

Population Health Survey 2012 Questionnaire

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Question Code	Question Name	2012 Notes	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 respondents 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

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CDM6	Proxy respondents relationship to child		Children 0-15 years	<p>What is your relationship to [child]? <i>IF FEMALE: For example are you [child]'s mother, stepmother or other relation?</i> <i>IF MALE: For example are you [child]'s father, stepfather or other relation?</i></p> <p>1 Mother 2 Father 3 Stepmother 4 Stepfather 5 Grandmother 6 Grandfather 7 Legal Guardian 8 Other [SPECIFY] _____ X Don't know R Refused</p>
DEMX	End of Demographics 1 (Age and Sex)			
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		All	<p>In the last 12 months, have you /has [child] attended any of the following services:</p> <p>[READ OUT]</p> <p>Stayed for at least one night in hospital A hospital emergency department (or casualty) for your own /for [child]'s medical care An early childhood centre A government run community health centre A government dental service or dental hospital A general practitioner A specialist Did not attend any services Don't know Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
HSU2aH	Type of hospital for most recent overnight stay		All	<p>Can you tell me if the overnight stay was at a public or private hospital?</p> <p>1 Public Hospital 2 Private Hospital 3 Private Hospital attached to a Public Hospital X Don't know R Refused</p>
HSU6H	Rating of care for most recent overnight hospital stay		All	<p>If HSUS1a= Hospital Overall, what do you think of the care you /[child] received at the last hospital you attended? Was it...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't know R Refused</p>
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor		All	<p>If HSU6H =FAIR/POOR</p> <p>Could you briefly describe why you rated the care you /[child] received as fair/poor?</p> <p>[Open-Ended]</p>
HSU6ED	Rating of care for most recent emergency department visit		All	<p>If HSUS1a= Emergency Department Overall, what do you think of the care you / [child] received at the emergency department you last attended? Was it...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7ED	Reason for rating most recent emergency department visit as fair/poor		All	<p>If HSU6ED=FAIR/POOR</p> <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	2012 Notes	Age Groups	Question
HSU4	Currently visiting early childhood centre		Children 0-4 years	<p>Is [child] seeing a baby health or early childhood health nurse on a regular basis?</p> <p>(PROMPT: includes regular visits to early childhood health centre or baby health centre) (PROMPT: regular visits means attended last appointment and plan to take child again)</p> <p>1. Yes → HSU6B 2. No X Don't know → HSU6B R Refused → HSU6B</p>
HSU5	Reason for not currently visiting early childhood centre		Children 0-4 years	<p>Can you tell me the main reason [child] is not seeing a baby health or early childhood health nurse?</p> <p>1 Centre at inconvenient location 2 Centre has inconvenient/unsuitable hours 3 Insufficient services 4 Unwelcome atmosphere 5 No need to attend / any more 6 Not useful / Not useful any more 7 Use other services instead 8 Other [SPECIFY] _____ 9 Next scheduled visit not due yet 88888 Don't Know 99999 Refused</p>
HSU6B	Rating of overall care at early childhood centre		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...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7B	Reason for rating overall care at early childhood centre as fair/poor		Children 0-4 years	<p>If HSU6B=FAIR/POOR</p> <p>Could you briefly describe why you rated the care [child] received as fair / poor?</p> <p>[Open-Ended]</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
HSU6CH	Rating of care for most recent community health centre visit			<p>If HSUS1a= Community health Overall, what do you think of the care you / [child] received at the Community health Centre you last attended? Was it...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7CH	Reason for rating most recent community health centre visit as fair/poor			<p>If HSU6CH=FAIR/POOR</p> <p>Could you briefly describe why you rated the care you/[child] received as fair / poor?</p> <p>[Open-Ended]</p>
HSU6PD	Rating of care for most recent public dental service visit		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...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7PD	Reason for rating most recent public dental service visit as fair/poor		All	<p>If HSU6PD=FAIR/POOR</p> <p>Could you briefly describe why you rated the care you / [child] received as fair poor?</p> <p>[Open-Ended]</p>
HSU5GP	Last see a GP		All	<p>If HSUS1a= General Practitioner When did you last see a general practitioner?</p> <p>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</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
HSU6GP	Rating of care for most recent General Practitioner visit		All	<p>Overall, what do you think of the care you / [child] received at the most recent general practitioner visit? Was it...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7GP	Reason for rating most recent General Practitioner visit as fair/poor		All	<p>If HSU6GP=FAIR/POOR</p> <p>Could you briefly describe why you rated the care you / [child] received as fair poor?</p> <p>Description: _____</p>
HSU6S	Rating of care for most recent specialist visit		All	<p>If HSUS1a= Specialist</p> <p>Overall, what do you think of the care you / [child] received at the specialist you/(child) last attended? Was it...?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
HSU7S	Reason for rating most recent specialist visit as fair/poor		All	<p>If HSU6S=FAIR/POOR</p> <p>Could you briefly describe why you rated the care you/[child] received as fair / poor?</p> <p>[Open-Ended]</p>
HSU12n	Home-visit in last 12 months		0-11 months	<p>In the last 12 months, has a child or community nurse visited [child] in your home?</p> <p>1 Yes 2 No X Don't Know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
HSU6C	Rating of overall care from community nurse in last 12 months		0-11 months	<p>IF HSU12n = 1</p> <p>Overall, what do you think of the care / [child] received from this child and community nurse?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor</p> <p>X Don't Know R Refused</p>
HSU7C	Reason for rating overall care by community nurse as fair/poor		0-11 months	<p>Could you briefly describe why you rated the care you / [child] received as fair/poor?</p> <p>Description:_____</p>
HSU14	Difficulties in getting health care		All	<p>Do you have any difficulties getting health care when you need /[child] needs it?</p> <p>1 Yes 2 No → HSU16 3 Don't need health care → HSU16 X Don't Know → HSU16 R Refused →HSU16</p>
HSU15	Types of difficulties in getting health care		All	<p>Please describe the difficulties you have.</p> <p>[PROBE FULLY]</p> <p>Description:_____ →CHSZ</p>
HSU16	Comments on health services in local area		All	<p>Do you have any comments on the health services in your local area?</p> <p>[PROBE FULLY]</p> <p>Description:_____</p>
HSUX	End of Health Services Access, Use and Satisfaction			
	Start of Self-Rated Health Status and Disability			Self-Rated Health Status and Disability

Question Code	Question Name	2012 Notes	Age Groups	Question
HSDZ	Intro to Self rated general health		All	Now I am going to read some statements about aspects of your 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
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

Question Code	Question Name	2012 Notes	Age Groups	Question
CHS33A	Current uses of Personal Health Record		Children 0-15 years	<p>What do you currently use the Personal Health Record for?</p> <p>[MULTIPLE RESPONSE]</p> <p>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</p>
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	Note change to list of symptoms makes this a new question	All	<p>In the last 4 weeks, did you/[child] have an illness with any of the following symptoms?</p> <p>[READ OUT]</p> <p>Fever or high temperature Cough Sore throat Fatigue None of the above→ILIX Don't Know→ILIX Refused→ILIX</p>
ILI2	See GP for Influenza like illness		All	<p>Did you/[child] see a GP for this illness?</p> <p>1 Yes 2 No X Don't Know R Refused</p>
ILIX	End Influenza like illness			
				Breastfeeding
CBFZ	Start of Breastfeeding			The next questions are about breastfeeding.

Question Code	Question Name	2012 Notes	Age Groups	Question
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
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
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

Question Code	Question Name	2012 Notes	Age Groups	Question
CBF7 (CBF7b CBF7a)	Age first given cows milk		Children 0-23 months	<p>At what age was [child] first given cow's milk regularly? Answer in months and weeks. (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS)</p> <p>2 Answer in months and weeks 3 Less than one week X Don't know→CBF8 R Refused→CBF8</p>
CBF8	Child ever given other milk substitutes regularly		Children 0-23 months	<p>Has [child] ever been given any other type of milk substitute on a regular basis? (PROMPT; Apart from breast milk/infant formula/cows milk)</p> <p>1 Yes 2 No → CBF12 X Don't know → CBF12 R Refused → CBF12</p>
CBF9	Types of other milk substitutes		Children 0-23 months	<p>What type of milk substitutes did [child] have? (MULTIPLE RESPONSE)</p> <p>Soya Bean milk Goat's milk Evaporated milk Other [SPECIFY] _____ Don't know Refused</p>
CBF10 CBF10b CBF10a)	Age first given other milk substitutes		Children 0-23 months	<p>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)</p> <p>2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF12 R Refused→CBF12</p>
CBF12 (CBF12b CBF12a)	Age when First Given Solid Food		Children 0-23 months	<p>At what age was [child] first given solid food regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF)</p> <p>2 Answer in Months AND Weeks 3 Never given solids/not yet started solids X Don't know→CNFI9 R Refused→CNFI9</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CNFI9 (CNFI9b CNFI9a)	At what age given fruit juice		Children 0-23 months	<p>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)</p> <p>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</p>
CNFI10 (CNFI10b CNFI10a)	Age given water		Children 0-23 months	<p>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)</p> <p>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</p>
CBF16	Receive any of the following since yesterday		< 7 months of age	<p>Since this time yesterday, did [child] receive any of the following?</p> <p>[MULTIPLE RESPONSE]</p> <p>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</p>
CBFX	End of Breastfeeding			
CNFPZ	Start of Folate and Pregnancy			<p>Folate and Pregnancy</p> <p>The next few questions refer to your pregnancy with [child].</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CNF5b	Take tablets or capsules containing 0.5mg folate in month prior to pregnancy		0-11 months Only asked of mother	<p>Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant?</p> <p>[READ OUT 1-4]</p> <p>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</p>
CNF6b	Take tablets or capsules containing 0.5mg folate in first 3 months of pregnancy		0-11 months Only asked of mother	<p>Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy?</p> <p>[READ OUT 1-4]</p> <p>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</p>
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	<p>What position did you put [child] to sleep in from birth?</p> <p>[READ OUT]</p> <p>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)			
ALCPZ				Alcohol Consumption in Pregnancy

Question Code	Question Name	2012 Notes	Age Groups	Question
ALCP2	Alcohol during pregnancy		0-11 months	<p>When you were pregnant with [child], did you ever drink alcohol?</p> <p>1 Yes 2 No → ALCPX X Don't know → ALCPX R Refused → ALCPX</p>
ALCP3	Alcohol quitting status during pregnancy		0-11 months	<p>When you were pregnant with [child], did you?</p> <p>(READ OUT OPTIONS 1-3)</p> <p>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</p>
ALCPX	End of Alcohol consumption in pregnancy			
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	<p>Have you ever been told by a doctor or at a hospital that you have / [child] has asthma?</p> <p>1 Yes 2 No → ASTX X Don't Know → ASTX R Refused → ASTX</p>
AST2	Asthma symptoms or treatment in last 12 months		2+ years	<p>Have you /has [child] had symptoms of asthma or taken treatment for asthma in the last 12 months?</p> <p>1 Yes – symptoms 2 Yes – treatment 3 Yes - both 4 No → ASTX X Don't Know → ASTX R Refused → ASTX</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST9	Asthma medications used in last 12 months		2+ years	<p>What are the names or brands of all the medications you/[child] took for you/[child]'s asthma in the last 12 months?</p> <p>Alvesco Airomir Asmol Atrovent Bricanyl Epaq Flixotide Intal Oxis Prednisone Pulmicort Qvar Seretide Serevent Singulair Symbicort Ventolin Other 1 [Specify] Other 2 [Specify] Other 3 [Specify]</p>
AST9r (AST9s) (AST9t)	Name of Medication 1		2+ years	<p>What is the name of this first (other) medication?</p> <p>INTERVIEWER NOTE: Enter the name of other medication 1 here</p>
AST10r (AST10s) (AST10t)	Frequency of Medication Use - Other Specify 1		2+ years	<p>How often did you/[child] use [other medication] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST10a	Frequency of Medication Use - Alvesco		2+ years	<p>How often did you/[child] use [Alvesco] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10b	Frequency of Medication Use - Airomir		2+ years	<p>How often did you/[child] use [Airomir] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10c	Frequency of Medication Use - Asmol		2+ years	<p>How often did you/[child] use [Asmol] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10d	Frequency of Medication Use - Atrovent		2+ years	<p>How often did you/[child] use [Atrovent] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST10e	Frequency of Medication Use - Bricanyl		2+ years	<p>How often did you/[child] use [Bricanyl] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10f	Frequency of Medication Use - Epaq		2+ years	<p>How often did you/[child] use [Epaq] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10g	Frequency of Medication Use - Flixotide		2+ years	<p>How often did you/[child] use [Flixotide] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10h	Frequency of Medication Use - Intal		2+ years	<p>How often did you/[child] use [Intal] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST10i	Frequency of Medication Use - Oxis		2+ years	<p>How often did you/[child] use [Oxis] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10j	Frequency of Medication Use - Prednisone		2+ years	<p>How often did you/[child] use [Prednisone] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10k	Frequency of Medication Use - Pulmicort		2+ years	<p>How often did you/[child] use [Pulmicort] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10l	Frequency of Medication Use - Qvar		2+ years	<p>How often did you/[child] use [Qvar] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST10m	Frequency of Medication Use - Seretide		2+ years	<p>How often did you/[child] use [Seretide] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10n	Frequency of Medication Use - Serevent		2+ years	<p>How often did you/[child] use [Serevent] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10o	Frequency of Medication Use - Singulair		2+ years	<p>How often did you/[child] use [Singilair] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
AST10p	Frequency of Medication Use - Symbicort		2+ years	<p>How often did you/[child] use [Symbicort] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
AST10q	Frequency of Medication Use - Ventolin		2+ years	<p>How often did you/[child] use [Ventolin] in the last four weeks?</p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and/or nights a week 4 Less than once a week 5 Varies/as required 6 Not at all X Don't know R Refused</p>
CA8b	Written asthma action plan if asthma worse or out of control		2+ years	<p>Do you have/ has [child] an asthma action plan, written instructions of what to do if your asthma is worse or out of control?</p> <p>1 Yes 2 No X Don't know R Refused</p>
A3	Asthma interfere with daily life		2+ years	<p>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</p> <p>1 Yes 2 No → ASTX X Don't know → ASTX R Refused → ASTX</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
A4	Severity of asthma interference		2+ years	<p>Did it interfere with these activities?</p> <p>[READ OUT]</p> <p>1 A little bit 2 Moderately 3 Quite a lot 4 Extremely X Don't know R Refused</p>
ASTX	End of Asthma (Prevalence and Service)			
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>

Question Code	Question Name	2012 Notes	Age Groups	Question
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>
DBT19	Type of diabetes		9+ years	<p>What type of diabetes were you told you/[child] had?</p> <p>1 Type 1 2 Type 2 3 Gestational 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)			
DBTaZ	(skip only) Start 2 of (Diabetes 2 (Complications and Screening) [ADULT AND CHILD])			Diabetes 2 (Complications and Screening)

Question Code	Question Name	2012 Notes	Age Groups	Question
D8	Usual diabetes care provider		9+years	<p>Who usually provides care for your/[child]'s diabetes/high blood glucose?</p> <p>[PROMPT IF NECESSARY]</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		Adults 16+	<p>About how long is it since you consulted an eye specialist to check for or treat diabetes-related eye problems?</p> <p>[PROMPT IF NECESSARY]</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>
D10	Time since visiting diabetes educator for diabetes education		Adults 16+	<p>About how long is it since you consulted a diabetes educator for education about your diabetes/high blood sugar?</p> <p>[INT NOTE: A diabetes educator is a person who is specially trained to teach you about your diabetes and diabetes management]</p> <p>[PROMPT IF NECESSARY]</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	2012 Notes	Age Groups	Question
D11	Time since visiting dietician for dietary advice about diabetes		Adults 16+	<p>About how long is it since you consulted a dietician for dietary advice about diabetes?</p> <p>[PROMPT IF NECESSARY]</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		Adults 16+	<p>About how long is it since you consulted a podiatrist to check for or treat diabetes-related foot problems?</p> <p>[INT NOTE: A podiatrist is a person who is specially trained to provide foot care?]</p> <p>[PROMPT IF NECESSARY]</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		9+years	<p>During the last 12 months did your/[child]'s diabetes/high blood glucose interfere with your/his/her ability to work, study or manage your/their day-to-day activities?</p> <p>1 Yes 2 No X Don't know R Refused</p>
D17	How much interfered with activities		9 years+	<p>Did it interfere with these activities...</p> <p>[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)			

Question Code	Question Name	2012 Notes	Age Groups	Question
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	<p>How often do you usually drink alcohol? [PROMPT IF NECESSARY]</p> <p>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</p>
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>

Question Code	Question Name	2012 Notes	Age Groups	Question
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)			
HWTZ	Start of Height and Weight (BMI)		2+ years	Height and Weight (BMI)
HWT1 (H3) (HWT1a HWT1b, HWT1c)	Height in centimetres		2+ years	Now a few questions about your [child's] height and weight. How tall are you/[is child] without shoes? _____ Centimetres (minimum 90cm maximum 300cm) OR _____ Feet _____ inches (minimum 3 feet maximum 9 feet) X Don't Know (Probe before accepting) R Refused
HWT2 (W3) (HWT2a, HWT2b, HWT2bb)	Weight in kilograms		2+ years	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) X Don't Know (Probe before accepting) R Refused
HWT10 (HWT10a) (HWT10b)	Waist Measurement		16+years	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

Question Code	Question Name	2012 Notes	Age Groups	Question
HWT9	Agree to measure child		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)			
				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	<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.</p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Don't eat vegetables X Don't Know R Refused</p>
NUT18	Knowledge of recommended vegetable serves		16+ years	<p>How many serves of vegetables do you think you should eat each day to be healthy?</p> <p>[WHOLE NUMBERS ONLY]</p>
NUT2 (F1) (NUT2a, NUT2b)	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.</p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Don't eat fruit X Don't Know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
NUT17	Knowledge of recommended fruit serves		16+years	How many serves of fruit do you think you should eat each day to be healthy? [WHOLE NUMBERS ONLY]
NUT3b NUT3ba NUT3bb NUT3bc	Times bread usually eat per day		16+years	How often do you usually eat bread? Include bread rolls, flat breads, crumpets, bagels, English or bread type muffins. 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
NUT4ba NUT4bb NUT4bc NUT4bd	Times breakfast cereal usually eaten per day		16+years	How often do you eat breakfast cereal? [IF NEEDED: ready-made, home-made or cooked] 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
NUT5ba NUT5bb NUT5bc NUT5bd	Times cooked pasta usually eaten per day		16+years	How often do you eat pasta, rice, noodles or other cooked cereals? [IF NEEDED: not including cooked breakfast cereals] 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

Question Code	Question Name	2012 Notes	Age Groups	Question
NUT7 NUT7a NUT7b NUT7c	Times meat products usually eaten per week		All	<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?</p> <p>[LONGER LIST DO NOT PROMPT; frankfurters, salami, bacon, chicken roll, luncheon meats, delicatessen meats, meat paste, liver paste, pate, meat pies, sausage rolls, hamburger, saveloys, yeeros, hotdogs, rissoles, chorizo, canned meats, smoked chicken, other smoked meats]</p> <p>1 Answer in times per day 2 Answer in times per week 3 Answer in times per month 4 Rarely or never X Don't know R Refused</p>
NUT15 NUT15a NUT15b NUT15c	Times hot fried potato products usually eaten per week		All	<p>How often do you/does [child] eat hot chips, French fries, wedges or fried potatoes?</p> <p>1 Answer in times per day 2 Answer in times per week 3 Answer in times per month 4 Rarely or never X Don't know R Refused</p>
NUT16 NUT16a NUT16b NUT16c	Times fried and salty snack products usually eaten per week		All	<p>How often do you/does [child] eat potato crisps or other salty snacks such as Twisties or corn chips?</p> <p>1 Answer in times per day 2 Answer in times per week 3 Answer in times per month 4 Rarely or never X Don't know R Refused</p>
NUT6	Type of milk usually have		All	<p>What type of milk do you/does [child] usually have?</p> <p>1 Regular milk (whole or full cream/dairy/soy/goats) 2 Low /reduced fat milk (dairy/soy/goat) 3 Skim milk (dairy/soy/goat) 4 Evaporated or sweetened milk 5 Other (Specify) 6 Don't have milk X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CNFI15 CNFI15a CNFI15b	Cups of cordial per day		All	<p>How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you/does [child] usually drink in a day?</p> <p>1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups.</p> <p>1 Cups per day 2 Cups per week 3 Doesn't drink soft drink X Don't know R Refused</p>
NUT13 NUT13a NUT13b	Fast food consumption		All	<p>How often do you/does [child] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?</p> <p>1 Times per week 2 Times per month 3 Rarely/Never X Don't know R Refused</p>
CNFI6 CNFI6a CNFI6b	Cups of fruit juice		All	<p>How many cups of fruit juice do you/does [child] usually drink in a day?</p> <p>1 cup=250ml, a household tea cup or large popper</p> <p>1 Answer in cups per day 2 Answer in cups per week 3 Doesn't drink juice X Don't know R Refused</p>
CNFI14 CNFI14a CNFI14b	Cups of water drunk per day		All	<p>How many cups of water do you/does [child] usually drink in a day?</p> <p>1 cup=250ml or a household tea cup. 1 average bottle of water = 1.5 cups.</p> <p>1 Number of cups per day 2 Number of cups per week 3 Doesn't drink water X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
NUT12 NUT12a NUT12b NUT12c	Red meat consumption		All	<p>How often do you/does [child] eat red meat such as beef, lamb, liver and kidney but not pork or ham?</p> <p>1 Answer in times per day 2 Answer in times per week 3 Answer in times per month 4 Rarely/never X Don't know R Refused</p>
NUTX	End of Nutrition 1 (Adult Dietary Guidelines)			
CNFZ	Start of Nutrition 2 (Child Dietary Guidelines) (skip only) [CHILD]			Nutrition 2 (Child Dietary Guidelines)
CNFI5 (CNFI5a) (CNFI5b)	Cups of Milk Drunk Each day		Children aged 2+ years	<p>How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup)</p> <p>[PROMPT; Milk means cow's milk.]</p> <p>[IF CHILD DRINKS OTHER MILK SUCH AS SOYMILK USE RESPONSE OPTION 3]</p> <p>1 Answer in cups per day 2 Answer in 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</p>
CNFI11 (CNFI11a) (CNFI11b)	Serves of yoghurt eaten daily		Children aged 2+ years	<p>How many serves of yoghurt does [child] usually have in a day?</p> <p>1 serve is 200gms yoghurt</p> <p>T:10 9 1</p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Has yoghurt less than once a week/Not at all X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CNFI12 (CNFI12a) (CNFI12b))	Serves of custard eaten daily		Children aged 2+ years	<p>How many serves of custard does [child] usually have in a day?</p> <p>1 serve is 250 mls custard</p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Has custard less than once a week/Not at all X Don't know R Refused</p>
CNFI13 (CNFI13a) (CNFI13b))	Serves of cheese eaten daily		Children aged 2+ years	<p>How many serves of cheese does [child] usually have in a day?</p> <p>1 serve is 40g cheese</p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Has cheese less than once a week/Not at all X Don't know R Refused</p>
N8 (N8a) (N8b) (N8c)	Biscuit, cake, doughnut, muesli bar consumption		Children aged 2+ years	<p>How often does [child] usually eat sweet and savoury biscuits, cakes, donuts, or muesli bars?</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>
CNFI16 (CNFI16a) (CNFI16b)) (CNFI16c)	Confectionary Consumption		Children aged 2+ years	<p>How often does [child] usually eat confectionary including chocolate, confectionary bars and lollies?</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>
NUT19a (NUT19aa)) (NUT19ba))	Eating at table with family		Children aged 2+ years	<p>How often does your family eat together at the table?</p> <p>1 Record in times per day 2 Record in times per week 3 None/Never X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
NUT20Ca (NUT20Caa) (NUT20Cba)	Eating dinner in front of tv		Children aged 2+ years	How often does [child] usually have dinner in front of the TV? 1 Record in times per day 2 Record in times per week 3 None/Never X Don't know R Refused
N16	Frequency of eating breakfast		Children aged 2+ years	How often does [child] usually have something to eat for breakfast? 1 Every Day 2 Almost Every Day (5-6 times per week) 3 Less than daily (2-4 times per week) 4 Hardly ever (0-1 times per week) X Don't know R Refused
PFF3	frequency offer water during meals		Children aged 2+ years	How often do you offer [child] water to drink with meals or snacks? [READ OUT] 1 Usually 2 Sometimes 3 Never / Rarely X Don't know R Refused
PFF4	Frequency of confectionery as reward.		Children aged 2+ years	How often do you offer sweets such as lollies, ice cream, cake or biscuits to [child] as a reward for good behaviour? [READ OUT] 1 Usually 2 Sometimes 3 Never / Rarely X Don't know R Refused
CNFX	End of Nutrition 2 (Child Dietary Guidelines) (skip only)			
FSCZ	Start of Food Security (skip only) [CHILD]			Food Security

Question Code	Question Name	2012 Notes	Age Groups	Question
FSC1	Food insecurity in the last 12 months		All	<p>In the last twelve months, were there any times that you ran out of food and couldn't afford to buy more?</p> <p>1 Yes 2 No X Don't know R Refused</p>
FSC2	Coping methods for feeding children when lack of food security in the last 12 months		0-15 years	<p>How do you cope with feeding [child] when this happens?</p> <p>[MULTIPLE RESPONSE]</p> <p>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</p>
FSC3	Request help to ensure family has food security		0-15 years	<p>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?</p> <p>1 Yes [Refer to list] 2 No X Don't know R Refused</p>
FSCX	End of Food Security (skip only)			
SEXZ	(skip only)			Sexual Health Risk Behaviours
SEXINTR O	(skip only)		Adults 16-69 years	<p>The next questions are about your sexual health.</p> <p>[KEY "N" TO CONTINUE]</p>
SEX1	Sexual intercourse in last 12 months		Adults 16-69 years	<p>Have you had sexual intercourse in the last 12 months?</p> <p>1 Yes 2 No X Don't know R Refused</p>
SEX2	Sexual intercourse with more than one person in the last 12 months		Adults 16-69 years	<p>Have you had sexual intercourse with more than one person in the last 12 months?</p> <p>1 Yes 2 No X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
SEX3	Use condoms every time during sexual intercourse		Adults 16-69 years	Do you use condoms every time you have sexual intercourse? 1 Yes 2 No X Don't know R Refused
SEXX				
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+	Were you vaccinated or immunised against flu in the past 12 months? [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] 1 Yes 2 No X Don't Know R Refused
IMM4a	When last pneumococcal vaccination		6 months+	When were you last vaccinated or immunised against pneumonia? [IF ASKED: Vaccinations are recommended every 5 years.] 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

Question Code	Question Name	2012 Notes	Age Groups	Question
IMMX	End of Immunisation 1 (Influenza and Pneumococcal)			
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>

Question Code	Question Name	2012 Notes	Age Groups	Question
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>
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

Question Code	Question Name	2012 Notes	Age Groups	Question
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				
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	<p>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?</p> <p>[IF ASKED INCLUDE ANY WALKING FOR SELF-TRANSPORT]</p> <p>Number of times _____ If =0 → PAC3 88888 Don't Know → PAC3 99999 Refused → PAC3</p>
PAC2 (WA3) (PAC2b)	Minutes spent walking in last week		Adults 16+ years	<p>What do you estimate was the total time you spent walking in this way in the last week? (In hours and minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>
PAC7	Number of times exercised vigorously in last week		Adults 16+ years	<p>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)</p> <p>Number of times _____ If=0 → PAC9 88888 Don't know → PAC9 99999 Refused → PAC9</p>
PAC8a (PAC8b)	Minutes spent exercising vigorously in last week		Adults 16+ years	<p>What do you estimate was the total time you spent doing this vigorous physical activity in the last week? (In hours and minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>

Question Code	Question Name	2012 Notes	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 <input checked="" type="checkbox"/> 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>

Question Code	Question Name	2012 Notes	Age Groups	Question
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</p> <p>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>
CPHY5 CPHY5A	Number of days during week usually does physical activity at school		5-15 years	<p>On about how many days during the school week does [child] usually do physical activity during school hours?</p> <p>1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3</p>
CPHY6 CPHY6A CPHY6B	On those days, about how many hours does usually do physical activity at school?		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>
CPHY3 CPHY3A	Number of days on weekend usually does physical activity		5-15 years	<p>On about how many weekend days does [child] usually do physical activity?</p> <p>1. Record days 2. None → CPIA9 X Don't know → CPIA9 R Refused → CPIA9</p>
CPHY4 CPHY4A CPHY4B	Hours/day on weekend usually does physical activity		5-15 years	<p>On a typical weekend day, about how many hours does [child] usually do physical activity?</p> <p>1. Record hours and minutes 2. Does not do exercise on weekend X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CPIA9	Recommended physical activity		5-15 years	<p>How many minutes of physical activity is it recommended that children do each day?</p> <p>_____ minutes</p> <p>88888 Don't know 99999 Refused</p>
CPIA1 (CPIA1A)	No. Days During Week Usually Watch TV/Videos		5-15 years	<p>On about how many days during the school week, does [child] usually watch TV, videos or DVDs at home?</p> <p>1 Record days 2 None → CPIA3 3 No TV/video in home → CPIA3 X Don't know → CPIA3 R Refused → CPIA3</p>
CPIA2 (CPIA2A) CPIA2B	Hours/day during week usually watch TV/videos		5-15 years	<p>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?</p> <p>1 Record Hours AND minutes X Don't know R Refused</p>
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos		5-15 years	<p>On about how many weekend days does [child] usually watch TV, videos or DVDs at home?</p> <p>1 Record Days 2 None → CPIA5 X Don't know → CPIA5 R Refusal → CPIA5</p>
CPIA4 (CPIA4A) CPIA4B	Hours/day on weekend usually watch TV/videos		5-15 years	<p>On a typical weekend day, about how many hours does [child] spend watching TV, videos or DVDs?</p> <p>1 Record Hours AND minutes X Don't know R Refused</p>
CPIA5 (CPIA5A)	No. days during week play video or computer games		5-15 years	<p>On about how many days during the school week does usually play video or computer games?</p> <p>1 Record Days 2 None → CPIA7 3 No video/computer games → CPIA7 X Don't know → CPIA7 R Refused → CPIA7</p>
CPIA6 (CPIA6A) CPIA6B	Hours/day during week play video or computer games		5-15 years	<p>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?</p> <p>1 _____ Record Hours AND minutes X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
CPIA7 (CPIA7A)	No. days on weekend play video or computer games		5-15 years	<p>On about how many weekend days does [child] usually play video or computer games?</p> <p>1 Record Days 2 None → CPIA10 3 No video/computer games → CPIA10 X Don't know → CPIA10 R Refusal → CPIA10</p>
CPIA8 (CPIA8A) CPIA8B	Hours/Day on weekend play video or computer games		5-15 years	<p>On a typical weekend day, about how many hours does [child] usually spend playing or computer games?</p> <p>1 Record Hours AND minutes X Don't know R Refused</p>
CPIA10	Recommended television watching		5-15 years	<p>Up to how many hours of television, video, DVD or computer games is it recommended that children watch each day?</p> <p>_____hours 88888 Don't know 99999 Refused</p>
PPF5	Limits on TV or Electronic Games		5-15 years	<p>How often do you set limits on the amount of time [CHILD] watches television or plays electronic games?</p> <p>[READ OUT]</p> <p>1 Usually 2 Sometimes 3 Never X Don't know R Refused</p>
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.

Question Code	Question Name	2012 Notes	Age Groups	Question
SMK1	Personal smoking status		Adults 16+ years	<p>Which of the following best describes your smoking status?</p> <p>[READ OUT]</p> <p>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</p>
SMK3	Intention to quit smoking		Adults 16+ years	<p>Which of the following best describes how you feel about your smoking?</p> <p>[READ OUT]</p> <p>1 I am not planning on quitting within the next six months 2 I am planning on quitting within the next six months... 3 I am planning on quitting within the next month 4 I have not smoked in the past 24 hours but was smoking six months ago 5 I have not been smoking in the past six months X Don't know R Refused</p>
SMKSW	Doctor discussing quitting smoking [ADULT]		Adults 16+ years	<p>The last time you went to your GP, did the doctor discuss your smoking and advise you to quit smoking?</p> <p>1 Yes 2 No X Don't know R Refused</p>
SMKX	End of Smoking 1 (Prevalence) (skip only)			
SMKEZ	Start of Environmental Tobacco Smoke (skip only)			Environmental Tobacco Smoking
SMK2	Home smoking status		All	<p>Which of the following best describes your home situation?</p> <p>[READ OUT]</p> <p>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</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
SMK16	Car smoking status		All	<p>Are people allowed to smoke in your car?</p> <p>1 Yes 2 No 3 Don't have a car X Don't know R Refused</p>
SMKEX	End of Environmental Tobacco Smoke (skip only)			
CANZ	Start of cannabis (Skip Only) [ADULT]			Cannabis
CANIN	Marijuana introduction		Adults 16+ years	The following questions are about marijuana or hashish.
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>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 smoked marijuana→SMKSW X Don't know →SMKSW R Refused →SMKSW</p>
CANX	End of cannabis (skip only)			
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

Question Code	Question Name	2012 Notes	Age Groups	Question
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>Yes 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>Yes 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>[NOT PRESCHOOL]</p> <p>Yes 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>Yes No → SC1 X Don't know → SC1 R Refused → SC1</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
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.
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>Yes No → BOOX X Don't know → BOOX R Refused → BOOX</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
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>1 Less than 6 months 2 6 months-1 year 3 1-2 years 4 2-3 years 5 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. [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	2012 Notes	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]</p> <p>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> <p>_____</p>
MSTP	Formal marital status		All	<p>What is your formal current marital status? Are you...</p> <p>[READ OUT]</p> <p>1 Married [THIS REFERS TO REGISTERED MARRIAGES] 2 Widowed 3 Separated but not divorced 4 Divorced 5 Never married X Don’t know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
BPLP	Country of birth		All	<p>In which country were you/was [child] born?</p> <p>Australia → BPMP) Other _____COUNTRY →LANPa X Don't know → LANPa R Refused → LANPa)</p>
BPMP	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?</p> <p>Australia Other _____COUNTRY X Don't know R Refused</p>
BPFP	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?</p> <p>Australia Other _____COUNTRY X Don't know R Refused</p>
LANPa	Speak a language other than English at home		All	<p>Do you usually speak a language other than English at home?</p> <p>Yes No → INGP X Don't know → INGP R Refused → INGP</p>
LANPa1	Language spoken at home		All	<p>What language do you usually speak at home?</p> <p>Language [SPECIFY]_____</p> <p>X Don't know R Refused</p>
INGP	Aboriginal or Torres Strait origin		All ages	<p>Are you /is [child] of Aboriginal or Torres Strait Islander origin?</p> <p>1 Aboriginal but not Torres Strait Islander>INGP1 2 Torres Strait Islander but not Aboriginal origin>INGP1 3 Aboriginal and Torres Strait Islander origin>INGP1 4 Not Aboriginal or Torres Strait Islander origin>INGP1 X Don't Know>INGP1 R Refused>QALLP</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
INGP1	Other people in household of Aboriginal or Torres Striat Islander origin		All	<p>Apart from [child] are/yourself are/Are there any other people in your household of Aboriginal or Torres Strait Islander origin?</p> <p>1 Yes 2 No <input checked="" type="checkbox"/> 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> <p>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 <input checked="" type="checkbox"/> 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> <p>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 <input checked="" type="checkbox"/> Don't Know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
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> <p>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]_____</p> <p>6 Completed Primary School 7 Completed years 7-9 X Don’t Know R Refused</p>
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</p> <p>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? _____No. of hours</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
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?</p> <p>[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>
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>

Question Code	Question Name	2012 Notes	Age Groups	Question
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>Yes 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>Yes No X Don't know R Refused</p>

Question Code	Question Name	2012 Notes	Age Groups	Question
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>2 Less than \$20,000 3 \$20,000-\$40,000 4 \$40,000-\$60,000 5 \$60,000-\$80,000 6 More than \$80,000</p> <p>X Don't know R Refused</p>
DEM18	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>

Question Code	Question Name	2012 Notes	Age Groups	Question
DEM20a	Number of mobile phone numbers personally have		All	<p>How many mobile phone numbers do you personally have? Do not include business mobile phone numbers.</p> <p>Mobile Phone Numbers 88888 Don't know 99999 Refused</p>
			All	<p>The information will be used to help improve health services in your local area and across the state. Thanks once again. Goodbye</p>