

Population Health Survey 2011 Questionnaire

CONTENTS	PAGE
Introduction	2
Demographics 1 (Age and Sex)	2
Self-Rated Health Status and Disability	2
Childhood Personal Health Record	2
Influenza-Like Illness	3
Breastfeeding	3
Folate and Pregnancy	5
Injury 1 (Childhood Injury and Prevention)	6
Alcohol Consumption in Pregnancy	6
Asthma (Prevalence and Service Use)	7
Cardiovascular Disease (Blood Pressure and Cholesterol)	7
Cancer Screening 2 (Prostate and bowel)	8
Diabetes 1 (Prevalence and Management)	11
Injury2 (Falls in older people)	12
Alcohol (Frequency and Consumption)	13
Height and Weight (BMI)	14
Nutrition 1 (Adult Dietary Guidelines)	15
Mental Health 1 (Adult Psychological Distress)	15
Mental Health 2 (Childhood Strengths and Difficulties)	18
Social Capital (Safety, Trust, Reciprocity & Participation)	24
Immunisation 1 (Influenza and Pneumococcal)	26
Immunisation 2 (Access-Attitudes to Child Immunisation)	27
Pertussis Evaluation	28
Oral Health	28
Physical Activity 1 (Leisure Time)	30
Physical Activity 3 (Child Activity and Inactivity)	32
Smoking 1 (Prevalence)	34
Marijuana	34
Summer Sun Protection	35
Childcare, school attendance and reading to child	35
Demographics	37

Question Code	Question Name	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	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
DEM3	Sex	All	Are you/ is [child] male or female? 1 Male 2 Female
	Start of Self-Rated Health Status and Disability		Self-Rated Health Status and Disability
HSDZ	Intro to Self rated general health	All	Now I am going to ask a question about your/CHILD's general health.
HSD4 (SF89H)	SF8-General health in past 4 weeks	5 + years	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
HSDX	End of Self-Rated Health Status and Disability		
CHSZ	Start of Childhood Personal Health Record		Childhood Personal Health Record

Question Code	Question Name	Age Groups	Question
CHS31	Possess Personal Health Record	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	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		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		
ILIZ	Beginning Influenza like illness	All ages	Influenza-Like Illness
ILI1b	Influenza like illness in the past 4 weeks	All	In the last 4 weeks, did you/[child] have an illness with any of the following symptoms? [READ OUT] Fever or high temperature Cough Sore throat Fatigue None of the above→ILIX Don't Know→ILIX Refused→ILIX
ILI2	See GP for Influenza like illness	All	Did you/[child] see a GP for this illness? 1 Yes 2 No X Don't Know R Refused
ILIX	End Influenza like illness		
			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	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]? [OPEN-ENDED]
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 CBF5a)	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? Answer in months and weeks. <i>(ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A –HALF WEEKS)</i> 2 Answer in months and weeks 3 Less than one week X Don't know→CBF8 R Refused→CBF8
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

Question Code	Question Name	Age Groups	Question
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 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 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→CNFI9 R Refused→CNFI9
CNFI9 (CNFI9b CNFI9a)	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→CNFI10 R Refused→CNFI10
CNFI10 (CNFI10b CNFI10a)	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 3 Less than one week 4 Never given water/not yet started water X Don't know→CNFI10 R Refused→CNFI10
CBF16	Receive any of the following since yesterday	< 7 months of age	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) Don't know Refused None of these
CBFX	End of Breastfeeding		
CNFPZ	Start of Folate and Pregnancy		Folate and Pregnancy The next few questions refer to your pregnancy with [child].

Question Code	Question Name	Age Groups	Question
CNF5b	Take tablets or capsules containing 0.5mg folate in month prior to pregnancy	0-11 months Only asked of mother	Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant? [READ OUT 1-4] 1 Yes daily 2 Yes regularly but not daily 3 Yes sometimes 4 No 5 Not applicable not the birth mother → CNFX X Don't know R Refused
CNF6b	Take tablets or capsules containing 0.5mg folate in first 3 months of pregnancy	0-11 months Only asked of mother	Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy? [READ OUT 1-4] 1 Yes daily 2 Yes regularly but not daily 3 Yes sometimes 4 No 5 Not applicable not the birth mother → CNFX X Don't know R Refused
CNFPX	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	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
CSDX	End of Injury 1 (Childhood Injury and Prevention)		
ALCPZ			Alcohol Consumption in Pregnancy
ALCP2	Alcohol during pregnancy	0-11 months	When you were pregnant with [child], did you ever drink alcohol? 1 Yes 2 No → ALCPX X Don't know → ALCPX R Refused → ALCPX
ALCP3	Alcohol 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 alcohol you drank 2 Try to give up drinking alcohol but were unsuccessful 3 Successfully gave up drinking alcohol 4 None of the above X Don't know R Refused
ALCPX	End of Alcohol consumption in pregnancy		

Question Code	Question Name	Age Groups	Question
ASTZ	Start of Asthma (Prevalence and Service Use)		Asthma (Prevalence and Service Use)
AST		2+ years	The next few questions are about asthma.
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
CA8b	Written asthma action plan if asthma worse or out of control	2+ years	Do you have/ has [child] an asthma action plan, written instructions of what to do if your asthma is worse or out of control? 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 your/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)		
			Cardiovascular Disease (Blood Pressure and Cholesterol)
CVDZ	Cardiovascular Disease (Blood Pressure and Cholesterol)	Adults 16+ years	Now I would like to ask you about blood pressure and cholesterol. [KEY 'N' TO CONTINUE]

Question Code	Question Name	Age Groups	Question
CVD1	When blood pressure last measured	Adults 16+ years	<p>When did you last have your blood pressure measured?</p> <p>[PROMPT IF NECESSARY]</p> <p>[THIS DOES NOT INCLUDE BLOOD PRESSURE TAKEN AT HOME, GYM ETC. - IT MUST BE CARRIED OUT BY A MEDICAL PRACTITIONER/NURSE]</p> <p>1 0-3 months 2 4-6 months 3 7-12 months 4 13 months to 2 years ago 5 More than 2 years ago 6 Never measured → CVD4 X Don't Know R Refused</p>
CVD2	Ever told had high blood pressure	Adults 16+ years	<p>Have you ever been told by a doctor or at a hospital that you have high blood pressure sometimes called hypertension?</p> <p>1 Yes 2 Yes, but only during pregnancy → CVD4 3 Yes, but only temporarily → CVD4 4 No → CVD4 X Don't Know → CVD4 R Refused → CVD4</p>
CVD4	When cholesterol last measured	Adults 16+ years	<p>When did you last have your cholesterol measured?</p> <p>[PROMPT IF NECESSARY]</p> <p>1 0-6 months 2 7-12 months 3 13 months to 2 years ago 4 More than 2 years ago 5 Never measured → CVDX X Don't know R Refused</p>
CVD5	Ever told had high cholesterol	Adults 16+ years	<p>Have you ever been told by a doctor or at a hospital that you have high cholesterol?</p> <p>1 Yes 2 No → CVDX 3 Borderline X Don't know → CVDX R Refused</p>
CVDX	End of Cardiovascular Disease (Blood Pressure and Cholesterol)	Adults 16+ years	
CRCZ	Start of Cancer Screening 2 (Prostate and Bowel)	Adults 50+	Cancer Screening 2 (Prostate and bowel)

Question Code	Question Name	Age Groups	Question
CRC10	Bowel cancer screening in last 12 months	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>[IF NEEDED: A Faecal occult blood test is a simple test that can be performed at home, where a sample of faeces is collected and tested for whether or not it contains any blood.]</p> <p>[IF NEEDED: A colonoscopy is a procedure where a long flexible tube-like instrument called a colonoscope is used by a doctor to look inside the rectum and whole colon.]</p> <p>[IF NEEDED: A sigmoidoscopy is a procedure where a tube-like instrument called a sigmoid scope is used by a doctor to look inside the rectum and lower colon.]</p> <p>[IF NEEDED: A CT colonography is a method for examining the colon by taking a series of x-rays and then using a computer to reconstruct three-dimensional pictures (a CT scan) of the interior surfaces of the colon from these x-rays.]</p> <p>[IF NEEDED: A Barium Enema is a special x-ray of the large intestine, which includes the colon and rectum. Before x-rays are taken, a liquid called barium sulfate is placed in the rectum.]</p> <p>A faecal occult blood test A Colonoscopy A Sigmoidoscopy A CT Colonography A Barium Enema None of these Don't Know Refused</p>
CRC11	When last faeces examination	Adults 50+	<p>When did you have your last faecal occult blood test?</p> <p>[READ OUT]</p> <p>1 Within the last 12 months 2 13 months to 2 years ago 3 More than 2 years to 5 years ago 4 More than 5 years ago 5 Never had a FOBT X Don't Know R Refused</p>
CRC8b	When last bowel colonoscopy	Adults 50+	<p>When did you have your last colonoscopy?</p> <p>[READ OUT]</p> <p>1 Within the last 12 months 2 13 months to 2 years ago 3 More than 2 years to 5 years ago 4 More than 5 years ago 5 Never had a colonoscopy X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
CRC8c	When last bowel sigmoidoscopy	Adults 50+	<p>When did you have your last sigmoidoscopy?</p> <p>[READ OUT]</p> <p>1 Within the last 12 months 2 13 months to 2 years ago 3 More than 2 years to 5 years ago 4 More than 5 years ago 5 Never had a sigmoidoscopy X Don't Know R Refused</p>
CRC8e	When last faeces examination	Adults 50+	<p>When did you have your last CT colonography?</p> <p>[READ OUT]</p> <p>1 Within the last 12 months 2 13 months to 2 years ago 3 More than 2 years to 5 years ago 4 More than 5 years ago 5 Never had a faeces sample X Don't Know R Refused</p>
CRC8f	When last bowel Barium Enema	Adults 50+	<p>When did you have your last barium enema?</p> <p>[READ OUT]</p> <p>1 Within the last 12 months 2 13 months to 2 years ago 3 More than 2 years to 5 years ago 4 More than 5 years ago 5 Never had a barium enema X Don't Know R Refused</p>
CRC4	Reason for bowel cancer investigation	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 Inclusion in National Bowel Survey Screening program Other [SPECIFY]_____</p> <p>Don't know Refused</p>

Question Code	Question Name	Age Groups	Question
CRC14a	Age of relative with bowel cancer	Adults 50+	<p>If you have had a close relative that has been diagnosed with Bowel Cancer, can you tell me how old this relative was when they were diagnosed with bowel cancer?</p> <p>[MULTIPLE RESPONSE ALLOWED]</p> <p>[OPEN TEXT RESPONSES]</p> <p>[RECORD DESCRIPTION OF RELATIVE/S AND AGE] [EG. GRANDFATHER-42, MOTHER-67]</p> <p>Don't know Refused</p>
CRCX	End of Cancer Screening 2 (Prostate and Bowel)		
DBTZ	Start of Diabetes 1 (Prevalence and Management)		Diabetes 1 (Prevalence and Management)
DBT		9+ years	The next few questions are about diabetes and high blood glucose. Diabetes is a disease where there is too much glucose in the blood.
DBT1	Ever told by doctor had diabetes	9+ years	<p>Have you ever been told by a doctor or at a hospital that you have/[child] has diabetes?</p> <p>1 Yes - if female adult → DBT3 if male → DBT19 2 No 3 Only during pregnancy → DBT20 X Don't know R Refused</p>
DBT2	Ever told by doctor have high blood glucose	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 → DBT20 X Don't know R Refused</p>
DBT3	Pregnant when first had diabetes / high blood glucose	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 → DBT20 X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
DBT19	Type of diabetes	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>
DBT6	Current management of diabetes / high blood glucose	9+ years	<p>What are you/is [child] doing now to manage your/their diabetes/high blood glucose?</p> <p>[MULTIPLE RESPONSE]</p> <p>Having insulin injections On tablets for diabetes or high blood sugar Following a special diet e.g. reducing sugar and or fat in the diet Losing weight Exercising most days Doing anything else to manage your diabetes/high blood sugar Other [SPECIFY] _____ Not doing anything to control diabetes X Don't know R Refused</p>
DBTX	End of Diabetes 1 (Prevalence and Management)		
INJZ	Start of Injury 2 (Falls in Older People)	60 years and over	Injury2 (Falls in older people)
INJ90	Any action to prevent falls	60 years and over	<p>Have you made any changes to your home or lifestyle to prevent you from falling?</p> <p>1 Yes 2 No X Don't know R Refused</p>
INJ91	Type of action to prevent falls	60 years and over	<p>What did you do?</p> <p>[MULTIPLE RESPONSE]</p> <p>Got more exercise Had eyes checked Changed my footwear Changed my medications Installed hand rails Replaced steps with ramps Removed clutter from my house Removed mats/rugs Removed loose cords/appliance leads Got a personal alarm Improved the lighting Repaired unsafe/unsteady furniture Other [SPECIFY] Don't Know Refused</p>
INJ92	Fear of falling	60 years and over	<p>Are you afraid of falling?</p> <p>1 Yes 2 No X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
INJ22	Fall in last 12 months	60 years and over	In the last 12 months have you had a fall? 1 Yes 2 No →INJX X Don't know → INJX R Refused→ INJX
INJ23	Number of accidental falls in last 12 months	60 years and over	How many times did you fall in the last 12 months? 1 Once 2 Twice 3 Three times or more X Don't Know R Refused
INJ24	Fall which required medical attention in last 12 months	60 years and over	In the last 12 months have you had a fall which required medical treatment for injuries? 1 Yes 2 No → INJX X Don't know → INJX R Refused → INJX
INJ25	Admitted to hospital for most recent accidental fall	60 years and over	Were you ADMITTED to hospital as a result of any of your falls in the last 12 months? 1 Yes 2 No X Don't Know R Refused
INJ93	Falls in last 4 weeks	60 years and over	In the last 4 weeks have you had a fall? 1 Yes 2 No X Don't know R Refused
INJX	End of Injury 2 (Falls in older people)	60 years and over	
ALCZ	Start of Alcohol (Frequency and Consumption)		Alcohol (Frequency and 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 Record in days per week 2 Less than once per week 3 I don't drink alcohol → ALCX X Don't Know →HUN11 R Refused→HUN11

Question Code	Question Name	Age Groups	Question
ALC2 (ALC2a)	Usual number of standard drinks per day	Adults 16+ years	<p>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.</p> <p>On a day when you drink alcohol, how many standard drinks do you usually have? [PROMPT IF NECESSARY]</p> <p>1 Record number of drinks X Don't Know →ALC3 R Refused→ALC3</p>
ALC3	More than 4 male/2 female drinks in a day in past 4 weeks	Adults 16+ years	<p>In the past four weeks have you had more than [2 if female/ 4 if male] drinks in a day?</p> <p>1 Yes 2 No → ALCX X Don't know → ALCX R Refused → ALCX</p>
ALC4 (ALC4a)	More than 11 male/7 female drinks in a day in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks how often have you had [11 or more if male] [7 or more if female] drinks in a day?</p> <p>1 _____ Days per week 2 Not at all X Don't Know R Refused</p>
ALC5 (ALC5a)	More than 7-10 male/5-6 female drinks in a day in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks how often have you had [7-10 if male] [5-6 if female] drinks in a day?</p> <p>1 _____ Days per week 2 Not at all X Don't Know R Refused</p>
ALCX	End of Alcohol (Frequency and Consumption)		
HWTZ	Start of Height and Weight (BMI)	2+ years	Height and Weight (BMI)
HWT1 (H3) (HWT1a HWT1b, HWT1c)	Height in centimetres	2+ years	<p>Now a few questions about your [child's] height and weight.</p> <p>How tall are you/[is child] without shoes?</p> <p>_____ 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	2+ years	<p>How much do you /[does child] weigh without clothes or shoes?</p> <p>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>

Question Code	Question Name	Age Groups	Question
HWT10 (HWT10a) (HWT10b)	Waist Measurement		What is your waist measurement? 1 Record in centimetres OR 2 Record in inches X Don't know (probe for best estimate before accepting) R Refused
HWT9	Agree to measure child	2 to 15 years	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. 1 Yes 2 No X Don't Know R Refused
HWTX	End of Height and Weight (BMI)		
			Nutrition 1 (Adult Dietary Guidelines)
NUTZ	Start of Nutrition 1 (Adult Dietary Guidelines)	2+ years	The next few questions are about food.
NUT1 (V1) (NUT1a, NUT1b)	Serves of vegetables usually eaten per day	2+ years	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 Answer in serves per day 2 Answer in serves per week 3 Don't eat vegetables X Don't Know R Refused
NUT2 (F1) (NUT1a, NUT1b)	Serves of fruit usually eaten per day	2+ years	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 Answer in serves per day 2 Answer in serves per week 3 Don't eat fruit X Don't Know R Refused
NUTX	End of Nutrition 1 (Adult Dietary Guidelines)		
AMHZ	Start of Mental Health 1 (Adult Psychological Distress)		Mental Health 1 (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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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
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 88888 Don't know 99999 Refused
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 88888 Don't know 99999 Refused
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 88888 Don't know 99999 Refused

Question Code	Question Name	Age Groups	Question
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
AMHX	End of Mental Health (Adult Psychological Distress)		
STRZ	Start of Mental Health 2 (Childhood Strengths and Difficulties)		Mental Health 2 (Childhood Strengths and Difficulties)
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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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
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 Not true 2 Somewhat true 3 Certainly true 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 easily being distracted? [READ OUT] 1 Not true 2 Somewhat true 3 Certainly true 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 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	Age Groups	Question
STR26	Overall difficulties	4-15 years	<p>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?</p> <p>[READ OUT]</p> <p>1 No→STRX 2 Yes – minor difficulties 3 Yes – definite difficulties 4 Yes – severe difficulties X Don't know→ STRX R Refused→ STRX</p>
STR27	Duration of difficulties	4-15 years	<p>How long have these difficulties been present?</p> <p>[READ OUT]</p> <p>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]?</p> <p>[READ OUT]</p> <p>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?</p> <p>[READ OUT]</p> <p>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?</p> <p>[READ OUT]</p> <p>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	Age Groups	Question
STR31	Interfere with everyday life – Classroom learning	4-15 years	<p>How much do these difficulties interfere with [his/her] classroom learning?</p> <p>[READ OUT]</p> <p>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?</p> <p>[READ OUT]</p> <p>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?</p> <p>[READ OUT]</p> <p>1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused</p>
STRX	End of Mental Health 2 (Childhood Strengths and Difficulties)		
SOCZ			Social Capital (Safety, Trust, Reciprocity & Participation)
SOC	Start of Social Capital	Adults 16+ years	The next questions are about your involvement in your local community and neighbourhood.
SOC12	Participation in cultural or artistic activity	Adults 16+ years	<p>In the last 12 months, have you participated in any of the following activities?</p> <p>[READ OUT]</p> <p>Recreational group or cultural group activities Community or special interest group activities Church or religious activities Went out to a cafe, restaurant or bar Took part in sport or physical activities Attended a sporting event as a spectator Visited a library, museum or art gallery Attended the movies, a theatre or a concert Visited a park, botanic gardens, zoo or theme park None of these activities Don't know Refused</p>

Question Code	Question Name	Age Groups	Question
SOC3	Participation – active member of sporting or social club	Adults 16+ years	<p>Are you an active member of a local organisation, church or club, such as a sport, craft, or social club?</p> <p>[READ OUT]</p> <p>1 Yes, very active 2 Yes, somewhat active 3 Yes, a little active 4 No, not an active member</p> <p>X Don't Know R Refused</p>
SOC7	Reciprocity in caring for child	Adults 16+ years	<p>If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help?</p> <p>[READ OUT]</p> <p>1 Yes, definitely 2 Yes, possibly 3 No, probably not 4 No, definitely not</p> <p>X Don't know R Refused</p>
SOC8	Social Engagement - frequency of visiting neighbours in past week	Adults 16+ years	<p>How often have you visited someone in your neighbourhood in the past week?</p> <p>[READ OUT]</p> <p>1 Frequently 2 A few times 3 At least once 4 Never (in the last week)</p> <p>X Don't Know R Refused</p>
SOC9	Social Engagement - frequency of meeting friends in local area	Adults 16+ years	<p>When you go shopping in your local area how often are you likely to run into friends and acquaintances?</p> <p>[READ OUT]</p> <p>1 Nearly always 2 Most of the time 3 Some of the time 4 Rarely or never</p> <p>X Don't Know R Refused</p>
SOC10	Social Engagement – sad to leave neighbourhood	Adults 16+ years	<p>Would you be sad if you had to leave this neighbourhood?</p> <p>1 Yes 2 No X Don't Know R Refused</p>
SOC5	Trust – people can be trusted	Adults 16+ years	<p>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?</p> <p>Most people can be trusted. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
SOC4	Safety – walking in street after dark	Adults 16+ years	<p>I feel safe walking down my street after dark. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>
SOC6	Safety – local area is a safe place	Adults 16+ years	<p>My area has a reputation for being a safe place. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>
SOCX	End of Social Capital		
IMMZ	Start of Immunisation 1 (Influenza and Pneumococcal)	6 months+	Immunisation 1 (Influenza and Pneumococcal)
IMM	Influenza and Pneumococcal introduction		I now have a few questions about immunisation.
IMM2	Vaccinated against influenza in last 12 months	6 months+	<p>Were you vaccinated or immunised against flu in the past 12 months?</p> <p>[IF NEEDED:Influenza vaccination is strongly recommended for people aged 65 years and over, Aboriginal and Torres Strait Islander people aged 15 years and over, people aged 6 months or over with conditions predisposing to severe influenza, as well as for people who may transmit influenza to those at high risk, who provide essential services.People aged 65 and over have been eligible for free vaccine for many years and since July 18 2009 Aboriginal and Torres Strait Islander people and pregnant women will also be able to receive free flu vaccine]</p> <p>1 Yes 2 No X Don't Know R Refused</p>
IMM4a	When last pneumococcal vaccination	50+yrs	<p>When were you last vaccinated or immunised against pneumonia?</p> <p>[IF ASKED: Vaccinations 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)		

Question Code	Question Name	Age Groups	Question
IMMaZ	Start of Immunisation 2 (Access-Attitudes to Child Immunisation)	Children 0-5	Immunisation 2 (Access-Attitudes to Child Immunisation)
CHVAC1	Feelings on Childhood Vaccination	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>
CHVAC2b	Childhood immunisation safety	Children 0-5	<p>In general, how safe do you think immunisations are for children?</p> <p>[READ OUT]</p> <p>1 Completely safe 2 Slight risk 3 Moderate risk 4 High risk X Don't Know R Refused</p>
CHVAC6	Children get too many vaccines	Children 0-5	<p>I will now read some statements about immunisations. For each statement, please indicate whether you agree or disagree with it.</p> <p>Children get too many vaccines during the first two years of life. Do you:</p> <p>[READ OUT]</p> <p>1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree X Don't Know R Refused</p>
CHVAC7	Immunisations weaken immune systems	Children 0-5	<p>I am concerned that my child's immune system could be weakened by immunisations Do you:</p> <p>[READ OUT]</p> <p>1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
CHVAC8	Child up to date with immunisations	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)	Children 0-5	
PRTZ			Pertussis Evaluation
PRT5	Had adult whooping cough booster in past 12 months		<p>Have you had the ADULT whooping cough vaccine in the last 12 months?</p> <p>1 Yes 2 No → PRT7 X Don't know → PRT8 R Refused → PRT8</p>
PRTX			
ORALZ	Start of Oral Health		Oral Health
ORAL		All	The next questions are about your/[child's] teeth and dental health.
OHE1	Any teeth missing	16+ years	<p>Are any of your natural teeth missing?</p> <p>[NOTE: INCLUDES WISDOM TEETH] [PROMPT IF NECESSARY]</p> <p>1 Yes – have some natural teeth missing 2 Yes – have all natural teeth missing 3 No – have no natural teeth missing X Don't know R Refused</p>
OHE6	Time since last dental visit	All	<p>When did you/[child] last visit a dental professional about your teeth, dentures or gums? (A dental professional includes dentist, dental specialist, dental hygienist, dental therapist or oral health therapist).</p> <p>[READ OUT]</p> <p>1 Less than 12 months ago 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 → OHE18 6 Never → OHE18 X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
OHE5	Most recent oral health problem	All	<p>What treatment did you/[child] receive at your/his/her last dental visit?</p> <p>[MULTIPLE RESPONSE]</p> <p>1 Check up 2 Dental filling 3 Oral health education 4 Amalgam replacement 5 Root canal filling 6 Crown 7 Implant 8 Tooth extraction 9 Fluoride treatment 10 Gum treatment 11 Teeth straightened/braces 12 New or replacement dentures 13 Teeth cleaned 14 Fissure sealant 15 Whitening/bleaching 16 Denture repair 17 None – did not visit the dentist 18 Surgery of the mouth/jaw 19 Other treatment [SPECIFY] X Don't know R Refused</p>
OHE17	Type of dental service last visited	All	<p>Was your/[child's] last dental visit made at a...</p> <p>[READ OUT]</p> <p>1 Private dental practice 2 Community dental service 3 Health fund dental clinic 4 Dental hospital 5 Any other place (please specify) X Don't know R Refused</p>
OHE17c	Dental service satisfaction	All	<p>Overall, what do you think of the care you/[child] received at your/his/her most recent dental visit?</p> <p>[READ OUT]</p> <p>1 Excellent → OHE13 2 Very good → OHE13 3 Good → OHE13 4 Fair 5 Poor X Don't know → OHE13 R Refused → OHE13</p>
OHE17b	Reasons for dental service dissatisfaction	All	<p>Could you briefly describe why you rated the care you/[child] received as fair/poor?</p> <p>[OPEN ENDED]</p>

Question Code	Question Name	Age Groups	Question
OHE18	Reasons for not visiting dentist in last 12 months	All	<p>Are there any reasons you/ [child] did not visit a dentist in the last 12 months?</p> <p>[MULTIPLE RESPONSE] [PROBE FOR REASONS – DO NOT PROMPT]</p> <p>1 Respondent has dentures 2 Worried or afraid of going; don't like going 3 Don't need to 4 Hard to find time 5 Can't find a dentist I like 6 Too expensive 7 Too far to go 8 Long waiting lists 9 Dentist has moved or retired 10 Other [SPECIFY] _____ X Don't know R Refused</p>
OHE19	Private dental cover	All	<p>Do you have private health insurance cover for your/[child's] dental expenses?</p> <p>1 Yes 2 No X Don't know R Refused</p>
OHE20	Payment arrangement for last dental visit	All	<p>Did the government or an insurance fund pay any part of the expenses for your/[child's] last dental visit?</p> <p>[PROMPT IF NECESSARY]</p> <p>1 No - paid all own expenses. 2 Yes - insurance paid some, patient paid some 3 Yes - insurance paid all, patient paid none 4 Yes - government paid some, patient or insurance paid some 5 Yes – government paid all, patient paid none 6 Other payment arrangement [SPECIFY] X Don't know R Refused</p>
OHE21	Cost of last dental visit	All	<p>How much did your/[child's] last dental visit cost before any insurance rebate?</p> <p>\$ _____ X Don't know R Refused</p>
OHE22	Oral facial pain in last month	16+	<p>During the last month, have you had pain in the face, jaw, temple, in front of the ear or in the ear?</p> <p>1 Yes 2 No X Don't know R Refused</p>
ORALX	End of Oral Health		
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.

Question Code	Question Name	Age Groups	Question
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 minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC3	Times did vigorous household chores	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	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
PAC5a	Times did vigorous gardening or yard work	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
PAC6a (PAC6b)	Total time spent doing vigorous gardening or yard work	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 (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 minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused

Question Code	Question Name	Age Groups	Question
PAC9	Number of times spent exercising moderately in last week	Adults 16+ years	<p>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)</p> <p>Number of times _____ If =0 → NEXT SECTION 88888 Don't know → NEXT SECTION 99999 Refused → NEXT SECTION</p>
PAC10a (PAC10b)	Minutes spent exercising moderately in last week	Adults 16+ years	<p>What do you estimate was the total time that you spent doing these activities in the last week? (In hours and minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>
PHYSX	End of Physical Activity 1 (Leisure Time)		
			Physical Activity 3 (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 inactivity.
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?</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>
CPHY1 CPHY1A	Number of days during week usually does physical activity	5-15 years	<p>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 → CPHY5 X Don't know → CPHY5 R Refused → CPHY5</p>
CPHY2 CPHY2a CPHY2B	On those days, about how many hours does usually do physical activity?	5-15 years	<p>On those days, about how many hours does [child] usually do physical activity?</p> <p>1. _____ Record hours and minutes X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
CPHY5 CPHY5A	Number of days during week usually does physical activity at school	5-15 years	On about how many days during the school week does [child] usually do physical activity during school hours? 1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3
CPHY6 CPHY6A CPHY6B	On those days, about how many hours does usually do physical activity at school?	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 R Refused
CPHY3 CPHY3A	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 CPHY4A CPHY4B	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	5-15 years	On about how many days during the school week, does [child] 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 Refused → CPIA3
CPIA2 (CPIA2A) CPIA2B	Hours/day during week usually watch TV/videos	5-15 years	On those days, about how many hours does usually spend watching TV, videos or DVDs? That is, how many hours on a typical weekday when TV is watched? 1 Record Hours AND minutes X Don't know R Refused
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos	5-15 years	On about how many weekend days 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) CPIA4B	Hours/day on weekend usually watch TV/videos	5-15 years	On a typical weekend day, about how many hours does [child] spend watching TV, videos or DVDs? 1 Record Hours AND minutes X Don't know R Refused

Question Code	Question Name	Age Groups	Question
CPIA5 (CPIA5A)	No. days during week play video or computer games	5-15 years	On about how many days during the school week does usually play video or computer games? 1 Record Days 2 None →CPIA7 3 No video/computer games → CPIA7 X Don't know →CPIA7 R Refused →CPIA7
CPIA6 (CPIA6A) CPIA6B	Hours/day during week play video or computer games	5-15 years	On those days, about how many hours does [child] usually spend playing video or computer games? That is, how many hours on a typical weekday when video/computer games are played? 1 _____Record Hours AND minutes X Don't know R Refused
CPIA7 (CPIA7A)	No. days on weekend play video or computer games	5-15 years	On about how many weekend days does [child] usually play video or computer games? 1 Record Days 2 None → CPIA10 3 No video/computer games →CPIA10 X Don't know → CPIA10 R Refusal → CPIA10
CPIA8 (CPIA8A) CPIA8B	Hours/Day on weekend play video or computer games	5-15 years	On a typical weekend day, about how many hours does [child] usually spend playing or computer games? 1 Record Hours AND minutes 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
PPF5	Limits on TV or Electronic Games	5-15 years	How often do you set limits on the amount of time [CHILD] watches television or plays electronic games? [READ OUT] 1 Usually 2 Sometimes 3 Never X Don't know R Refused
CPINTX	End of Physical Activity 3 (Child Activity and Inactivity)	5-15 years	
SMKZ	Start of Smoking 1 (Prevalence)		Smoking 1 (Prevalence)
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
			Marijuana
CANIN	Marijuana introduction	Adults 16+ years	The following questions are about marijuana or hashish.

Question Code	Question Name	Age Groups	Question
CAN1	Marijuana smoking status	Adults 16+ years	<p>Which of the following best describes your marijuana or hashish smoking status?</p> <p>[READ OUT]</p> <p>I smoke daily I smoke occasionally I don't smoke now, but I used to →SMKSW I've tried it a few times but never smoked regularly →SMKSW I've never smoked marijuana→SMKSW X Don't know →SMKSW R Refused →SMKSW</p>
CANX	End of Marijuana Introduction		
SPSSZ	Start of Summer Sun Protection	All	Summer Sun Protection
SPINT		Adults 16+	Now a question about sun beds.
SPSS6	Use of solarium in last 12 months	Adults 16+	<p>How many times have you used a solarium or sunbed in the past 12 months?</p> <p>1 Number of times 2 Have not used a solarium or sunbed X Don't know R Refused</p>
SPSS6a	Number of times used a solarium in last 6 months	Adults 16+	<p>How many times have you used a solarium or sunbed in the past 12 months?</p> <p>[IF SPSS6 = 1]</p>
SPSSX	End of Summer Sun Protection		
CHCZ	Start of Childcare, School Attendance and Reading to Child		Childcare, school attendance and reading to child
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>

Question Code	Question Name	Age Groups	Question
CHC1	Ever attended regular child care	Children 0-5 years	<p>Have you ever used any childcare for [child] on a regular basis? PROMPT; Regular basis means at least half a day a week</p> <p>[NOT PRESCHOOL]</p> <p>1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1</p>
CHC3 CHC3b CHC3c	Age of first regular childcare	Children 0-5 years	<p>How old was [child] when he/she first started childcare for half a day or longer?</p> <p>[NOT PRESCHOOL]</p> <p>Record in years AND months X Don't know R Refused</p>
CHC2	Currently attends childcare	Children 0-5 years	<p>Is [child] currently having any type of childcare on a regular basis?</p> <p>[NOT PRESCHOOL]</p> <p>1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1</p>
CHC5	Type of childcare	Children 0-5 years	<p>What type of childcare does [child] have?</p> <p>[MULTIPLE RESPONSE]</p> <p>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</p>
SC1	Preschool/school attendance	2 to 4 years	<p>Does [child] go to Pre school or attend a childcare that has a preschool programme?</p> <p>1. Yes 2. No 3. Already started school X Don't know R Refused</p>
SC3	Type of school attended	5-15	<p>What type of school does [CHILD] currently attend?</p> <p>[READ OPTIONS 1-6: SINGLE RESPONSE]</p> <p>1 Public school 2 Catholic school 3 Independent school (Private, NOT Catholic) 4 Special education school 5 School of the Air 6 Any other school [SPECIFY] X Don't know R Refusal</p>
BOO			The next few questions are about reading.

Question Code	Question Name	Age Groups	Question
BOOK	Read Books to Child	Children 0-5 years	<p>Do you or other members of your family read or look at books with [child]?</p> <p>1. Yes 2. No → BOOX X Don't know → BOOX R Refused → BOOX</p>
BKOF	How often looks at books with children	Children 0-5 years	<p>In a typical week, how often do you or other members of your family read or look at books with [child]?</p> <p>1. Every day 2. At least once a week 3. At least once a month 4. Rarely X Don't know R Refused</p>
BKAG	Age of Child Being Read To	Children 0-5 years	<p>How old was [child] when you or another member of your family started reading to him/her?</p> <p>Less than 6 months 6 months-1 year 1-2 years 2-3 years 3 years and over X Don't know R Refused</p>
CHCX	End of childcare, school attendance and Reading to Child		
			Demographics
DEMAZ		All	<p>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.</p> <p>[IF ASKED]</p> <p>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.</p>

Question Code	Question Name	Age Groups	Question
RLHP	Household structure	All	<p>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</p>
NT1e	Number of Residents aged 65+	All	<p>Can you please tell me, how many people aged 65 years or over, live in your household. _____</p>
MSTP	Formal marital status	All	<p>What is your formal current marital status? Are you... [READ OUT] Married [THIS REFERS TO REGISTERED MARRIAGES] Widowed Separated but not divorced Divorced Never married X Don't know R Refused</p>
BPLPa (BPLPa1)	Country of birth	All	<p>In which country were you/was [child] born? 1. Australia → BPMP) 2. Other _____ COUNTRY → LANPa X Don't know → LANPa R Refused → LANPa)</p>
BPMP (BPMP1)	Mothers country of birth	All	<p>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</p>
BPFP (BPFP1)	Fathers country of birth	All	<p>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</p>

Question Code	Question Name	Age Groups	Question
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
QALLP	Highest qualification completed	Adults 16+ years	What is the level of the highest qualification you have completed? 1. Completed School Certificate/ Intermediate/ Year 10/4 th Form.... 2. Completed HSC/Leaving/Year 12/ 6 th 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 X Don't Know R Refused
QALLm	Mother's highest qualification completed	Children 0-15 years	IF RESPONDENT IS MOTHER/STEPMOTHER: What is the level of the highest qualification you have completed? IF RESPONDENT IS ANYONE BUT MOTHER What is the level of the highest qualification [child]'s mother/stepmother has completed? 1. Completed School Certificate/ Intermediate/ Year 10/4 th Form.... 2. Completed HSC/Leaving/Year 12/ 6 th 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 X Don't Know R Refused
QALLf	Fathers highest qualification completed	Children 0-15 years	IF RESPONDENT IS ANYONE BUT FATHER: What is the level of the highest qualification [child]'s father/stepfather has completed? IF RESPONDENT IS FATHER/STEPFATHER What is the level of the highest qualification you have completed? 1. Completed School Certificate/ Intermediate/ Year 10/4 th Form.... 2. Completed HSC/Leaving/Year 12/ 6 th 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 X Don't Know R Refused

Question Code	Question Name	Age Groups	Question
LFSP	Current employment status	Adults 16+ years	<p>In the last week, which of the following best describes your employment status?</p> <p>[READ OUT]</p> <p>1 A salary or wage earner or conducting a business 2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down 3 Unpaid work in a family business 4 Other unpaid work 5 Did not have a job X Don't know/Not sure R Refused</p>
LFS	Actively looking for work	Adults 16+ years	<p>Were you actively looking for work in the last week?</p> <p>1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work X Don't Know R Refused → Dem11</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?</p> <p>_____ 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>
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> <p>1 A salary or wage earner or conducting a business 2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down 3 Unpaid work in a family business 4 Other unpaid work 5 Did not have a job X Don't know/Not sure R Refused</p>

Question Code	Question Name	Age Groups	Question
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> <p>1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work X Don't Know R Refused → LFSPf</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> <p>1 A salary or wage earner or conducting a business 2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down 3 Unpaid work in a family business 4 Other unpaid work 5 Did not have a job X Don't know/Not sure 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> <p>1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work X Don't Know R Refused → Dem11</p>
DEM11	Currently receive a pension or benefit	Adults 65+ years	<p>Do you currently receive a pension, allowance or benefit?</p> <p>[ANY GOVT. ALLOWANCE, PENSION OR BENEFIT]</p> <p>1. Yes 2. No X Don't know R Refused</p>
DEM13	Private health insurance status		<p>Apart from Medicare, are you /is [child] currently covered by private health insurance?</p> <p>1. Yes 2. No X Don't know R Refused</p>
INC2	Household income	All	<p>I would now like to ask you about your household's income. What is your annual household income before tax? Would it be:</p> <p>[READ OUT]</p> <p>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</p>

Question Code	Question Name	Age Groups	Question
DEM18 (a,b,e,d)	Local shire	All	<p>What is the name of your local Council or Shire? [CHECK SPELLING IF UNSURE!!]</p> <p>_____ Council</p> <p>X Don't Know R Refused</p>
DEM16	Postcode	All	<p>Could you tell me your postcode?</p> <p>_____ POSTCODE → DEM19</p> <p>X Don't Know R Refused</p>
DEM17	Suburb/Town	All	<p>What is the name of the suburb or town where you live?</p> <p>_____</p> <p>X Don't know R Refused</p>
DEM19	More than one residential telephone number	All	<p>Do you have more than one telephone number in your household? Do not include mobile phone numbers or dedicated FAX numbers or modems.</p> <p>1. Yes 2. No → REC1</p> <p>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)</p> <p>88888 Don't know 99999 Refused</p>