	New or modified for 2007	Age Groups	Question
PHYS15	Neighbourhood facilities		Adults 16+ years	<p>Does your neighbourhood have any of the following facilities?</p> <p>[READ OUT]</p> <p>Sporting field Park or reserve Public swimming pool Footpaths Bike paths Other facilities [SPECIFY - ONE ONLY] None/no facilities Don't know Refused</p>
PHYS17a - f	Frequency of use		Adults 16+ years	<p>How often do you use (insert response from PHYS15)</p> <p>1 Record times per day 2 Record times per week 3 Record times per month 4 Rarely or never X Don't Know R Refused</p>
Q:PHYSX b	End of neighbourhood (physical activity 1)			
				PHYSICAL ACTIVITY - CHILD ACTIVITY AND INACTIVITY
CPINTZ	Start of Physical Activity 3 (Child Activity and Inactivity)		5-15 years	
CPINT			5-15 years	The next few questions are about [child]'s physical activity and watching television.
SP11	Sports and outdoor activities in last 12 months		5-15 years	<p>In the past 12 months, what types of sports and activities did [child] play? Please tell me which sports he/she played most often, including non team sports such as rollerblading.</p> <p>Basketball Cricket Cycling/mountain biking/bike riding Dancing/Ballet Jogging/athletics/running Martial arts Netball Rugby League Rugby Union Skateboarding Soccer Swimming Other (specify) Did not play any sport Don't know Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CPHY1	Number of days during week usually does physical activity		5-15 years	On about how many days during the school week does [child] usually do physical activity outside of school hours? NOTE: THIS INCLUDES BEFORE AND AFTER SCHOOL SPORTS 1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3
CPHY2	On those days, about how many hours does usually do physical activity?		5-15 years	On those days, about how many hours does [child] usually do physical activity? 1. _____ Record hours and minutes X Don't know → CPHY4 R Refused → CPHY4
CPHY3	Number of days on weekend usually does physical activity		5-15 years	On about how many weekend days does [child] usually do physical activity? 1. Record days 2. None → CPIA9 X Don't know → CPIA9 R Refused → CPIA9
CPHY4	Hours/day on weekend usually does physical activity		5-15 years	On a typical weekend day, about how many hours does [child] usually do physical activity? 1. Record hours and minutes 2. Does not do exercise on weekend X Don't know R Refused
CPIA9	Recommended physical activity		5-15 years	How many minutes of physical activity is it recommended that children do each day? _____ minutes 88888 Don't know 99999 Refused
CPIA1 (CPIA1A)	No. Days During Week Usually Watch TV/Videos	Y	5 plus years	On about how many days during the [school/working] week, does [child]/ do you usually watch TV, videos or DVDs at home? 1 Record days 2 None → CPIA3 3 No TV/video in home → CPIA3 X Don't know → CPIA3 R Refusal → CPIA3
CPIA2 (CPIA2A)	Hours/day during week usually watch TV/videos	Y	5 plus years	On those days, about how many hours does [child] /do you usually spend watching TV, videos or DVDs? (PROMPT: that is, how many hours on a typical weekday when TV is watched) 1 Record Hours X Don't know R Refused
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos	Y	5 plus years	On about how many weekend days do you/ does [child] usually watch TV, videos or DVDs at home? 1 Record Days 2 None → CPIA5 X Don't know → CPIA5 R Refusal → CPIA5
CPIA4 (CPIA4A)	Hours/day on weekend usually watch TV/videos	Y	5 plus years	On a typical weekend day, about how many hours do you/ does [child] spend watching TV, videos or DVDs? 1 Record Hours X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CPIA5 (CPIA5A)	No. days during week play video or computer games	Y	5 plus years	On about how many days during the[school/working] week [does [child]/do you] usually play video or computer games or work on the computer? 1 Record Days 2 None →CPIA7 3 No video/computer games → CPIA7 X Don't know →CPIA7 R Refused →CPIA7
CPIA6 (CPIA6A)	Hours/day during week play video or computer games	Y	5 plus years	On those days, about how many hours does [child] / do you usually spend playing video or computer games or work on the computer? (PROMPT: that is, how many hours on a typical weekday when video/computer games are played) 1 ____Record Hours X Don't know R Refused
CPIA7 (CPIA7A)	No. days on weekend play video or computer games	Y	5 plus years	On about how many weekend days do you/ does [child] usually play video or computer games or work on the computer? 1 Record Days 2 None → Next section 3 No video/computer games X Don't know → Next section R Refusal → Next section
CPIA8 (CPIA8A)	Hours/Day on weekend play video or computer games	Y	5 plus years	On a typical weekend day, about how many hours do you/does [child] usually spend playing or computer games or work on the computer? 1 Record Hours X Don't know R Refused
CPIA10	Recommended television watching		5-15 years	Up to how many hours of television, video, DVD or computer games is it recommended that children watch each day? ____hours 88888 Don't know 99999 Refused
CPINTX	End of Physical Activity 3 (Child Activity and Inactivity)		5-15 years	
				FAMILY FUNCTIONING AND PARENTAL SUPPORT
CPSSZ	Start of Family Functioning and Parental Support			
CFFINT	Family Functioning Introduction (Script Only).	Y	0 to 15 years	The next section is about families and family relationships which can vary from family to family and influence the health of children. I'm going to read you some statements about family relationships. For each of them please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement as a description of your family.

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CFF1	Misunderstand each other	Y	0 to 15 years	Planning family activities is difficult because we misunderstand each other. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF2	Turn to each other for support	Y	0 to 15 years	In times of crisis we can turn to each other for support. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF3	Cannot talk to each other about sadness	Y	0 to 15 years	We cannot talk to each other about sadness we feel. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF4	Individuals accepted for what they are	Y	0 to 15 years	Individuals (in the family) are accepted for what they are. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF5	Avoid discussing our fears and concerns	Y	0 to 15 years	We avoid discussing our fears and concerns. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF6	Express feeling to each other	Y	0 to 15 years	We express feelings to each other. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CFF7	Lots of bad feelings in our family	Y	0 to 15 years	There are lots of bad feelings in our family. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF8	Accepted for what we are	Y	0 to 15 years	We feel accepted for what we are. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF9	Problem making decisions	Y	0 to 15 years	Making decisions is a problem in our family. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF10	Good problem solving	Y	0 to 15 years	We are able to make decisions about how to solve problems. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF11	Don't get on well	Y	0 to 15 years	We don't get on well together. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CFF12	Confide in each other	Y	0 to 15 years	We confide in each other. Do you... [READ OUT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't know R Refused
CPSSX	End of Family Functioning and Parental Support			
SMKZ	Start of Smoking 1 (Prevalence)			SMOKING 1 (PREVALENCE)

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SMK			All	The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.
SMK1	Personal smoking status		Adults 16+ years	Which of the following best describes your smoking status? [READ OUT] 1 I smoke daily 2 I smoke occasionally 3 I don't smoke now, but I used to→CANIN 4 I've tried it a few times but never smoked regularly→CANIN 5 I've never smoked→CANIN X Don't know→CANIN R Refused→CANIN
CAN5	Smoking addiction	Y	Adults 16+ years	How soon after you wake up do you smoke your first cigarette? [READ OUT] 1. Greater than 60 minutes 2. 31 to 60 minutes 3. 6 to 30 minutes 4. Less than or about 5 minutes X Don't know R Refused
CANIN	Marijuana introduction	Y	Adults 16+ years in North Coast AHS	IF AREA IS NORTH COAST; The following questions are about marijuana, grass or hashish.
CAN1	Marijuana smoking status	Y	Adults 16+ years in North Coast AHS	IF AREA IS NORTH COAST; The following questions are about marijuana, grass or hashish. Which of the following best describes your marijuana, grass or hashish smoking status? [READ OUT] 1. I smoke daily 2. I smoke occasionally 3. I don't smoke now, but I used to →SMKSW 4. I've tried it a few times but never smoked regularly →SMKSW 5. I've never →SMKSW X Don't know →SMKSW R Refused →SMKSW
CAN2	Marijuana and tobacco mix	Y	Adults 16+ years in North Coast AHS	When you smoke marijuana, grass or hashish, do you mix it with tobacco: [READ OUT] 1. Always 2. Sometimes 3. Rarely 4. Never X Don't know R Refused
CAN6	Marijuana smoking addiction	Y	Adults 16+ years in North Coast AHS	IF AREA IS NORTH COAST; How soon after you wake up do you first smoke marijuana? [READ OUT] 1. Greater than 60 minutes 2. 31 to 60 minutes 3. 6 to 30 minutes 4. less than or about 5 minutes X Don't know R Refused
SMKSW	Doctor discussing quitting smoking		Adults 16 years and over	The last time you went to your GP, did the doctor discuss your smoking and advise you to quit smoking? 1. Yes 2. No X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SMKX	End of Smoking 1 (Prevalence)			
SMKEZ	Start of Environmental Tobacco Smoke			ENVIRONMENTAL TOBACCO SMOKE
SMK2	Home smoking status		All	Which of the following best describes your home situation? [READ OUT] 1. My home is smoke free (includes smoking is allowed outside only) 2. People occasionally smoke in the house 3. People frequently smoke in the house X Don't Know R Refused
SMK16	Smoking in cars		16 years and over	Are people allowed to smoke in your car? 1. Yes 2. No 3. Don't have a car X Don't know R Refused
SMKEX	End of Environmental Tobacco Smoke			
SMKPZ	Start of Smoking 3 (Policy)			SMOKING 3 (POLICY)
SMK27	Smoking ban in hotels and licensed bars		16 years and over	If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference '. [READ OUT] 1. More often 2. Less often 3. It would make no difference X Don't know R Refused
SMK28	Smoking ban in outdoor dining areas		16 years and over	If there was a total smoking ban in outdoor dining areas, would you be likely to go there: More often, Less often, It would make no difference '. [READ OUT] 1. More often 2. Less often 3. It would make no difference X Don't know R Refused
SMKPX	End Smoking 3 (Policy)			
SMKGZ	Start of Smoking 2 (During Pregnancy)			SMOKING 2 (SMOKING IN PREGNANCY)
CSPG1	Ever smoked		0-11 months	Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products? Yes – more than 100 Yes – less than 100 No → SMKX X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CSPG2	Smoking during pregnancy		0-11 months	When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products? Yes No → SMKX X Don't know → SMKX R Refused → SMKX
CSPG3	Smoking quitting status during pregnancy		0-11 months	When you were pregnant with [child], did you? (READ OUT OPTIONS 1-3) 1 Reduce the amount of tobacco you smoked 2 Try to give up smoking but were unsuccessful 3 Successfully gave up smoking 4 None of the above X Don't know R Refused
SMKGX	End of Smoking 2 (During Pregnancy)			
SPSSZ	Start of Summer Sun Protection		All	SUMMER SUN PROTECTION
SPSS	Sun exposure last summer introduction	Y	All	The next few questions are about occasions last summer when you were/[child] was outside in the sun for at least fifteen minutes. Please think about actions you usually took for sun protection on these occasions.
SPSS1	Sun exposure last summer	Y	All	Last summer, how often did you/[child] go out in the sun for more than 15 minutes between 11am and 3pm? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never in the sun for more than 15 minutes→SH1 X Don't know R Refused
SPSV16	Seek shad last summer	Y	All	Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] seek shade? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused
SPSS2	Hat wearing last summer	Y	All	Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] wear a broad brimmed hat or cap with a back flap? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SPSS3	Use of sun screen last summer	Y	All	<p>Still thinking about last summer, how often did you apply a broad-spectrum sunscreen with an SPF of 15 or more to your/[child's] exposed skin?</p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSS4	Use of protective clothing last summer	Y	All	<p>Still thinking about last summer, how often were you/was [child] deliberately dressed in clothing to protect you/[him/her] from the sun?</p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSV17	Sunglasses last summer	Y	All	<p>Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] wear sunglasses?</p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSS5	Frequency of sunburn last summer	Y	All	<p>Still thinking about last summer, how often did you/did [child] get sunburnt, so your/[his/her] skin was still sore or tender the next day?</p> <p>[READ OUT]</p> <p>1 Not at all 2 Once 3 Twice 4 3 or 4 times 5 5 or more times X Don't know or don't recall R Refused</p>
SH1	Shade in sporting areas	Y	All	<p>In your local area, when you are outside do you find it easy to find shade in sporting areas?</p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SH2	Shade at public pool	Y	All	<p>In your local area, when you are outside do you find it easy to find shade at the outdoor public swimming pool?</p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>
SH3	Shade at public park	Y		<p>In your local area, when you are outside do you find it easy to find shade at the public park?</p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>
SPSSX	End of Summer Sun Protection			
CHCZ	Start of Childcare, School Attendance and Reading to Child			CHILDCARE & PRESCHOOL
CHC				Now I have a few questions about playgroups and childcare
CAQ1	Ever attended organised early childhood program or activity		Children 0-5 years	<p>Has child ever attended any play group or other early childhood program or activity?</p> <p>Please do not include child care programs or time spent in preschool.</p> <p>1. Yes 2. No → CHC1 X Don't Know → CHC1 R Refused → CHC1</p>
CAQ2	Currently attends other organised early childhood programs or activities		Children 0-5 years	<p>Does child currently attend any play group or other early childhood program or activity?</p> <p>Please do not include childcare programs or time spent in preschool.</p> <p>1. Yes 2. No X Don't Know R Refused</p>
CHC1	Ever attended regular child care		Children 0-5 years	<p>Have you ever used any childcare for [child] on a regular basis?</p> <p>PROMPT: Regular basis means at least half a day a week</p> <p>1. Yes 2. No → SC2 X Don't know → SC2 R Refused → SC2</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
CHC3	Age of first regular childcare		Children 0-5 years	How old was [child] when he/she first started childcare for half a day or longer? Age in years_____ and months_____ X Don't know R Refused
CHC2	Currently attends childcare		Children 0-5 years	Is [child] currently having any type of childcare on a regular basis? 1. Yes 2. No → SC2 X Don't know → SC2 R Refused → SC2
CHC5	Type of childcare		Children 0-5 years	What type of childcare does [child] have? [MULTIPLE RESPONSE] Long Day Care Occasional Care Friend(s) Grandparent(s) Nanny Baby sitter(s) Relative or family other than Grandparent(s) Family Day Care Other [SPECIFY]_____ Don't Know Refused
SC1	Preschool/school attendance	Y	2 to 4 years	Does [child] go to Pre school or attend a childcare that has a preschool program? 1. Yes 2. No 3. Already started school X Don't know R Refused
SC4	Heard about health school canteen strategy		Children 5-15	Have you heard of the NSW Healthy School Canteen Fresh Tastes@School Strategy? 1 Yes 2 No→ BOO X Don't Know→ BOO R Refused→ BOO
SC5	Know about healthy school canteen strategy		Children 5-15	What do you know about the strategy? _____
SC6	How heard about health school canteen strategy		Children 5-15	How did you hear about the strategy? [Multiple Response - Do NOT Read Out] School newsletters Information session at the school From other parents From my children Working in the school canteen Being on the school canteen committee In the media Other [SPECIFY] Don't know Refused
BOO				The next few questions are about reading.

Question Code	Question Name	New or modified for 2007	Age Groups	Question
BOOK	Read Books to Child		Children 0-5 years	Do you or other members of your family read or look at books with [child]? 1. Yes 2. No → BOOX X Don't know → BOOX R Refused → BOOX
BKOF	How often looks at books with children		Children 0-5 years	In a typical week, how often do you or other members of your family read or look at books with [child]? 1. Every day 2. At least once a week 3. At least once a month 4. Rarely X Don't know R Refused
INJ19	Fire education program participation		5-12 years	Has [child] participated in the fire education program in schools? 1. Yes 2. No → CHCX X Don't know → CHCX R Refused → CHCX
INJ20	Components of fire program		5-12 years	Did [child] tell you about any of the following? [READ OUT MULTIPLE RESPONSE] Get down low & go go go Home evacuation plan Stop drop and roll Install smoke alarms Knotted rope None of the above → CHCX Don't know Refused → CHCX
INJ21	Action on education program		5-12 years	Did you take action on any of these things? 1 Yes 2 No X Don't know R Refused
CHCX	End of childcare, school attendance and Reading to Child			
INJBZ	Start of Injury 1 (Adult Injury and Prevention – Fire)			INJURY 1 (ADULT INJURY & PREVENTION - FIRE)
INJNT		Y		Now I have some questions about home fire prevention.
INJ40	smoke alarms installed	Y	All	Do you have smoke alarms installed in your home? INTERVIEWER NOTE If yes ask Battery operated, hard wired or both? 1 Yes - Battery operated smoke alarms 2 Yes - Hard wired smoke alarms → GOTO INJ43 3 Yes - Both battery operated and hard wired 4 No → GOTO INJ 46 X Don't know → GOTO INJ 46 R Refused → GOTO INJ 46

Question Code	Question Name	New or modified for 2007	Age Groups	Question
INJ41	last tested battery operated smoke alarm	Y	All	When did you last test the battery operated smoke alarm(s)? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested 6 No battery currently in alarm X Don't know R Refused
INJ42	last changed smoke alarm battery	Y	All	When did you last change the battery in your smoke alarm(s)? 1 Within the last three months 2 More than three months but less than a year ago 3 More than a year ago 4 Never changed the battery X Don't know R Refused IF INJ40 = 1 then GOTO INJ 45
INJ43	last test the hard wired smoke alarms	Y	All	When did you last test the hard wired smoke alarm(s)? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested X Don't know R Refused
INJ44	number of hardwired smoke alarms	Y	All	How many hardwired smoke alarms do you have? _____number
INJ45	number of battery operated smoke alarms	Y	All	How many battery powered smoke alarm do you have? _____number
INJ46	Home Escape Plans	Y	All	Does your household have a written home escape plan? [READ OUT] 1 Yes 2 Have a plan but it's not written down 3 No → GOTO INJ48 X Don't know → GOTO INJ48 R Refused → GOTO INJ48
INJ47	Practice Home Escape Plans	Y	All	When did your household last practice your home escape plan? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never practiced the plan X Don't know R Refused
INJBX	End of Injury 1 (Adult Injury and Prevention – Fire)	Y		

Question Code	Question Name	New or modified for 2007	Age Groups	Question
GENZ		Y		<p>The next few questions are about your biological family health history.</p> <p>[PROMPT IF NECESSARY: Biological or "blood" relatives are those who are related to you by birth.]</p>
GEN1	Importance of knowing family history	Y	16 years and over	<p>How important do you think knowledge of your biological family's health history is to your personal health?</p> <p>[READ OUT 1-3]</p> <ol style="list-style-type: none"> 1. Very important 2. Somewhat important 3. Not at all important 4. No knowledge of biological family because adopted or other reason→GENX <p>X Don't know R Refused</p>
GEN3	Discussed family health history	Y	16 years and over	<p>Have you ever discussed the health history of you biological mother, father, brothers, sisters or grandparents with your GP in relation to your health?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>X Don't Know R Refused</p>
GEN4	Ever been diagnosed with chronic disease	Y	16 years and over	<p>Have you been diagnosed with a potentially serious chronic disease such as diabetes, cancer or heart disease?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>X Don't know R Refused</p>
GEN5	Immediate family diagnosed with chronic disease	Y	16 years and over	<p>Has your mother, father or any of your brothers or sisters ever been diagnosed with a potentially serious chronic disease?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>X Don't know R Refused</p>
GEN6	Genetics test	Y	16 years and over	<p>Would you consider taking a genetic test to find out if you had a high chance of developing a potentially serious chronic disease?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>X Don't know R Refused</p>
GENX	End family history			
PCOSZ			Females 18-50 years	WOMANS HEALTH - North Sydney and Central Coast
PCOSINT	polycystic ovary syndrome into	Y	Females 18-50 years	We are interested in some aspects of women's health and wellbeing. The next questions will help us to get a better idea of how common these issues are in our community.

Question Code	Question Name	New or modified for 2007	Age Groups	Question
PCOS1	Irregular menstrual cycle associated with possible polycystic ovary syndrome	Y	Females 18-50 years in North Sydney and Central Coast AHS	When you were NOT pregnant and NOT on the contraceptive pill, would you describe your menstrual cycle as: [READ OUT] 1. Long – more than 35 days or 5 weeks apart 2. Normal – 26-34 days 3. Short – less than 26 days 4. Absent – I do not get periods 5. Other _____ specify X Don't know R Refused
PCOS2	Increased hair growth associated with possible polycystic ovary syndrome	Y	Females 18-50 years in North Sydney and Central Coast AHS	Do you have increased hair growth in the following areas: [READ OUT MULTIPLE RESPONSE] Facial Chest, stomach or back Thighs Don't know Refused
PCOSX				
				SCALDS AND BURNS
BURZ	Burn Introduction		All	The next questions are about scalds and burns.
BUR2	Knowledge of cooling	Y	All	When someone has a burn it is recommended that it is immersed in cool or cold water. Do you know how long you should keep the burn or scald immersed in cool or cold water? _____minutes _____hours
BUR3	Information on burns and scalds	Y	All	Where do you or would you look for information on burns and scalds first aid? [MULTIPLE RESPONSE] Internet First aid book Friends and family Health authorities Doctors surgery No information/source Other _____ [specify] Don't know Refused
BUR3a	First aid training in past 12 months		All	Have you had first aid training in the past 12 months? 1. Yes 2. No X Don't know R Refused
BUR4a	Burn in past 12 months	Y	All	Have you/Has [child] had a burn or scald in the past 12 months? 1. Yes 2. No →BURX X Don't know→BURX R Refused→BURX
BUR4b	Treatment required fir burn	Y	All	Was medical treatment required from a health professional? 1. Yes 2. No→BURX X Don't know→BURX R Refused→BURX

Question Code	Question Name	New or modified for 2007	Age Groups	Question
BUR4c	Treatment for burn	Y	All	Where did you go to get treatment? 1. GP 2. Pharmacy 3. Emergency Department of local hospital 4. Burns outpatient clinic 5. Other_____specify X Don't know R Refused
BURX	End burns questions			
				SOCIAL CAPITAL (SAFETY, TRUST, RECIPROCITY & PARTICIPATION)
SOCZ	Start of Social Capital	Y	Adults 16+ years	The next questions are about your involvement in your local community and neighbourhood.
SOC1	Participation – community groups in the past 3 months	Y	Adults 16+ years	In the past three months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation? [READ OUT] 1 About once a week 2 Once every 2-3 weeks 3 Once a month or less 4 No, not at all X Don't Know R Refused
SOC2	Participation – community events in the past 6 months	Y	Adults 16+ years	In the past six months, how often have you attended a local community event such as a church or school fete, school concert, or a street fair? [READ OUT] 1 Three times or more 2 Twice 3 Once 4 Never X Don't Know R Refused
SOC3	Participation – active member of sporting or social club	Y	Adults 16+ years	Are you an active member of a local organisation, church or club, such as a sport, craft, or social club? [READ OUT] 1 Yes, very active 2 Yes, somewhat active 3 Yes, a little active 4 No, not an active member X Don't Know R Refused
SOC8	Social Engagement - frequency of visiting neighbours in past week	Y	Adults 16+ years	How often have you visited someone in your neighbourhood in the past week? [READ OUT] 1 Frequently 2 A few times 3 At least once 4 Never (in the last week) X Don't Know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SOC9	Social Engagement - frequency of meeting friends in local area	Y	Adults 16+ years	When you go shopping in your local area how often are you likely to run into friends and acquaintances? [READ OUT] 1 Nearly always 2 Most of the time 3 Some of the time 4 Rarely or never X Don't Know R Refused
SOC10	Social Engagement – sad to leave neighbourhood	Y	Adults 16+ years	Would you be sad if you had to leave this neighbourhood? 1 Yes 2 No X Don't Know R Refused
SOC5	Trust – people can be trusted	Y	Adults 16+ years	I'm now going to read you some statements about safety in your local area. Can you tell me if you agree or disagree with these statements? Most people can be trusted. Do you agree or disagree? [PROBE FOR LEVEL OF AGREEMENT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOC4	Safety – walking in street after dark	Y	Adults 16+ years	I feel safe walking down my street after dark. Do you agree or disagree? [PROBE FOR LEVEL OF AGREEMENT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOC6	Safety – local area is a safe place	Y	Adults 16+ years	My area has a reputation for being a safe place. Do you agree or disagree? [PROBE FOR LEVEL OF AGREEMENT] 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOCX	End of Social Capital			
				GAMBLING
GAMBZ	Gambling introduction			The next questions are about gambling
GAMBO	Gambled in past 12 months	Y	Adults 16+ years	In the last 12 months have you undertaken any forms of gambling? 1. Yes 2. No X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
GAMB6	Problem with gambling	Y	Adults 16+ years	In the last 12 months, have you felt that you might have a problem with gambling? Would you say.... [READ OUT] 1. Never 2. Rarely 3. Sometimes 4. Often 5. Always X Don't know R Refused
GAMB20	Immediate family have problem with gambling	Y	Adults 16+ years	Has anyone in your immediate family ever had a gambling problem? 1. Yes 2. No X Don't know R Refused
GAMBX	End gambling questions			
				SAFE QUESTIONS
SAFEZ	SAFE introduction	Y	Adults 16+ years	The next questions are about how people cope with events that might happen in the future such as an influenza pandemic or a terrorist attack to assist with the management of such events if they occurred.
SA1	Likelihood of influenza pandemic	Y	Adults 16+ years	How likely do you think it is that an influenza pandemic will occur in Australia? [INTERVIEWER NOTE: An influenza pandemic occurs when a new and worse strain of influenza virus emerges, spreading quickly around the globe and infecting many people at once.] [READ OUT] 1. Not at all likely 2. A little likely 3. Moderately likely 4. Very likely 5. Extremely likely X Don't know R Refused
SA2	Concerned about family because of possibility of an influenza pandemic	Y	Adults 16+ years	If an influenza pandemic were to occur in Australia how concerned would you be that you or your family would be directly affected by it? [READ OUT] 1. Not at all concerned 2. A little concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned X Don't know R Refused
SA4	Changed way live because of possibility of an influenza pandemic	Y	Adults 16+ years	How much have you changed the way you live your life because of the possibility of an influenza pandemic? [READ OUT] 1. Not at all 2. A little 3. Moderately 4. A lot 5. Extremely X Don't know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SA20	Willing to receive vaccination	Y	Adults 16+ years	<p>In case of an emergency situation such as an influenza pandemic, government authorities might request cooperation from the public in a number of ways. Please indicate how willing would you be to....</p> <p>Receive vaccination?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Not at all willing 2. A little willing 3. Moderately willing 4. Very willing 5. Extremely willing <p>X Don't know R Refused</p>
SA21	Willing to isolate oneself from others	Y	Adults 16+ years	<p>How willing would you be to isolate yourself from others if needed?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Not at all willing 2. A little willing 3. Moderately willing 4. Very willing 5. Extremely willing <p>X Don't know R Refused</p>
SA22	Willing to wear facemask	Y	Adults 16+ years	<p>How willing would you be to wear a facemask?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Not at all willing 2. A little willing 3. Moderately willing 4. Very willing 5. Extremely willing <p>X Don't know R Refused</p>
SA6	Likelihood of a terrorist attack	Y	Adults 16+ years	<p>How likely do you think it is that a terrorist attack will occur in Australia?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Not at all likely 2. A little likely 3. Moderately likely 4. Very likely 5. Extremely likely <p>X Don't know R Refused</p>
SA7	Fear family affected by terrorist attack	Y	Adults 16+ years	<p>If a terrorist attack happened in Australia, how concerned would you be that you or your family would be directly affected by it?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Not at all concerned 2. A little concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned <p>X Don't know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SA9	Changed way of life because of a possibility of a terrorist attack	Y	Adults 16+ years	How much have you changed the way you live your life because of the possibility of a terrorist attack? [READ OUT] 1. Not at all 2. A little 3. Moderately 4. Very Much 5. Extremely X Don't know R Refused
SA19b	Willing to evacuate workplace or public facility in emergency	Y	Adults 16+ years	In case of an emergency situation such as a terrorist attack, how willing would you be to evacuate your workplace or a public facility? [READ OUT] 1. Not at all willing 2. A little willing 3. Moderately willing 4. Very willing 5. Extremely willing X Don't know R Refused
SA19a	Willing to evacuate home in emergency	Y	Adults 16+ years	How willing would you be to evacuate your home? [READ OUT] 1. Not at all willing 2. A little willing 3. Moderately willing 4. Very willing 5. Extremely willing X Don't know R Refused
SA29	How well cope with emergencies	Y	Adults 16+ years	How well do you think you would cope in an emergency situation? [READ OUT] 1. Extremely well 2. Very well 3. Moderately well 4. Not very well 5. Not at all well X Don't know R Refused
SA23	Family plan	Y	Adults 16+ years	Do you or your family have a plan to deal with emergencies if they occur? 1. Yes 2. No X Don't know R Refused
SA28	Fears about safety	Y	Adults 16+ years	How often do fears about safety come into your mind? [READ OUT] 1. None of the time 2. A little of the time 3. Some of the time 4. A lot of the time 5. All of the time X Don't know R Refused
SA35	Strategies to cope with tough times	Y	Adults 16+ years	What are the things that take you through tough times? _____Description Don't Know Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
SA33	Risk taker	Y	Adults 16+ years	Generally are you a person who takes risks? [READ OUT] 1. None of the time 2. A little of the time 3. Some of the time 4. A lot of the time 5. All the time X Don't know R Refused
SA34	Optimistic person	Y	Adults 16+ years	Generally are you an optimistic person? [READ OUT] 1. None of the time 2. A little of the time 3. Some of the time 4. A lot of the time 5. All the time X Don't know R Refused
SAFEX	End SAFE questions			
				DEMOGRAPHICS (RESPONDENT & CHILD PROXY)
DEMA			All	Now we are coming to the last section of the survey. I am going to ask some routine questions about your background. Remember that all your answers remain confidential. [IF ASKED] We ask these questions so that we can get an idea of the health concerns of different groups of people such as men and women, city people and country people.
RLHP	Household structure		All	IF 16+: Besides yourself, who else lives in your household? IF 0-15 years: IF FEMALE: Besides yourself who else does [child] live with such as brothers and sisters, father or stepfather, step brothers and step sisters? IF MALE: Besides yourself, who else does [child] live with such as brothers and sisters, mother or stepmother, step brothers and step sisters? (DO NOT ENTER RESPONDENTS RELATIONSHIP TO CHILD, PROBE FOR RELATIONSHIP – PARTNER VS HUSBAND/WIFE) [MULTIPLE RESPONSE] No one (lives alone) – ONLY FOR AGES 16+ Mother Father Respondent's partner (PROBE FOR RELATIONSHIP TO CHILD) Step-mother Step-father Grandparents Sons/Daughters Brothers and sisters Step brothers/sisters Other relatives Non-family members No one else besides respondent – ONLY FOR AGES 0-15 YEARS Other [SPECIFY] _____ Don't know Refused
INT1d	Number of Residents aged 0-5		All	Can you please tell me, how many children under 6 years of age, live in this household. _____

Question Code	Question Name	New or modified for 2007	Age Groups	Question
NT1e	Number of Residents aged 65+		All	Can you please tell me, how many people aged 65 years old or over, live in this household. _____
MSTP	Formal marital status		All	What is your formal current marital status? Are you... NB: MARRIED REFERS TO REGISTERED MARRIAGES [READ OUT] Married Widowed Separated but not divorced Divorced Never married X Don't know R Refused
BPLP	Country of birth		All	In which country were you/was [child] born? 1. Australia → BPMP) 2. Other _____ COUNTRY → LANPa X Don't know → LANPa R Refused → LANPa)
BPMP	Mothers country of birth		All	IF MOTHER IS RESPONDENT: In which country were you born? ANYONE BUT MOTHER IS RESPONDENT: In which country was your/[child]'s natural mother born? 1. Australia 2. Other _____ COUNTRY X Don't know R Refused
BFPF	Fathers country of birth		All	ANYONE BUT FATHER IS RESPONDENT:: In which country was your/ [child]'s natural father born? IF FATHER IS RESPONDENT: In which country were you born? 1. Australia 2. Other _____ COUNTRY X Don't know R Refused
LANPa	Speak a language other than English at home		All	Do you usually speak a language other than English at home? 1. Yes 2. No → INGP X Don't know → INGP R Refused → INGP
LANPa1	Language spoken at home		All	What language do you usually speak at home? 1. Language [SPECIFY] _____ X Don't know R Refused
INGP	Aboriginal or Torres Strait origin		All ages	Are you /is [child] of Aboriginal or Torres Strait Islander origin? 1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin X Don't Know R Refused

Question Code	Question Name	New or modified for 2007	Age Groups	Question
HSCP	Highest level of school completed		Adults 16+ years	<p>What is the highest level of primary or secondary school you have completed? [Prompt if necessary]</p> <ol style="list-style-type: none"> 1. Never attended school →QALLm 2. Currently still at school 3. Year 8 or below 4. Year 9 or equivalent 5. Year 10 or equivalent (Intermediate) 6. Year 11 or equivalent 7. Year 12 or equivalent (Matriculation/Leaving) <p>X Don't know R Refused</p>
QALLP	Highest qualification completed		Adults 16+ years	<p>What is the level of the highest qualification you have completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>X Don't Know R Refused</p>
QALLm	Mother's highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: What is the level of the highest qualification you have completed?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER What is the level of the highest qualification [child]'s mother/stepmother has completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>X Don't Know R Refused</p>
QALLf	Fathers highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS ANYONE BUT FATHER: What is the level of the highest qualification [child]'s father/stepfather has completed?</p> <p>IF RESPONDENT IS FATHER/STEPFATHER What is the level of the highest qualification you have completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>X Don't Know R Refused</p>

Question Code	Question Name	New or modified for 2007	Age Groups	Question
LFSP	Current employment status		Adults 16+ years	<p>In the last week, which of the following best describes your employment status? [READ OUT 1-5]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit → LF 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down → LF 3. Unpaid work in a family business → LF 4. Other unpaid work 5. Did not work 6. Did not have a job <p>X Don't know R Refused</p>
LFS	Actively looking for work		Adults 16+ years	<p>Were you actively looking for work in the last week?</p> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work <p>X Don't Know R Refused → Dem11</p>
LF	Main job		Adults 16+ years	<p>In the main job held in the last week, were you: [READ OUT]</p> <ol style="list-style-type: none"> 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business without employees 4. A helper not receiving wages <p>X Don't now R Refused</p>
HRSP	Number of hours worked in last week		Adults 16+ years	<p>In the last week, how many hours did you work in all jobs? _____ No. of hours</p>
MTWP2	Usual transport to work		5 years and over	<p>How do you usually get to work? IF CHILD: How does [child] usually get to school? [MULTIPLE RESPONSE]</p> <p>Train Bus Ferry Tram (including light rail) Taxi Car – as driver Car- as passenger Truck Motorbike or motor scooter Bicycle Walk only Work at home Other Don't know Refused</p>

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LFSPm	Mother's employment status		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: In the last week, which of the following best describes your employment status?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: In the last week, which of the following best describes the employment status of [child]'s mother/stepmother?</p> <p>[READ OUT 1-5]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit →LFm 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down → LFm 3. Unpaid work in a family business → LFm 4. Other unpaid work 5. Did not have a job <p>X Don't know R Refused</p>
LFSm	Mother actively looking for work		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: Were you actively looking for work in the last week?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: Was [child]'s mother/stepmother actively looking for work in the last week?</p> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work <p>X Don't Know R Refused→ LFSPf</p>
LFm	Mother's main job		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER In the main job held in the week, were you:</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: In the main job held in the last week, was [child]'s mother/stepmother:</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business without employees 4. A helper not receiving wages <p>X Don't know R Refused</p>
LFSPf	Father's employment status		Children 0-15 years	<p>IF RESPONDENT IS MOTHER: In the last week, which of the following best described the employment status of [child]'s father/stepfather?</p> <p>IF RESPONDENT IS FATHER: In the last week, which of the following best describes your employment status?</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit →LFf 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down →LFf 3. Unpaid work in a family business →LFf 4. Other unpaid work 5. Did not have a job <p>X Don't know R Refused</p>
LFSf	Father actively looking for work		Children 0-15 years	<p>Was [child]'s father/stepfather actively looking for work in the last week?</p> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work <p>X Don't Know R Refused→Dem11</p>

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LFf	Father's main job		Children 0-15 years	IF RESPONDENT IS ANYONE BUT FATHER: In the main job held in the last week, was [child]'s father/stepfather: IF RESPONDENT IS FATHER/stepfather: In the main job held in the last week, were you: [READ OUT] 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business with employees 4. Conducting own business without employees 5. A helper not receiving wages X Don't know R Refused
DEM11	Currently receive a pension or benefit		Adults 65+ years	Do you currently receive a pension, allowance or benefit? [ANY GOVT. ALLOWANCE, PENSION OR BENEFIT] 1. Yes 2. No X Don't know R Refused
DEM13	Private health insurance status			Apart from Medicare, are you /is [child] currently covered by private health insurance? 1. Yes 2. No X Don't know R Refused
STRD	Building type		All	What type of accommodation do you live in? [PROMPT IF NECESSARY] 1. Separate house 2. Semi-detached/town house/terraced house/villa 3. Unit, flat or apartment/granny flat 4. Caravan, cabin, houseboat, 5. Improvised home, tent, sleeper out 6. House/flat attached to a shop, office 7. Other SPECIFY (eg. hostel, retirement village) _____ X Don't know R Refused
INC2	Household income		All	I would now like to ask you about your household's income. What is your annual household income before tax? Would it be: [READ OUT] 1. Less than \$20,000 2. \$20,000-\$40,000 3. \$40,000-\$60,000 4. \$60,000-\$80,000 5. More than \$80,000 X Don't know R Refused
DEM18	Local shire		All	What is the name of your local Council or Shire? _____ Council X Don't Know R Refused
DEM16	Postcode		All	Could you tell me your postcode? _____ POSTCODE→DEM19 X Don't Know R Refused
DEM17	Suburb/Town		All	What is the name of the suburb or town where you live? _____ X Don't know R Refused

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DEM19	More than one residential telephone number		All	<p>Do you have more than one telephone number in your household?</p> <p>1. Yes 2. No → REC1 X Don't Know R Refused</p>
DEM20	Number of residential telephone numbers		All	<p>How many residential telephone numbers do you have? Do not include mobile phone numbers, dedicated FAX numbers or modems.</p> <p>_____ (number of residential telephone numbers) 88888 Don't know 99999 Refused</p>