

# Population Health Survey 2008 Questionnaire

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Question Code	Question Name		Age Groups	Question
				<b>Introduction</b>
LOTE	Survey conducted in LOTE		All	[RECORD LANGUAGE SURVEY CONDUCTED IN]  1 English 2 Arabic 3 Chinese 4 Greek 5 Italian 6 Vietnamese
DEMZ				<b>Demographics 1 (Age and Sex)</b>
DEM 2 DEM2b (months) DEM2e (weeks) DEM2c (years)	Age in years		All	<b>Could you please tell me how old you are/[child] is today?</b>  [NOTE: IF RESPONDENT DOES NOT GIVE AGE SURVEY WILL TERMINATE!]  <b>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.</b>  1 Age in Months (0-23 months only) 2 Age in years X Don't know → Thank and Goodbye R Refused → Thank and Goodbye
DEM2d	Child proxy respondent's age		Children 0-15 years	<b>Could you please tell me how old you are today?</b>  <b>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.</b>  Age in years 88888 Don't know (skp TGB) 99999 Refused (skp TGB)
DEM3	Sex		All	<b>Are you/ is [child] male or female?</b>  1 Male 2 Female
DEM4	Child proxy's sex		Children 0-15 years	RECORD PROXY RESPONDENTS SEX  [IF UNSURE ASK: <b>Are you male or female?</b> ]  1 Male 2 Female
CDM6	Proxy respondent's relationship to child		Children 0-15 years	<b>What is your relationship to [child]?</b> <b>IF FEMALE: For example are you [child]'s mother, stepmother or other relation?</b> <b>IF MALE: For example are you [child]'s father, stepfather or other relation?</b>  1 Mother 2 Father 3 Stepmother 4 Stepfather 5 Grandmother 6 Grandfather 7 Legal Guardian 8 Other [SPECIFY] _____ X Don't know R Refused

Question Code	Question Name		Age Groups	Question
DEMX	End of Demographics 1 (Age and Sex)			
HSUZ	Start of Health Services Access, Use and Satisfaction			<b>Health Services Access, Use and Satisfaction</b>
HSU			All	<b>The next questions are about your/ [child]'s use of health services.</b>
HSU1a	Health service attended in last 12 months		All	<p><b>In the last 12 months, have you /has [child] attended any of the following services:</b></p> <p>[READ OUT]</p> <p><b>Stayed for at least one night in hospital → HSU2aH</b>  <b>A hospital emergency department (or casualty) for your own /for [child]'s medical care → HSU6ED</b>  <b>An Early Childhood Centre</b>  <b>A Government Run Community Health Centre → HSU6CH</b>  <b>A Government Dental Service or Dental Hospital → HSU6PD</b>  <b>A general practitioner → HSU5GP</b>  <b>Did not attend any services → HSU12a for &lt;5 yrs else HSU14</b>  Don't know → HSU14  Refused → HSU14</p>
HSU2aH	Type of hospital for most recent overnight stay		All	<p><b>Can you tell me if the overnight stay was at a public or private hospital?</b></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 HSU1a= Hospital  <b>Overall, what do you think of the care you /[child] received at the last hospital you attended? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12n  2 <b>Very Good</b> → HSU12n  3 <b>Good</b> → HSU12n  4 <b>Fair</b>  5 <b>Poor</b>  X Don't know → HSU12n  R Refused → HSU12n</p>
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor		All	<p><b>Could you briefly describe why you rated the care you /[child] received as fair/poor?</b></p> <p>[Open-Ended]</p>

Question Code	Question Name		Age Groups	Question
HSU6ED	Rating of care for most recent emergency department visit		All	<p>If HSUS1a= Emergency Department  <b>Overall, what do you think of the care you / [child] received at the emergency department you last attended? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12n  2 <b>Very Good</b> → HSU12n  3 <b>Good</b> → HSU12n  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know → HSU12n  R Refused → HSU12n</p>
HSU7ED	Reason for rating most recent emergency department visit as fair/poor		All	<p><b>Could you briefly describe why you rated the care you/[child] received as fair / poor?</b></p> <p>[Open-Ended]</p>
HSU4	Currently visiting early childhood centre		Children 0-4 years	<p><b>Is [child] seeing a baby health or early childhood health nurse on a regular basis?</b></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><b>Can you tell me the main reason [child] is not seeing a baby health or early childhood health nurse?</b></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> <p>ALL TO HSU6CH</p>
HSU6B	Rating of overall care at early childhood centre		Children 0-4 years	<p>If HSUS1a= Early childhood centre  <b>Overall, what do you think of the care [child] received at the most recent early childhood centre visit? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12n  2 <b>Very Good</b> → HSU12n  3 <b>Good</b> → HSU12n  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know → HSU12n  R Refused → HSU12n</p>

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HSU7B	Reason for rating overall care at early childhood centre as fair/poor		Children 0-4 years	<p><b>Could you briefly describe why you rated the care [child] received as fair / poor?</b></p> <p>[Open-Ended]</p>
HSU6CH	Rating of care for most recent community health centre visit			<p>If HSUS1a= Community health</p> <p><b>Overall, what do you think of the care you / [child] received at the Community health Centre you last attended? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12?  2 <b>Very Good</b> → HSU12?  3 <b>Good</b> → HSU12?  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know → HSU12?  R Refused → HSU12?</p>
HSU7CH	Reason for rating most recent community health centre visit as fair/poor			<p><b>Could you briefly describe why you rated the care you/[child] received as fair / poor?</b></p> <p>[Open-Ended]</p>
HSU6PD	Rating of care for most recent public dental service visit		All	<p>If HSUS1a= Public Dental</p> <p><b>Overall, what do you think of the care you / [child] received at the most recent public dental service visit? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12n  2 <b>Very Good</b> → HSU12n  3 <b>Good</b> → HSU12n  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know HSU12n  R Refused → HSU12n</p>
HSU7PD	Reason for rating most recent public dental service visit as fair/poor		All	<p><b>Could you briefly describe why you rated the care you / [child] received as fair poor?</b></p> <p>[Open-Ended]</p>
HSU5GP	Last see a GP		All	<p>If HSUS1a= General Practitioner</p> <p><b>When did you last see a General Practitioner?</b></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		Age Groups	Question
HSU6GP	Rating of care for most recent General Practitioner visit		All	<p><b>Overall, what do you think of the care you / [child] received at the most recent General Practitioner visit? Was it...?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU12n  2 <b>Very Good</b> → HSU12n  3 <b>Good</b> → HSU12n  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know → HSU12n  R Refused → HSU12n</p>
HSU7GP	Reason for rating most recent General Practitioner visit as fair/poor		All	<p><b>Could you briefly describe why you rated the care you / [child] received as fair/poor?</b></p> <p>Description:_____</p>
HSU12n	Home-visit in last 12 months		0-11 months	<p><b>In the last 12 months, has a child or community nurse visited [child] in your home?</b></p> <p>1 Yes  2 No → HSUX  X Don't Know → HSUX  R Refused → HSU</p>
HSU6C	Rating of overall care from community nurse in last 12 months		0-11 months	<p><b>Overall, what do you think of the care / [child] received from this child and community nurse?</b></p> <p>[READ OUT]</p> <p>1 <b>Excellent</b> → HSU6M  2 <b>Very Good</b> → HSU6M  3 <b>Good</b> → HSU6M  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know → HSU6M  R Refused → HSU6M</p>
HSU7C	Reason for rating overall care by community nurse as fair/poor		0-11 months	<p><b>Could you briefly describe why you rated the care you / [child] received as fair/poor?</b></p> <p>Description:_____</p>
HSU14	Difficulties in getting health care		All	<p><b>Do you have any difficulties getting health care when you need /[child] needs it?</b></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><b>Please describe the difficulties you have.</b></p> <p>[PROBE FULLY]</p> <p>Description:_____ →CHSZ</p>
HSU16	Comments on health services in local area		All	<p><b>Do you have any comments on the health services in your local area?</b></p> <p>[PROBE FULLY]</p> <p>Description:_____</p>

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HSUX	End of Health Services Access, Use and Satisfaction			
HSDZ	Start of Self-Rated Health Status and Disability			<b>Self-Rated Health Service and Disability</b>
HSDINT	Intro to Self rated general health		All	<b>Now I am going to read some statements about aspects of your health.</b>
HSD4 (SF89H)	SF8- General health in past 4 weeks		5 + years	<p><b>Overall, how would you rate your [child's] health during the past 4 weeks?</b></p> <p>[READ OUT]</p> <p><b>1 Excellent</b>  <b>2 Very Good</b>  <b>3 Good</b>  <b>4 Fair</b>  <b>5 Poor</b>  <b>6 Very Poor</b>  X Don't Know  R Refused</p>
HSD5	Difficulty doing work/activity		5+ years	<p><b>During the past 4 weeks how much difficulty did [CHILD]/you have doing his/her/your daily work or activities?</b></p> <p>1 No difficulty at all  2 A little bit of difficulty  3 Some difficulty  4 Much difficulty  5 Could not do work/activities  X Don't know  R Refused</p>
HSD6	Bodily Pain		5+ years	<p><b>During the past 4 weeks how much bodily pain have you/has [CHILD] generally had?</b></p> <p>[READ OUT]</p> <p><b>1 No pain</b>  <b>2 Very mild pain</b>  <b>3 Mild pain</b>  <b>4 Moderate pain</b>  <b>5 Severe pain</b>  X Don't know  R Refused</p>
HSDX	End of Self-Rated Health Status and Disability			
CHSZ	Start of Childhood Personal Health Record			<b>Childhood Personal Health Record</b>

Question Code	Question Name		Age Groups	Question
CHS31	Possess Personal Health Record		Children 0-15 years	<b>Do you have a personal health record for [child]?</b> <b>(NOTE: A personal health record is given to all babies. It contains a record of growth, health check-ups and immunisation).</b> 1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS30	Ever used Personal Health Record		Children 0-15 years	<b>Have you ever used, the personal health record for [child]?</b>  1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS32			Children 0-15 years	<b>Do you currently use, the personal health record' for [child]?</b> 1 Yes 2 No → CHSX X Don't know → CHSX R Refused → CHSX
CHS33A	Current uses of Personal Health Record		Children 0-15 years	<b>What do you currently use the Personal Health Record for?</b> [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			
				<b>Breastfeeding</b>
CBFZ	Start of Breastfeeding			<b>The next questions are about breastfeeding.</b>
CBF1	Child Ever Breastfed		Children 0-23 months	<b>Has [child] ever been breastfed?</b> 1 Yes 2 No → CBF14a X Don't know → CBF4 R Refused → CBF4
CBF2	Child Currently Breastfed		Children 0-23 months	<b>Is [child] currently being breastfed?</b> 1 Yes 2 No → CBF13 X Don't know → CBF13 R Refused → CBF13
CBF15	Breast fed since yesterday		Children 0-23 months	<b>Since this time yesterday, has [child] been breastfed? (Breastfed includes giving expressed breast milk).</b> 1 Yes 2 No X Don't know R Refused



Question Code	Question Name		Age Groups	Question
CBF13 (CBF13b CBF13a)	Duration of Breastfeeding		Children 0-23 months	<b>Including times of weaning, what is the total time [child] was breastfed?</b> (ENTER FULL NUMBERS ONLY: IGNORE HALF) 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	<b>IF MOTHER ASK:</b> <b>What were the main reasons you decided not to breastfeed [child]?</b>  [OPEN-ENDED]
CBF4	Child Ever Regularly Given Infant or Toddler Formula		Children 0-23 months	<b>Has [child] ever been given infant or toddler formula regularly? (PROMPT IF NECESSARY: regularly means at least once a day)</b> 1 Yes 2 No → CBF6 X Don't know → CBF6 R Refused → CBF6
CBF5 (CBF5b CBF5b)	Age First Given Infant or Toddler Formula Regularly		Children 0-23 months	<b>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)</b> 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	<b>Has [child] ever been given cow's milk regularly?</b> 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	<b>At what age was [child] first given cow's milk regularly? Answer in months and weeks.</b> (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A –HALF WEEKS) 2 Answer in months and weeks 3 Less than one week X Don't know→CBF8 R Refused→CBF8
CBF8	Child ever given other milk substitutes regularly		Children 0-23 months	<b>Has [child] ever been given any other type of milk substitute on a regular basis? (PROMPT; Apart from breast milk/infant formula/cows milk)</b> 1 Yes 2 No → CBF12 X Don't know → CBF12 R Refused → CBF12
CBF9	Types of other milk substitutes		Children 0-23 months	<b>What type of milk substitutes did [child] have? (MULTIPLE RESPONSE)</b> Soya Bean milk Goat's milk Evaporated milk Other [SPECIFY] _____ Don't know Refused

Question Code	Question Name		Age Groups	Question
CBF10 CBF10b CBF10a)	Age first given other milk substitutes		Children 0-23 months	<b>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)</b> <b>(ENTER FULL NUMBERS ONLY: IGNORE HALF)</b> 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	<b>At what age was [child] first given solid food regularly?</b> <b>(ENTER FULL NUMBERS ONLY: IGNORE HALF)</b> 2 Answer in Months AND Weeks 3 Never given solids/not yet started solids X Don't know→CNF19 R Refused→CNF19
CNF19 (CNF19b CNF19a)	At what age given fruit juice		Children 0-23 months	<b>At what age was [child] first given fruit juice regularly?</b> <b>(ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS)</b> 2 Answer in months AND weeks 3 Less than one week 4 Never given fruit juice/not yet started fruit juice X Don't know→CNF110 R Refused→CNF110
CNF110 (CNF110b CNF110a)	Age given water		Children 0-23 months	<b>At what age was [child] first given water regularly?</b> <b>(ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS)</b> 2 Answer in months AND weeks 3 Less than one week 4 Never given water/not yet started water X Don't know→CNF110 R Refused→CNF110
CBF16	Receive any of the following since yesterday		< 7 months of age	<b>Since this time yesterday, did [child] receive any of the following?</b> <b>[MULTIPLE RESPONSE]</b> 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			<b>Folate and Pregnancy</b>  <b>The next few questions refer to your pregnancy with [child].</b>

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	<p><b>Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant?</b></p> <p>[READ OUT 1-4]</p> <p>1 <b>Yes daily</b>  2 <b>Yes regularly but not daily</b>  3 <b>Yes sometimes</b>  4 <b>No</b>  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><b>Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy?</b></p> <p>[READ OUT 1-4]</p> <p>1 <b>Yes daily</b>  2 <b>Yes regularly but not daily</b>  3 <b>Yes sometimes</b>  4 <b>No</b>  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)			<b>Injury 1 (Childhood Injury and Prevention)</b>
CSD3	Sleeping position from birth		0-11 months	<p><b>What position did you put [child] to sleep in from birth?</b></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				<b>Alcohol Consumption in Pregnancy</b>
ALCP2	Alcohol during pregnancy		0-11 months	<p><b>When you were pregnant with [child], did you ever drink alcohol?</b></p> <p>1 Yes  2 No → ALCPX  X Don't know → ALCPX  R Refused → ALCPX</p>

Question Code	Question Name		Age Groups	Question
ALCP3	Alcohol quitting status during pregnancy		0-11 months	<p><b>When you were pregnant with [child], did you?</b></p> <p><b>(READ OUT OPTIONS 1-3)</b></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			
ULCZ	<b>Leg Ulcer Section Northern Sydney and Central Coast Area Health Service</b>		16+ years  Only in NSCCAHS	The next questions are about leg ulcers.
ULC1	Had leg ulcer in past 12 months		16+ years  Only in NSCCAHS	<p><b>Have you had a leg ulcer in the past 12 months?</b></p> <p>[NOTE: The leg ulcer may have healed during this time]</p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
ULC2	Received treatment for leg ulcer in past 12 months		16+ years  Only in NSCCAHS	<p><b>Have you received treatment for leg ulcer in the past 12 months?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
ULC3	Where leg ulcer treated		16+ years  Only in NSCCAHS	<p><b>Where did the health professionals see you?</b></p> <p>1 GP rooms  2 Emergency Department  3 Home visit  4 Wound care clinic  5 Other [SPECIFY]  6 Don't know  7 Refused</p>
ULC4	Test for leg ulcer		16+ years  Only in NSCCAHS	<p><b>After being seen by the health professionals did they send you for tests?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
ULC5	Treatment plan for leg ulcer		16+ years  Only in NSCCAHS	<p><b>Did any of your health professionals give you a management plan for your leg ulcer?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>

Question Code	Question Name		Age Groups	Question
ULC6	Actions to manage leg ulcer		16+ years  Only in NSCCAHS	<b>What did you do to manage your leg ulcer pain or infection?</b>  Dressings Compression stockings/bandages Pain medication Oral antibiotics Referral to vascular surgeon Maintained a follow-up with health professional Other [SPECIFY] Don't know Refused
ULCX	Finish of Leg Ulcer Sections		16+ years  Only in NSCCAHS	
ENRZ	Start of Environmental Risks (Water Usage)		2+ years	<b>Environmental Issues</b>
ENR0	Intro to environmental issues		2+ years	<b>I would now like to ask you some questions on aspects of your home environment.</b>  KEY "N" TO CONTINUE
ENR1	Usual source of drinking water		2+ years	<b>What is your normal source of drinking water?</b> INTERVIEWERS: IF RESPONSE IS TAP WATER PROMPT FOR PUBLIC OR PRIVATE SOURCE 1 Public water supply 2 Bottled water → ENRX 3 Rainwater 4 Private bore, spring or well 5 Other private supply (eg creek or farm dam) 6 Combination of different water sources 7 Other [SPECIFY] _____ X Don't Know R Refused
ENR2	Water treatment before drinking		2+ years	<b>Do you treat your water before drinking?</b> [IF YES, HOW?] 1 No 2 Sometimes 3 Yes – Boiling 4 Yes – Filtering 5 Boil and filter 6 Yes – Other [SPECIFY] _____ X Don't Know R Refused
ENRX	End of Environmental Risks (Water Usage)			
ENRPZ	Start of Environmental Risks (Air Pollution)			<b>Environmental Risks (Air Pollution)</b>

Question Code	Question Name		Age Groups	Question
ENR24		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years Sydney/Hunter and Illawarra	<p><b>Now some questions about air quality</b></p> <p><b>The Department of Environment issues reports every day about air pollution levels in your area..</b></p> <p><b>In the last month, do you recall hearing or reading any of these reports about air pollution levels?</b></p> <p>1 Yes 2 No →ENRX X Don't Know → ENRX R Refused → ENRX</p>
ENR25		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years Sydney/Hunter and Illawarra	<p><b>Where did you hear or see these reports?</b></p> <p>[MULTIPLE RESPONSE - INDICATE ALL APPLICABLE]</p> <p>TV Radio Newspaper Internet Telephone message Other - [specify] Don't know Refused</p>
ENR26		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years Sydney/Hunter and Illawarra	<p><b>Thinking about the last report that you heard, can you recall any of the information in the report?</b></p> <p>1 Yes 2 No →ENR30 3 Not sure →ENR30 X Don't know →ENR30 R Refused →ENR30</p>
ENR27		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years	<p><b>What information do you remember?</b></p> <p>[PROBE EXTENSIVELY FOR SPECIFIC DETAIL OF MESSAGE]</p> <p>_____</p>
ENR28		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years Sydney/Hunter and Illawarra	<p><b>Did the report mention health at all?</b></p> <p>1 Yes 2 No X Don't Know R Refused</p>
ENR29		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years Sydney/Hunter and Illawarra	<p><b>Still thinking about the last report that you heard, what changes did you make to your usual behaviour to try to avoid the effects of air pollution?</b></p> <p>[MULTIPLE RESPONSE - INDICATE ALL APPLICABLE]</p> <p>I made no changes to my regular habits I stayed inside as much as possible I stayed in air-conditioned buildings as much as possible I reduced my activity level I increased my regular medication I commenced taking medication Other [specify] Don't know Refused</p>

Question Code	Question Name		Age Groups	Question
ENR30		Sydney metropolitan, Illawarra and Hunter regions	Adults 16+ years  Sydney/Hunter and Illawarra	<p><b>Do you have any of the following long term health conditions?</b></p> <p>[READ OUT]</p> <p>[IF ASKED: <b>Long-term condition diagnosed by a doctor or at a hospital]</b></p> <p><b>Chronic obstructive pulmonary/airways disease (COPD) or (COAD)</b>  <b>Chronic Bronchitis</b>  <b>Emphysema</b>  <b>Asbestosis</b>  <b>High blood pressure/hypertension.</b>  <b>Heart disease</b>  Don't know  Refused  None of these</p>
ENRPX	End of Environmental Risks (Air Pollution)			
ASTZ	Start of Asthma (Prevalence and Service Use)			<b>Asthma (Prevalence and Service Use)</b>
AST			2+ years	<b>The next few questions are about asthma.</b>
AST1	Ever told by doctor have asthma		2+ years	<p><b>Have you ever been told by a doctor or at a hospital that you have / [child] has asthma?</b></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><b>Have you /has [child] had symptoms of asthma or taken treatment for asthma in the last 12 months?</b></p> <p>1 Yes – symptoms  2 Yes – treatment  3 Yes - both  4 No → ASTX  X Don't Know → ASTX  R Refused → ASTX</p>
CA8	Written asthma management plan		2+ years	<p><b>Do you have a written asthma management plan from your doctor on how to treat your [child's] asthma?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
A3	Asthma interfere with daily life		2+ years	<p><b>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</b></p> <p>1 Yes  2 No→ ASTX  X Don't know→ ASTX  R Refused→ ASTX</p>

Question Code	Question Name		Age Groups	Question
A4	Severity of asthma interference		2+ years	<p><b>Did it interfere with these activities?</b></p> <p>[READ OUT]</p> <p><b>1 A little bit</b>  <b>2 Moderately</b>  <b>3 Quite a lot</b>  <b>4 Extremely</b>  X Don't know  R Refused</p>
ASTX	End of Asthma (Prevalence and Service)			
				<b>Cardiovascular Disease (Blood Pressure and Cholesterol)</b>
CVDZ	Cardiovascular Disease (Blood Pressure and Cholesterol)		Adults 16+ years	<p><b>Now I would like to ask you about blood pressure and cholesterol.</b></p> <p>[KEY 'N' TO CONTINUE]</p>
CVD1	When blood pressure last measured		Adults 16+ years	<p><b>When did you last have your blood pressure measured?</b></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><b>Have you ever been told by a doctor or at a hospital that you have high blood pressure sometimes called hypertension?</b></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>
CVD3	Actions to manage high blood pressure		Adults 16+ years	<p><b>What are you doing now to manage your high blood pressure/hypertension?</b></p> <p>Following a diet (inc. reducing salty food, weight reduction diet)  Trying to lose weight  Exercising most days  Taking medication to help lower your blood pressure  Doing anything else to manage your blood pressure  [SPECIFY]  Not applicable as no longer have high blood pressure  Not doing anything to manage my high blood pressure  Don't Know  Refused</p>



Question Code	Question Name		Age Groups	Question
CVD7	Ever been on high blood pressure medication		Adults 16+ years	<p><b>Have you ever taken medication for high blood pressure on a regular basis?</b></p> <p>1 Yes 2 No X Don't know R Refused</p>
CVD4	When cholesterol last measured		Adults 16+ years	<p><b>When did you last have your cholesterol measured?</b></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><b>Have you ever been told by a doctor or at a hospital that you have high cholesterol?</b></p> <p>1 Yes 2 No → CVDX 3 Borderline X Don't know → CVDX R Refused</p>
CVD6	Actions to manage high blood cholesterol		Adults 16+ years	<p><b>What are you doing now to manage your high cholesterol?</b></p> <p>Following a diet (inc. reducing salty food, weight reduction diet) Trying to lose weight Exercising most days Taking medication to help lower your cholesterol Doing anything else to manage your high cholesterol [SPECIFY] Not applicable as no longer have high cholesterol Not doing anything to manage my high cholesterol Don't Know Refused</p>
CVDX			Adults 16+ years	<p><b>Cancer Screening 1 (Breast and Cervical)</b></p>
CASZ	<b>Start of Cancer Screening 1 (Breast and Cervical)</b>		Women aged 20-79 years	<p>I would now like to ask you some questions about women's health matters.</p>
CAS1	Ever had mammogram		Women aged 40-79 years	<p><b>A mammogram is an X-ray taken of the breasts by a machine that presses against the breast while the picture is taken. It is a means of detecting breast cancer in the early stages.</b></p> <p><b>Have you ever had a mammogram?</b></p> <p>1 Yes 2 No → CAS15 X Don't know → CAS15 R Refused → CAS15</p>

Question Code	Question Name		Age Groups	Question
CAS2	When was last mammogram		Women aged 40-79 years	<p><b>When did you last have a mammogram?</b> [PROMPT IF NECESSARY]</p> <p>1 Less than 1 year ago 2 1 year to less than 2 years ago 3 2 years to less than 3 years ago 4 3 years to less than 4 years ago 5 4 years to less than 5 years ago 6 5 or more years ago X Don't Know R Refused</p>
CAS3	Reason for last mammogram		Women aged 40-79 years	<p><b>Can you tell me all the reasons why you had your last mammogram?</b></p> <p>Breast problem (lump, discharge, pain) Family history Had breast cancer in the past Regular check up Due for screening mammogram Doctor recommended it An invite from the Breast Screen/Breast Screening &amp; Assessment Unit Publicity about breast cancer and screening Urged by a friend/relative to go Other [SPECIFY] Don't Know Refused</p>
CAS15	Ever had Pap test		Women aged 20-69 years	<p><b>A Pap test, is a routine test carried out by a doctor. It is recommended for all women for early detection of cancer of the cervix.</b></p> <p>1 Have you ever had a Pap test? 2 Yes 3 No →HRA1 X Don't know →HRA1 R Refused →HRA1</p>
CAS11	When had last Pap test		Women aged 20-69 years	<p><b>When did you last have a Pap test?</b> [PROMPT IF NECESSARY]</p> <p>1 Less than 1 year ago 2 1 year to less than 2 years ago 3 2 years to less than 3 years ago 4 3 years to less than 4 years ago 5 4 years to less than 5 years ago 6 5 or more years ago X Don't know R Refused</p>
CASX	End of Cancer Screening 1 (Breast and Cervical)			
HRAZ	Start of Hysterectomy Rate			<b>Hysterectomy Rate</b>
HRA1	Ever had a hysterectomy		Women aged 20-69 years	<p><b>A hysterectomy is an operation in which a woman's uterus (or womb) is removed.</b></p> <p><b>Have you ever had a hysterectomy?</b></p> <p>1 Yes 2 No →HRAX X Don't Know →HRAX R Refused →HRAX</p>

Question Code	Question Name		Age Groups	Question
HRA2	Age at hysterectomy		Women aged 20-69 years	<b>How old were you when you had a hysterectomy?</b> _____Age in years 88888 Don't Know 99999 Refused
HRAX	End of Hysterectomy Rate			
DBTZ	Start of Diabetes 1 (Prevalence and Management)			<b>Diabetes 1 (Prevalence and Management)</b>
DBT			9+ years	<b>The next few questions are about diabetes and high blood glucose. Diabetes is a disease where there is too much glucose in the blood.</b>
DBT1	Ever told by doctor had diabetes		9+ years	<b>Have you ever been told by a doctor or at a hospital that you have/[child] has diabetes?</b> 1 Yes - if female adult → DBT3 if male → DBT19 2 No 3 Only during pregnancy → DBT20 X Don't know R Refused
DBT2	Ever told by doctor have high blood glucose		9+ years	<b>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?</b> 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
DBT3	Pregnant when first had diabetes / high blood glucose		Females 16+ years	<b>If adult female then ask: Were you pregnant when you were first told you had diabetes/high blood glucose?</b> 1 Yes 2 No → DBT19 X Don't know → DBT19 R Refused → DBT19
DBT4	Apart from pregnancy, had diabetes/high blood glucose		Females 16+ years	<b>Have you ever had diabetes/high blood glucose apart from when you were pregnant?</b> 1 Yes 2 No → DBT20 X Don't know R Refused
DBT19	Type of diabetes		9+ years	<b>What type of diabetes were you told you/[child] had?</b> 1. 1 Type 1 2. 2 Type 2 3. 3 Gestational 4. Other [SPECIFY] _____ X Don't know R Refused
DBT20	Immediate family or relatives with diabetes		9+ years	<b>Have any (other) of the members of your immediate family or other relatives been diagnosed with diabetes (type 1 or type 2)?</b>  None Grandparent, aunt, uncle or first cousin Parent, brother sister or own child Other [SPECIFY] Don't Know Refused

Question Code	Question Name		Age Groups	Question
DBTX	End of Diabetes 1 (Prevalence and Management)			
ALCZ	Start of Alcohol (Frequency and Consumption)			<b>Alcohol (Frequency and Consumption)</b>
ALC			Adults 16+ years	<b>Now I would like to ask you some questions about alcohol.</b>
ALC1 (ALC1a)	How often do you have an alcoholic drink		Adults 16+ years	<b>How often do you usually drink alcohol?</b> [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
ALC2 (ALC2a)	Usual number of standard drinks per day		Adults 16+ years	<b>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.</b>  <b>On a day when you drink alcohol, how many standard drinks do you usually have?</b> [PROMPT IF NECESSARY]  1 Record number of drinks X Don't Know → ALC3 R Refused → ALC3
ALC3	More than 4 male/2 female drinks in a day in past 4 weeks		Adults 16+ years	<b>In the past four weeks have you had more than [2 If female/ 4 if male] drinks in a day?</b>  1 Yes 2 No → ALCX X Don't know → ALCX R Refused → ALCX
ALC4 (ALC4a)	More than 11 male/7 female drinks in a day in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks how often have you had [11 or more if male] [7 or more if female] drinks in a day?</b>  1 _____ Days per week 2 Not at all X Don't Know R Refused
ALC5 (ALC5a)	More than 7-10 male/5-6 female drinks in a day in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks how often have you had [7-10 if male] [5-6 if female] drinks in a day?</b>  1 _____ Days per week 2 Not at all X Don't Know R Refused

Question Code	Question Name		Age Groups	Question
ALCX	End of Alcohol (Frequency and Consumption)			
HUNZ	Start of Hunter intoxication on licensed premises			<b>Hunter - Intoxication</b>
HUN11	Hunter Area Health Service - Consumed alcohol in licensed premises		Adults 16+ years Hunter New England	<b>In the last 12 months have you ever consumed alcohol in a licensed premises (eg hotel, club, pub, restaurant)?</b>  1 Yes 2 No → HUNX X Don't Know → HUNX R Refused → HUNX
HUN12	Hunter Area Health Service – Intoxicated in licensed premises in last 12 months		Adults 16+ years Hunter New England AHS	<b>In the last 12 months have you ever been intoxicated in a licensed premises?</b>  1 Yes 2 No → HUNX X Don't Know → HUNX R Refused → HUNX
HUN13	Hunter Area Health Service - Refused services because intoxicated in licensed premises in last 12 months		Adults 16+ years Hunter New England AHS	<b>In the last 12 months have you ever been refused service because you were intoxicated in a licensed premises?</b>  1 Yes 2 No X Don't Know R Refused
HUNX	End of Hunter intoxication on licensed premises			
HWTZ	Start of Height and Weight (BMI)		2+ years	<b>Height and Weight (BMI)</b>
HWT1 (H3) (HWT1a HWT1b, HWT1c)	Height in centimetres		2+ years	<b>Now a few questions about your [child's] height and weight.</b>  <b>How tall are you/[is child] without shoes?</b> _____ Centimetres (minimum 90cm maximum 300cm) OR _____ Feet _____ inches (minimum 3 feet maximum 9 feet)  X Don't Know (Probe before accepting) R Refused

Question Code	Question Name		Age Groups	Question
HWT2 (W3) (HWT2a, HWT2b, HWT2bb)	Weight in kilograms		2+ years	<p><b>How much do you /[does child] weigh without clothes or shoes?</b></p> <p>Kilograms _____ (minimum 20 kg, Clarify if &gt;190 kg)</p> <p>OR</p> <p>_____ stones _____ lbs (minimum 3 stone or 42 lbs, Clarify if &gt;30 stone or 420 lbs)</p> <p>X Don't Know (Probe before accepting) R Refused</p>
HWT9	Agree to measure child		2 to 15 years	<p><b>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.</b></p> <p>1 Yes 2 No X Don't Know R Refused</p>
HWT10	Waist Measurement			<p><b>What is your waist measurement?</b></p> <p>1 Record in centimetres OR 2 Record in inches X Don't know (probe for best estimate before accepting) R Refused</p>
HWTX	End of Height and Weight (BMI)			
				<b>Nutrition 1 (Adult Dietary Guidelines)</b>
NUTZ	Start of Nutrition 1 (Adult Dietary Guidelines)		2+ years	<b>The next few questions are about food.</b>
NUT1 (V1) (NUT1a, NUT1b)	Serves of vegetables usually eaten per day		2+ years	<p><b>How many serves of vegetables do you [does child] usually eat each day?</b></p> <p><b>One serve is ½ cup cooked or 1 cup of salad vegetables.</b></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		Adults 16 years and over	<p><b>How many serves of vegetables do you think you should eat each day to be healthy?</b></p> <p>[WHOLE NUMBERS ONLY]</p> <p>_____Record Serves of Vegetables 88888 Don't know 99999 Refused</p>

Question Code	Question Name		Age Groups	Question
NUT2 (F1) (NUT1a, NUT1b)	Serves of fruit usually eaten per day		2+ years	<p><b>How many serves of fruit do you [does child] usually eat each day?</b>  <b>A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.</b>            1 Answer in serves per day            2 Answer in serves per week            3 Don't eat fruit            X Don't Know            R Refused</p>
NUT17	Knowledge of recommended fruit serves.		Adults 16 years and over	<p><b>How many serves of fruit do you think you should eat each day to be healthy?</b></p> <p>[WHOLE NUMBERS ONLY]</p> <p>_____ Record Serves of Fruit            88888 Don't know            99999 Refused</p>
NUT3b (B2) (NUT3ba, NUT3bb, NUT3bc)	Times bread usually eat per day		Adults 16+ years	<p><b>How often do you usually eat bread? (Include bread rolls, flat breads, crumpets, bagels, English or bread type muffins).</b>            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>
NUT4ba (BC2) (NUT4bb, NUT4bc, NUT4bd)	Times breakfast cereal usually eaten per day		Adults 16+ years	<p><b>How often do you eat breakfast cereal? (ready-made, home made or cooked).</b>            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>
NUT5ba (P2) (NUT5bb, NUT5bc, NUT5bd)	Times cooked pasta usually eaten per day		Adults 16+ years	<p><b>How often do you eat pasta, rice, noodles or other cooked cereals? (not including cooked breakfast cereals).</b>            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>
NUT7 (M2) (NUT7a, NUT7b, NUT7c)	Times meat products usually eaten per week		2+ years	<p><b>How often do you/does [child] eat processed meat products such as sausages, frankfurts, devon, salami, hamburgers, chicken nuggets, meat pies, bacon or ham?</b></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 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>

Question Code	Question Name		Age Groups	Question
NUT15 (FF1) (NUT15a, NUT15b, NUT15c)	Times chips etc usually eaten per week		2+ years	<b>How often do you/does [child] eat hot chips, French fries, wedges or fried potatoes?</b> 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
NUT16 (NUT16a, NUT16b, NUT16c)	Times fried and salty snack products usually eaten per week		2+ years	<b>How often do you /does [child] eat potato crisps or other salty snacks such as Twisties or corn chips?</b> 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
NUT6	Type of milk usually have		2+ years	<b>What type of milk do you/does [child] usually have?</b> 1 Regular milk (whole or full cream/dairy/soy/goat) 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
CNF115 (CNF115a , CNF115b)	Cups of cordial/soft drink per day		2+ years	<b>How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you/does [child] usually drink in a day?</b> <b>(1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups).</b> 1 Cups per day 2 Cups per week 3 Doesn't drink soft drink X Don't know R Refused
NUT13 (NUT13a, NUT13b, NUT13c)	Fast food consumption		2+ years	<b>How often do you/does [child] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonald's, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?</b> 1 Times per week 2 Times per month 3 Rarely/Never X Don't know R Refused
CNF16 (CNF16a, CNF16b)	Cups of fruit juice		2+ years	<b>How many cups of fruit juice do you/does [child] usually drink in a day? (1 cup=250ml, a household tea cup or large popper)</b> 1 Cups per day 2 Cups per week 3 Doesn't drink juice X Don't know R Refused
CNF114 (CNF114a , CNF114b)	Cups of water drunk per day		2+ years	<b>How many cups of water do you/does [child] usually drink in a day?</b> <b>(1 cup=250ml or a household tea cup.</b> 1 average bottle of water = 1.5 cups) 1 Number of cups per day 2 Number of cups per week 3 Doesn't drink water X Don't know R Refused



Question Code	Question Name		Age Groups	Question
NUT12 (NUT12a, NUT12b, NUT12c)	Red meat consumption		2+ years	<b>How often do you/does [CHILD] eat red meat such as beef, lamb, liver and kidney but not pork or ham?</b> 1 Times per day 2 Times per week 3 Times per month 4 Rarely/never X Don't know/can't say R Refused
NUTX	End of Nutrition 1 (Adult Dietary Guidelines)			
CNFZ	Start of Nutrition 2 (Child Dietary Guidelines)			<b>Nutrition 2 (Child Dietary Guidelines)</b>
CNF15 (CNF15a, CNF15b)	Cups of Milk Drunk Each day		Children 2 –15 years	<b>How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup)</b> <b>[PROMP; Milk means cow's milk]</b> [IF CHILD DRINKS OTHER MILK SUCH AS SOYMILK USE RESPONSE OPTION 3) 1 Cups per day 2 Cups per week 3 Drinks other milk such as soy milk (Specify) 4 Doesn't drink cow's milk or other milk X Don't know R Refused
CNF111 (CNF111a, CNF111b)	Serves of yoghurt eaten daily		Children 2 –15 years	<b>How many serves of yoghurt does [child] usually have in a day?</b> <b>1 serve is 200gms yoghurt</b> 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
CNF112 (CNF112a, CNF112b)	Serves of custard eaten daily		Children 2 –15 years	<b>How many serves of custard does [child] usually have in a day?</b> 1 serve is 250 mls custard 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
CNF113 (CNF113a, CNF113b)	Serves of cheese eaten daily		Children 2 –15 years	<b>How many serves of cheese does [child] usually have in a day?</b> <b>1 serve is 40g cheese,</b> 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
N8	Biscuit, cake, doughnut, muesli bar consumption			<b>How often does [CHILD] usually eat sweet and savoury biscuits, cakes, donuts, or muesli bars?</b>  1 Answer in serves per day 2 Answer in serves per week 3 Rarely or never X Don't know R Refused

Question Code	Question Name		Age Groups	Question
CNFI16 (CNFI16a , CNFI16b, CNFI16c)	Confectionary Consumption		Children 2-15 years	<b>How often does [child] usually eat confectionary? including chocolate, confectionary bars and lollies.</b> 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
NUT19a NUT19aa NUT19ba	Family eating together at the table		2-15 years	<b>How often does your family eat together at the table?</b> 1. Record in times per day 2. Record in times per week 3. None/Never X Don't Know R Refused
NUT20Ca NUT20Ca a NUT20Cb a	Family eat dinner in front of TV		2-15 years	<b>How often does [CHILD] usually have dinner in front of the TV?</b> 1. Record in times per day 2. Record in times per week 3. None/Never X Don't Know R Refused
N16			2-15 years	<b>How often does [CHILD] usually have something to eat for breakfast?</b>  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			2-15 years	<b>How often do you offer [CHILD] water to drink with meals or snacks?</b>  [READ OUT]  <b>1 Usually</b> <b>2 Sometimes</b> <b>3 Never / Rarely</b> X Don't know R Refused
PFF4			2-15 years	<b>How often do you offer sweets such as lollies, ice cream, cake or biscuits to [CHILD] as a reward for good behaviour?</b>  [READ OUT]  <b>1 Usually</b> <b>2 Sometimes</b> <b>3 Never / Rarely</b> X Don't know R Refused
CNFX	End of Nutrition 2 (Child Dietary Guidelines)			

Question Code	Question Name		Age Groups	Question
HUNFZ	Start of Hunter Food Preparation			<b>Hunter Food Preparation</b> IF AREA HEALTH SERVICE NOT HUNTER → FSC1
HUN8	Hunter Area Health Service - Food poisoning in last 12 months		All Hunter AHS	<b>Have you /has [child] had food poisoning in the last 12 months?</b>  1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN9	Hunter Area Health Service - Reported food poisoning in last 12 months		All Hunter AHS	<b>Have you reported the food poisoning to an authority?</b>  1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN10	Hunter Area Health Service - Authority reported food poisoning to in last 12 months		All Hunter AHS	<b>Which authority did you report the food poisoning to?</b>
HUNFX	End of Hunter Food Preparation			
FSCZ	Start of Food Security			<b>Food Security</b>
FSC1	Food security in last 12 months		All	<b>In the last twelve months, were there any times that you ran out of food and couldn't afford to buy more?</b>  1 Yes 2 No → FSCX X Don't Know → FSCX R Refused → FSCX
FSC2	Coping methods for feeding children when lack of food security in the last 12 months		Children 0-15 years	<b>How do you cope with feeding [child] when this happens?</b> [MULTIPLE RESPONSE] Parent/guardian skips meals or eats less Children/child skip meals or eat less Cut down on variety of foods family eats Seek help from relatives Seek help from friends Seek help from Government / Social Security Seek help from welfare agencies Other [SPECIFY] _____ Don't Know Refusal

Question Code	Question Name		Age Groups	Question
FSC3	Request help to ensure family has food security		Children 0-15 years	<b>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?</b> 1 Yes → Refer to list 2 No X Don't Know R Refused
FSCX	End of Food Security			
AMHZ	Start of Mental Health 1 (Adult Psychological Distress)			<b>Mental Health 1 (Adult Psychological Distress)</b>
AMH	Mental health Introduction		Adults 16+	<b>The next questions are about how you have been feeling in the past 4 weeks</b>
AMH1	K10 – Tired for no good reason in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel tired out for no good reason?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH2	K10 – Feel nervous in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel nervous?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time →AMH4</b> 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	<b>In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH4	K10 – Feel hopeless in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel hopeless?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused

Question Code	Question Name		Age Groups	Question
AMH5	K10 – Feel restless or fidgety in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel restless or fidgety?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> → AMH7 X Don't Know R Refused
AMH6	K10 – Feel so restless couldn't sit still in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel so restless you could not sit still?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH7	K10 – Feel depressed in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel depressed?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH8	K10 – Feel everything was an effort in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel that everything was an effort?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH9	K10 – Feel so sad everything could cheer you in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMH10	K10 – Feel worthless in past 4 weeks		Adults 16+ years	<b>In the past 4 weeks, about how often did you feel worthless?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused

Question Code	Question Name		Age Groups	Question
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.  <b>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?</b>  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	<b>[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?</b>  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	<b>In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings?</b>  number of consultations 88888 Don't know 99999 Refused
PSD4	Times that physical problems have been the cause of psychological distress in past 4 weeks		Adults 16+ years	<b>In the last 4 weeks, how often have physical health problems been the main cause of these feelings?</b> [READ OUT] <b>1 All of the time</b> <b>2 Most of the time</b> <b>3 Some of the time</b> <b>4 A little of the time</b> <b>5 None of the time</b> X Don't Know R Refused
AMHX	End of Mental Health (Adult Psychological Distress)			
STRZ	Start of Mental Health 2 (Childhood Strengths and Difficulties)			<b>Mental Health 2 (Childhood Strengths and Difficulties)</b>
STR	Strengths and Difficulties		4-15 years	<b>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.</b>

Question Code	Question Name		Age Groups	Question
STR1	Considerate of other people's feelings		4-15 years	<b>[Child] is considerate of other people's feelings. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR2	Restless, overactive		4-15 years	<b>[He/she] is restless, overactive or cannot stay still for long. Is that ....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR3	Often complains of sickness		4-15 years	<b>[He/she] often complains of headaches, stomach-aches or sickness. Is that.....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR4a	Child Shares readily		4-10 years	<b>[He/she] shares readily with other children, for example toys, treats and pencils. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR4b	Youth Shared readily		11-15 years	<b>[He/she] share readily with other young people, for example as CDs, games and food. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR5	Often loses temper		4-15 years	<b>[He/she] often loses [his/her] temper. Is that .....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR6a	Child prefers to be alone		4-10 years	<b>[He/she] is rather solitary or prefers to play alone. Is that.....</b> [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR6b	Youth prefers to be alone		11-15	<b>[He/she] would rather be alone than with other young people. Is that.....</b> [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name		Age Groups	Question
STR7	Generally well behaved		4-15 years	<b>[Child] is generally well behaved and usually does what adults request. Is that...</b> [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR8	Often seems worried		4-15 years	<b>[He/she] has many worries or often seems worried. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR9	Helpful if someone is hurt, upset or feeling ill		4-15 years	<b>[He/she] is helpful if someone is hurt, upset or feeling ill. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR10	Constantly fidgeting or squirming		4-15 years	<b>[He/she] is constantly fidgeting or squirming. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR11	Has at least one good friend		4-15 years	<b>[Child] has at least one good friend. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR12a	Child often fights with others		4-10 years	<b>[He/she] often fights with or bullies other children. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR12b	Youth often fights with others		11-15 years	<b>[He/she] often fights with or bullies other young people. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR13	Often unhappy, depressed or tearful		4-15 years	<b>[He/she] is often unhappy, depressed or tearful. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused



Question Code	Question Name		Age Groups	Question
STR14a	Child generally liked by others		4-10 years	<b>[Child] is generally liked by other children. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR14b	Youth generally liked by others		11-15 years	<b>[Child] is generally liked by other young people. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR15	Easily distracted		4-15 years	<b>[He/she] is easily distracted or [his/her] concentration wanders. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR16a	Child easily loses confidence		4-10 years	<b>[He/she] is nervous or clingy in new situations or easily loses confidence. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR16b	Youth easily loses confidence		11-15 years	<b>[He/she] is nervous in new situations or easily loses confidence. Is that ...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR17	Kind to younger children		4-15 years	<b>[Child] is kind to younger children. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR18	Often lies or cheats		4-15 years	<b>[He/she] often lies or cheats. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR19a	Child picked on or bullied by others		4-10 years	<b>[He/she] is picked on or bullied by other children. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused

Question Code	Question Name		Age Groups	Question
STR19b	Youth picked on or bullied by others		11-15 years	<b>[He/she] is picked on or bullied by other young people. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR20a	Child often offers to help others		4-10 years	<b>[He/she] often volunteers to help others such as parents, teachers or other children. Is that.....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR20b	Youth often offers to help others		11-15 years	<b>[He/she] often volunteers to help others such as parents, teachers or children. Is that.....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR21	Thinks things out before acting		4-15 years	<b>[Child] thinks things out before acting. Is that.....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR22	Steals		4-15 years	<b>[He/she] steals from home, school or elsewhere. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR23a	Child gets along better with adults than with other children		4-10 years	<b>[He/she] gets along better with adults than with other children. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR23b	Youth gets along better with adults than with other children		11-15 years	<b>[He/she] gets along better with adults than with other young people. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR24	Many fears, easily scared		4-15 years	<b>[Child] has many fears or is easily scared. Is that....</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused

Question Code	Question Name		Age Groups	Question
STR25	Good attention span		4-15 years	<b>[He/she] has a good attention span and sees chores or homework through to the end. Is that...</b> [READOUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR36	Teacher complains of overactivity		4-15 years	<b>Over the last six months, have [child's] teachers complained of fidgetiness, restlessness or overactivity?</b> [READ OUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR37	Teacher complains of poor concentration		4-15 years	<b>Over the last six months, have [child's] teachers complained of [his/her] poor concentration or easily being distracted?</b> [READ OUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR38	Teacher complains of impulsivity		4-15 years	<b>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?</b> [READ OUT] <b>1 Not true</b> <b>2 Somewhat true</b> <b>3 Certainly true</b> X Don't know R Refused
STR26	Overall difficulties		4-15 years	<b>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?</b>  [READ OUT]  <b>1 No→STRX</b> <b>2 Yes – minor difficulties</b> <b>3 Yes – definite difficulties</b> <b>4 Yes – severe difficulties</b> X Don't know→ STRX R Refused→ STRX
STR27	Duration of difficulties		4-15 years	<b>How long have these difficulties been present?</b>  [READ OUT]  <b>1 Less than a month</b> <b>2 1 – 5 months</b> <b>3 6 – 12 months</b> <b>4 Over a year</b> X Don't know R Refused

Question Code	Question Name		Age Groups	Question
STR28	Amount of distress to child		4-15 years	<p><b>How much do these difficulties upset or distress [child]?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>
STR29	Interfere with everyday life – Home life		4-15 years	<p><b>How much do these difficulties interfere with [child's] everyday home life?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>
STR30	Interfere with everyday life – Friendships		4-15 years	<p><b>How much do these difficulties interfere with [his/her] friendships?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>
STR31	Interfere with everyday life – Classroom learning		4-15 years	<p><b>How much do these difficulties interfere with [his/her] classroom learning?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>
STR32	Interfere with everyday life – Leisure activities		4-15 years	<p><b>How much do these difficulties interfere with [his/her] leisure activities?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>

Question Code	Question Name		Age Groups	Question
STR33	Difficulties put a burden on you or the family		4-15 years	<p><b>How much do these difficulties put a burden on you or your family as a whole?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all</b>  <b>2 A little</b>  <b>3 A medium amount</b>  <b>4 A great deal</b>  X Don't know  R Refused</p>
STRX	End of Mental Health 2 (Childhood Strengths and Difficulties)			
IMMZ	Start of Immunisation 1 (Influenza and Pneumococcal)			<b>Immunisation 1 (Influenza and Pneumococcal)</b>
IMM			Adults 50+ years	<b>I now have a few questions about immunisation.</b>
IMM2	Vaccinated against influenza in last 12 months		Adults 50+ years	<p><b>Were you vaccinated or immunised against flu in the past 12 months?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
IMM4a	When last pneumococcal vaccination		Adults 50+ years	<p><b>When were you last vaccinated or immunised against pneumonia?</b></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)			
				<b>South West Sydney Influenza Behaviour</b>
INFZ	South West Sydney Influenza Behaviour Questions			<b>The next few questions are about the flu.</b>

Question Code	Question Name		Age Groups	Question
INF1	South West Sydney Influenza Behaviour - Wear a mask at doctors - others		Adult 16+	<p><b>Should people with flu symptoms wear a mask while waiting to see a doctor?</b></p> <p>1 Yes 2 No X Don't know R Refused</p>
INF2	South West Sydney Influenza Behaviour - Wear a mask at doctors - respondent		Adult 16+	<p><b>If you have flu symptoms, how willing would you be to wear a mask when visiting a doctor?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all willing</b> <b>2 A little willing</b> <b>3 Moderately willing</b> <b>4 Very willing</b> <b>5 Extremely willing</b> X Don't know R Refused</p>
INF3	South West Sydney Influenza Behaviour - Wear a mask in public - others		Adult 16+	<p><b>Should people who have flu symptoms wear a mask in public?</b></p> <p>1 Yes 2 No X Don't know R Refused</p>
INF4	South West Sydney Influenza Behaviour - Wear a mask in public - respondent		Adult 16+	<p><b>If you were ill with a flu-like illness, how willing would you be to wear a mask in public.</b></p> <p>[READ OUT]</p> <p><b>1 Not at all willing</b> <b>2 A little willing</b> <b>3 Moderately willing</b> <b>4 Very willing</b> <b>5 Extremely willing</b> X Don't know R Refused</p>
INF5	South West Sydney Influenza Behaviour - home quarantine - others		Adult 16+	<p><b>How reasonable do you think it is for people with flu symptoms to be asked to place themselves in home quarantine?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all reasonable</b> <b>2 A little reasonable</b> <b>3 Moderately reasonable</b> <b>4 Very reasonable</b> <b>5 Extremely reasonable</b> X Don't know R Refused</p>

Question Code	Question Name		Age Groups	Question
INF6	South West Sydney Influenza Behaviour - home quarantine - respondent		Adult 16+	<p><b>If you had a flu-like illness how prepared would you be to remain at home for a week if requested?</b></p> <p>[READ OUT]</p> <p><b>1 Not at all prepared</b>  <b>2 A little prepared</b>  <b>3 Moderately prepared</b>  <b>4 Very prepared</b>  <b>5 Extremely prepared</b>  X Don't know  R Refused</p>
INFX	End of South West Sydney Influenza Behaviour			<b>Environmental Risks (Pollution in the Hunter)</b>
HUNPZ	Start of Environmental Risks (Pollution in the Hunter)			<b>Start of Environmental Risks (Pollution in the Hunter) IF AREA HEALTH SERVICE NOT HUNTER →AL</b>
HUN18a	Hunter Area Health Service – Most important environmental health issue		Adults 16+ years Hunter AHS	<p><b>Thinking now about environmental health issues, what would you say is the single most important environmental health issue in the Hunter today?</b></p> <p><b>By environmental health issue, I mean issues involving the contamination or pollution of food, land, water or air that can affect human health.</b></p> <p><b>[PROBE FULLY - NOTE "air" IS NOT SUFFICIENT]</b></p>
HUNPX	End of Hunter			
ORALZ	Start of Oral Health			<b>Oral Health</b>
ORAL			5+ years	<b>The next questions are about your teeth and dental health.</b>
OHE1	Any teeth missing		5+ years	<p>16+ years: <b>Are any of your natural teeth missing? (Natural teeth does not include dentures).</b></p> <p>5 – 15 years: <b>Are any of [child]'s natural (permanent or second) teeth missing?</b></p> <p>INCLUDES WISDOM TEETH  (PROMPT ACCORDING TO RESPONSE)</p> <p>1 Yes – have some natural teeth missing  2 Yes – have all natural teeth missing  3 No – have no natural teeth missing →OHE6  X Don't know → OHE6  R Refused → OHE6</p>
OHE2	Dentures or false teeth		5+ years	<p><b>Do you /does [child] have dentures or false teeth?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>

Question Code	Question Name		Age Groups	Question
OHE6	Time since last dental visit		5+ years	<p><b>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 technician, dental mechanic, denturist, orthodontist or dental therapist).</b>  [READ OUT]  <b>1 Less than 12 months ago → OHE9</b>  <b>2 1 year to less than 2 years ago</b>  <b>3 2 to less than 5 years ago</b>  <b>4 5 to less than 10 years ago</b>  <b>5 10 years ago or more</b>  <b>6 Never</b>  X Don't know  R Refused → OHE9</p>
OHE8	Reasons for not visiting dentist in last 12 months		5+ years	<p><b>What are the main reasons for you/ [child] not visiting the dentist in the last 12 months?</b>  [MULTIPLE RESPONSE]  Respondent has dentures  Worried or afraid of going; don't like going  Don't need to  Hard to find time  Can't find a dentist I like  Too expensive  Too far to go  Long waiting lists  Dentist has moved or retired  Other [SPECIFY] _____  Don't know  Refused</p>
OHE9	Fluoride added to public water		5+ years	<p><b>Has fluoride been added to your public water supply?</b>  1 Yes  2 No →OHE10b  X Don't know →OHE10b  R Refused →OHE10b</p>
OHE10a	Agree with adding fluoride to water		5+ years	<p><b>Do you agree with adding fluoride to your water supply to try and prevent teeth decaying?</b>  1 Yes→OHE11  2 No→OHE11  X Don't know→OHE11  R Refused → OHE11</p>
OHE10b	Would be in favour of adding fluoride to water		5+ years	<p><b>Would you be in favour of adding fluoride to your water supply to try and prevent teeth decaying:</b>  [READ OUT]  <b>1 In children?</b>  <b>2 In adults?</b>  <b>3 Both adults and children?</b>  <b>4 Neither</b>  X Don't know  R Refused</p>
ORALX	End of Oral Health		Adults 16+	
PHYSZ	Start of Physical Activity 1 (Leisure Time)			<b>Physical Activity 1 (Leisure Time)</b>
PHYS			Adults 16+ years	<b>Now I'm going to ask some questions about the physical activity you did in the LAST WEEK.</b>



Question Code	Question Name		Age Groups	Question
PAC1	Number of times walked in last week		Adults 16+ years	<p><b>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?</b></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><b>What do you estimate was the total time you spent walking in this way in the last week? (In hours and minutes)</b></p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>
PAC3	Times did vigorous household chores		Adults 16+ years	<p><b>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?</b></p> <p>Number of times _____ If =0→ PAC5 88888 Don't know →PAC5 99999 Refused →PAC5</p>
PAC4a (PAC4b)	Total time spent doing vigorous household chores		Adults 16+ years	<p><b>What do you estimate was the total time you spent doing these vigorous household chores in the last week? [In hours and minutes].</b></p> <p>Number of hours _____ Number of minutes _____ 88888 Don't know 99999 Refused</p>
PAC5a	Times did vigorous gardening or yard work		Adults 16+ years	<p><b>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?</b></p> <p>Number of times _____ If =0→ PAC7 88888 Don't know →PAC7 99999 Refused →PAC7</p>
PAC6a (PAC6b)	Total time spent doing vigorous gardening or yard work		Adults 16+ years	<p><b>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].</b></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><b>The next question excludes household chores or gardening.</b></p> <p><b>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)</b></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><b>What do you estimate was the total time you spent doing this vigorous physical activity in the last week? (In hours and minutes)</b></p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>

Question Code	Question Name		Age Groups	Question
PAC9	Number of times spent exercising moderately in last week		Adults 16+ years	<p><b>This next question does not include household chores or gardening.</b>  <b>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)</b></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><b>What do you estimate was the total time that you spent doing these activities in the last week? (In hours and minutes)</b></p> <p>Number of hours _____  Number of minutes _____  88888 Don't Know  99999 Refused</p>
PHYSX	End of Physical Activity 1 (Leisure Time)			
ILPAZ	Start of Physical Activity Illawarra			<b>Physical Activity Illawarra</b>
III14	Adequacy of current amount of physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	<p><b>Would you say the amount of physical activity you currently do is:</b>  <b>READ OUT]</b>  1 Too much  2 Enough to benefit your health  3 Not enough to benefit your health  4 I do none at all  X Don't know  R Refused</p>
ILL15	Reason for not doing more physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	<b>What is the main reason why you do not do more physical activity?</b>
ILPAX	End of Physical Activity Illawarra			
HUNYZ			(Now asked of all NSW)	<b>Hunter Physical Activity</b>
HUN1	Participated in organised exercise in last week		Adults 60+	<p><b>Have you participated in any organised group exercise activity in the last week?</b></p> <p><b>Examples could include: gentle exercise groups, groups at fitness centres, walking groups, aqua-aerobics, team sports, tai chi or any other organised group exercise.</b></p> <p>1 Yes  2 No → HUN3  X Don't Know → HUNXX  R Refused → HUNXX</p>

Question Code	Question Name		Age Groups	Question
HUN2	Type of organised exercise participated in last week		Adults 60+	<b>What type of activity did you participate in?</b> [MULTIPLE RESPONSE] Exercise Classes Yoga Tai Chi Swimming Groups Aqua aerobics Walking groups Active over 50's Heart moves Dancing Groups Team sports (Specify) Other (Specify) Don't know Refused → HUNXX
HUN3	Hunter Area Health Service – reason did not participate in organised exercise in last week		Adults 60+	<b>What is the reason you did not participate?</b> 1 Ill health 2 Not interested 3 No appropriate activities in my area 4 Activities which exist are too expensive 5 No transport to reach activities 6 No access to appropriate childcare 7 Too busy 8 Other (please specify) 88888 Don't Know 99999 Refused
HUNYX	End of Physical Activity Group Hunter			
				<b>Physical Activity 3 (Child Activity and Inactivity)</b>
CPINTZ	Start of Physical Activity 3 (Child Activity and Inactivity)		5-15 years	
CPINT			5-15 years	<b>The next few questions are about [child]'s physical activity and inactivity.</b>
SP11	Sports and outdoor activities in last 12 months		5-15 years	<b>In the past 12 months, what types of sports and activities did [child] play?</b>  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

Question Code	Question Name		Age Groups	Question
CPHY1 CPHY1A	Number of days during week usually does physical activity		5-15 years	<b>On about how many days during the school week does [child] usually do physical activity outside of school hours?</b> NOTE: THIS INCLUDES BEFORE AND AFTER SCHOOL SPORTS 1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3
CPHY2 CPHY2a CPHY2B	On those days, about how many hours does usually do physical activity?		5-15 years	<b>On those days, about how many hours does [child] usually do physical activity?</b> 1. _____ Record hours and minutes X Don't know → CPHY4 R Refused → CPHY4
CPHY3 CPHY3A	Number of days on weekend usually does physical activity		5-15 years	<b>On about how many weekend days does [child] usually do physical activity?</b> 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	<b>On a typical weekend day, about how many hours does [child] usually do physical activity?</b> 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	<b>How many minutes of physical activity is it recommended that children do each day?</b>  _____ minutes  88888 Don't know 99999 Refused
CPIA1 (CPIA1A)	No. Days During Week Usually Watch TV/Videos		5 plus years	<b>On about how many days during the [school/working] week, does [child]/ do you usually watch TV, videos or DVDs at home?</b> 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 plus years	<b>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?</b> 1 Record Hours AND minutes X Don't know R Refused
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos		5 plus years	<b>On about how many weekend days do you/ does [child] usually watch TV, videos or DVDs at home?</b> 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 plus years	<b>On a typical weekend day, about how many hours do you/ does [child] spend watching TV, videos or DVDs?</b> 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 plus years	<b>On about how many days during the school week does usually play video or computer games?</b> 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 plus years	<b>On those days, about how many hours does usually spend playing video or computer games? That is, how many hours on a typical weekday when video/computer games are played?</b> 1 _____Record Hours AND minutes X Don't know R Refused
CPIA7 (CPIA7A)	No. days on weekend play video or computer games		5 plus years	<b>On about how many weekend days do you/ does [child] usually play video or computer games or work on the computer?</b> 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 plus years	<b>On a typical weekend day, about how many hours do you/does [child] usually spend playing or computer games or work on the computer?</b> 1 Record Hours AND minutes X Don't know R Refused
CPIA10	Recommended television watching		5-15 years	<b>Up to how many hours of television, video, DVD or computer games is it recommended that children watch each day?</b> _____hours  88888 Don't know 99999 Refused
PFF5	Limits on TV or Electronic Games		5-15 years	<b>How often do you set limits on the amount of time [CHILD] watches television or plays electronic games?</b>  [READ OUT] <b>1 Usually</b> <b>2 Sometimes</b> <b>3 Never</b> <b>X Don't know</b> <b>R Refused</b>
SM1	Recently seen or heard media regarding healthy eating and activity for kids		5-15 years	<b>Have you recently seen, read, or heard anything in the media about community programs or campaigns encouraging healthy eating or physical activity amongst children and young people?</b>  <b>It might have been advertising on television, a news or current affairs programme or perhaps in newspapers or magazines?</b>  1 Yes 2 No X Don't know R Refused

Question Code	Question Name		Age Groups	Question
SM2	Recently seen or heard media regarding healthy eating and activity for kids		5-15 years	<p><b>Where did you see, read or hear about the programs or campaigns?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>Television advertisement Television program Radio advertisement Radio program Magazine advertisement Magazine article Newspaper advertisement Newspaper article Brochure / leaflet Information sent from school/childcare Friend / family / neighbour Other Don't know Refused</p>
SM2a	Description of Media		5-15 years	<p><b>Can you describe what you saw, read or heard?</b></p> <p>[PROBE FULLY]</p>
CPINTX	End of Physical Activity 3 (Child Activity and Inactivity)		5-15 years	
				<b>Family Functioning and Parental Support</b>
CPSSZ	Start of Family Functioning and Parental Support			
CPSS1	Need for parent support		1-15 years	<p><b>Have you ever felt the need for any type of support services to assist in caring for [child] or dealing with problems you may have experienced with him/her?</b></p> <p>(PROMPT: Support services include Karitane, Tresillian, early childhood health services, family support services, counsellors)</p> <p>1 Yes → CPSS2 2 No → CPSSX X Don't know → CPSSX R Refused → CPSSX</p>
CPSS2	Used support services		1-15 years	<p><b>Have you ever used any support services?</b></p> <p>1 Yes 2 No X Don't know R Refused</p>
CPSSX	End of Family Functioning and Parental Support			
SMKZ	Start of Smoking 1 (Prevalence)			<b>Smoking 1 (Prevalence)</b>

Question Code	Question Name		Age Groups	Question
SMK			All	<b>The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.</b>
SMK1	Personal smoking status		Adults 16+ years	<b>Which of the following best describes your smoking status?</b> [READ OUT] <b>1 I smoke daily</b> <b>2 I smoke occasionally</b> <b>3 I don't smoke now, but I used to</b> →CANIN <b>4 I've tried it a few times but never smoked regularly</b> →CANIN <b>5 I've never smoked</b> →CANIN X Don't know→CANIN R Refused→CANIN
SMK3	Intention to quit smoking		Adults 16+ years	<b>Which of the following best describes how you feel about your smoking?</b>  [READ OUT]  <b>1 I am not planning on quitting within the next six months</b> <b>2 I am planning on quitting within the next six months...</b> <b>3 I am planning on quitting within the next month</b> <b>4 I have not smoked in the past 24 hours but was smoking six months ago</b> <b>5 I have not been smoking in the past six months</b> X Don't know R Refused
CAN5	Smoking addiction		Adults 16+ years	<b>How soon after you wake up do you smoke your first cigarette?</b> [READ OUT] <b>1. Less than or equal to 5 minutes</b> <b>2. 6 to 30 minutes</b> <b>3. 31 to 60 minutes</b> <b>4. Longer than 60 minutes</b> X Don't know R Refused
SMKSW	Doctor discussing quitting smoking		Adults 16+ years	<b>The last time you went to your GP, did the doctor discuss your smoking and advise you to quit smoking?</b> 1. Yes 2. No X Don't know R Refused
SMKX	End of Smoking 1 (Prevalence)			
SMKEZ	Start of Environmental Tobacco Smoke			<b>Environmental Tobacco Smoke</b>
SMK2	Home smoking status		All	<b>Which of the following best describes your home situation?</b> [READ OUT] <b>1 My home is smoke free (includes smoking is allowed outside only)</b> <b>2 People occasionally smoke in the house</b> <b>3 People frequently smoke in the house</b> X Don't Know R Refused

Question Code	Question Name		Age Groups	Question
SMK16	Smoking in cars		All	<b>Are people allowed to smoke in your car?</b> 1. Yes 2. No 3. Don't have a car X Don't know R Refused
SMKEX	End of Environmental Tobacco Smoke			
SMKPZ	Start of Smoking 3 (Policy)			<b>Smoking 3 (Policy)</b>
SMK27b	Smoking ban in hotels and licensed bars		Adults 16+ years	<b>As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference '.</b>  [READ OUT]  <b>1. More often</b> <b>2. Less often</b> <b>3. It would make no difference</b> X Don't know R Refused
SMK28	Smoking ban in outdoor dining areas		Adults 16+ years	<b>If there was a total smoking ban in outdoor dining areas, would you be likely to go there: More often, Less often, It would make no difference '.</b>  [READ OUT]  <b>1. More often</b> <b>2. Less often</b> <b>3. It would make no difference</b> X Don't know R Refused
SMK29	Cigarette display at point of sale		Adults 16+ years	<b>Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?</b>  1 Yes 2 No X Don't know R Refused
SMKPX	End Smoking 3 (Policy)			
SMKGZ	Start of Smoking 2 (During Pregnancy)			<b>Smoking 2 (During Pregnancy)</b>
CSPG1	Ever smoked		0-11 months	<b>Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products?</b> Yes – more than 100 Yes – less than 100 No → SMKX X Don't know R Refused
CSPG2	Smoking during pregnancy		0-11 months	<b>When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products?</b> Yes No → SMKX X Don't know → SMKX R Refused → SMKX



Question Code	Question Name		Age Groups	Question
CSPG3	Smoking quitting status during pregnancy		0-11 months	<p><b>When you were pregnant with [child], did you?</b></p> <p>[READ OUT OPTIONS 1-3]</p> <p><b>1 Reduce the amount of tobacco you smoked</b>  <b>2 Try to give up smoking but were unsuccessful</b>  <b>3 Successfully gave up smoking</b>  4 None of the above  X Don't know  R Refused</p>
SMKGX	End of Smoking 2 (During Pregnancy)			
				<b>Marijuana</b>
CANIN	Marijuana introduction		Adults 16+ years	<b>The following questions are about marijuana or hashish.</b>
CAN1	Marijuana smoking status		Adults 16+ years	<p><b>Which of the following best describes your marijuana or hashish smoking status?</b></p> <p>[READ OUT]</p> <p><b>1. I smoke daily</b>  <b>2. I smoke occasionally</b>  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>
CAN2	Marijuana and tobacco mix		Adults 16+ years	<p><b>When you smoke marijuana, grass or hashish, do you mix it with tobacco:</b></p> <p>[READ OUT]</p> <p>1. Always  2. Sometimes  3. Rarely  4. Never  X Don't know  R Refused</p>
CAN6	Marijuana smoking addiction		Adults 16+ years	<p><b>How soon after you wake do you have your first smoke of marijuana or hashish?</b></p> <p>[READ OUT]</p> <p><b>1. Less than or equal to 5 minutes</b>  <b>2. 6 to 30 minutes</b>  <b>3. 31 to 60 minutes</b>  <b>4. Longer than 60 minutes</b>  X Don't know  R Refused</p>
CANX	End of Marijuana Introduction			
CHCZ	Start of Childcare, School Attendance and Reading to Child			<b>Childcare and Preschool</b>

Question Code	Question Name		Age Groups	Question
CHC				<b>Now I have a few questions about playgroups and childcare</b>
CAQ1	Ever attended organised early childhood program or activity		Children 0-5 years	<b>Has [child] ever attended any play group or other early childhood program or activity?</b>  <b>Please do not include child care programs or time spent in preschool.</b>  1. Yes 2. No → CHC1 X Don't Know → CHC1 R Refused → CHC1
CAQ2	Currently attends other organised early childhood programs or activities		Children 0-5 years	<b>Does child currently attend any play group or other early childhood program or activity?</b>  <b>Please do not include childcare programs or time spent in preschool.</b>  1. Yes 2. No X Don't Know R Refused
CHC1	Ever attended regular child care		Children 0-5 years	<b>Have you ever used any childcare for [child] on a regular basis?</b> <b>PROMPT; Regular basis means at least half a day a week</b>  1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1
CHC3 CHC3b CHC3c	Age of first regular childcare		Children 0-5 years	<b>How old was [child] when he/she first started childcare for half a day or longer?</b>  Record in years AND months X Don't know R Refused
CHC2	Currently attends childcare		Children 0-5 years	<b>Is [child] currently having any type of childcare on a regular basis?</b>  1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1
CHC5	Type of childcare		Children 0-5 years	<b>What type of childcare does [child] have?</b>  [MULTIPLE RESPONSE]  Long Day Care Occasional Care Friend(s) Grandparent(s) Nanny Baby sitter(s) Relative or family other than Grandparent(s) Family Day Care Other [SPECIFY] _____ Don't Know Refused

Question Code	Question Name		Age Groups	Question
SC1	Preschool/school attendance		2 to 4 years	<p><b>Does [child] go to Pre school or attend a childcare that has a preschool programme?</b></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><b>What type of school does [CHILD] currently attend?</b></p> <p>[READ OPTIONS 1-6: SINGLE RESPONSE]</p> <p><b>1 Public school</b> <b>2 Catholic school</b> <b>3 Independent school (Private, NOT Catholic)</b> <b>4 Special education school</b> <b>5 School of the Air</b> <b>6 Any other school [SPECIFY]</b> X Don't know R Refusal</p>
SC4	Heard about health school canteen strategy		Children 5-15	<p><b>Have you heard of the NSW Healthy School Canteen Fresh Tastes@School Strategy?</b></p> <p>1 Yes 2 No → BOO X Don't Know → BOO R Refused → BOO</p>
SC5	Know about healthy school canteen strategy		Children 5-15	<p><b>What do you know about the strategy?</b></p> <p>_____</p>
SC6	How heard about health school canteen strategy		Children 5-15	<p><b>How did you hear about the strategy?</b></p> <p>[Multiple Response - Do NOT Read Out]</p> <p>School newsletters Information session at the school From other parents From my children Working in the school canteen Being on the school canteen committee In the media Other [SPECIFY] Don't know Refused</p>
				<b>Reading to Children</b>
BOO				<b>The next few questions are about reading.</b>
BOOK	Read Books to Child		Children 0-5 years	<p><b>Do you or other members of your family read or look at books with [child]?</b></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><b>In a typical week, how often do you or other members of your family read or look at books with [child]?</b></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>

Question Code	Question Name		Age Groups	Question
CHCX	End of childcare, school attendance and Reading to Child			
INJZ				<b>The next questions are about fire safety.</b>  <b>[KEY "N" TO CONTINUE]</b>
INJ19	Fire education program participation		5-12 years	<b>Has [child] participated in the fire education program in schools?</b> 1. Yes 2. No → CHCX X Don't know → CHCX R Refused → CHCX
INJ20	Components of fire program		5-12 years	<b>Did [child] tell you about any of the following?</b> [READ OUT - MULTIPLE RESPONSE] <b>Get down low &amp; go go go</b> <b>Home evacuation plan</b> <b>Stop drop and roll</b> <b>Install smoke alarms</b> <b>Knotted rope</b> None of the above → CHCX Don't know Refused → CHCX
INJ21	Action on education program		5-12 years	<b>Did you take action on any of these things?</b> 1 Yes 2 No X Don't know R Refused
INJBZ	Start of Injury 1 (Adult Injury and Prevention – Fire)			<b>Injury 1 (Adult Injury and Prevention – Fire)</b>
INJNT				<b>Now I have some questions about home fire prevention.</b>
INJ40	smoke alarms installed		All	<b>Do you have smoke alarms installed in your home?</b>  INTERVIEWER NOTE If yes ask Battery operated, hard wired or both? 1 Yes - Battery operated smoke alarms 2 Yes - Hard wired smoke alarms → GOTO INJ43 3 Yes - Both battery operated and hard wired 4 No → GOTO INJ14b X Don't know → GOTO INJ14b R Refused → GOTO INJ14b
INJ41	last tested battery operated smoke alarm		All	<b>When did you last test the battery operated smoke alarm(s)?</b>  1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested 6 No battery currently in alarm X Don't know R Refused

Question Code	Question Name		Age Groups	Question
INJ43	last test the hard wired smoke alarms		All	<b>When did you last test the hard wired smoke alarm(s)?</b> 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested X Don't know R Refused
INJ44	number of hardwired smoke alarms		All	<b>How many hardwired smoke alarms do you have?</b> _____number
INJ45	number of battery operated smoke alarms		All	<b>How many battery powered smoke alarm do you have?</b> _____number
INJ14b	Fire alarm battery program awareness		16+ years	<b>Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?</b>  [INT NOTE: if asked, people should contact their local fire brigade for details of program]  1 Yes 2 No X Don't know R Refused
INJ46	Home Escape Plans		All	<b>Does your household have:</b>  <b>[READ OUT]</b>  1 A written home escape plan 2 A home escape plan that is not written down 3 No home escape plan X Don't know R Refused
INJ47	Practice Home Escape Plans		All	<b>When did your household last practice your home escape plan?</b> 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never practiced the plan X Don't know R Refused
INJBX	End of Injury 1 (Adult Injury and Prevention – Fire)			
SOCZ				<b>Social Capital (Safety, Trust, Reciprocity &amp; Participation)</b>
SOC	Start of Social Capital		Adults 16+ years	<b>The next questions are about your involvement in your local community and neighbourhood.</b>

Question Code	Question Name		Age Groups	Question
SOC12	Participation in cultural or artistic activity		Adults 16+ years	<p><b>In the last 12 months, have you participated in any of the following activities?</b></p> <p>[READ OUT]</p> <p> <b>Recreational group or cultural group activities</b>  <b>Community or special interest group activities</b>  <b>Church or religious activities</b>  <b>Went out to a cafe, restaurant or bar</b>  <b>Took part in sport or physical activities</b>  <b>Attended a sporting event as a spectator</b>  <b>Visited a library, museum or art gallery</b>  <b>Attended the movies, a theatre or a concert</b>  <b>Visited a park, botanic gardens, zoo or theme park</b>  <b>None of these activities</b>            Don't know            Refused         </p>
SOC3	Participation – active member of sporting or social club		Adults 16+ years	<p><b>Are you an active member of a local organisation, church or club, such as a sport, craft, or social club?</b></p> <p>[READ OUT]</p> <p> <b>1 Yes, very active</b>  <b>2 Yes, somewhat active</b>  <b>3 Yes, a little active</b>  <b>4 No, not an active member</b>            X Don't Know            R Refused         </p>
SOC7	Reciprocity in caring for child		Adults 16+ years	<p><b>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?</b></p> <p>[READ OUT]</p> <p> <b>1 Yes, definitely</b>  <b>2 Yes, possibly</b>  <b>3 No, probably not</b>  <b>4 No, definitely not</b>            X Don't know            R Refused         </p>
SOC8	Social Engagement - frequency of visiting neighbours in past week		Adults 16+ years	<p><b>How often have you visited someone in your neighbourhood in the past week?</b></p> <p>[READ OUT]</p> <p> <b>1 Frequently</b>  <b>2 A few times</b>  <b>3 At least once</b>  <b>4 Never (in the last week)</b>            X Don't Know            R Refused         </p>
SOC9	Social Engagement - frequency of meeting friends in local area		Adults 16+ years	<p><b>When you go shopping in your local area how often are you likely to run into friends and acquaintances?</b></p> <p>[READ OUT]</p> <p> <b>1 Nearly always</b>  <b>2 Most of the time</b>  <b>3 Some of the time</b>  <b>4 Rarely or never</b>            X Don't Know            R Refused         </p>

Question Code	Question Name		Age Groups	Question
SOC10	Social Engagement – sad to leave neighbourhood		Adults 16+ years	<b>Would you be sad if you had to leave this neighbourhood?</b>  1 Yes 2 No X Don't Know R Refused
SOC5	Trust – people can be trusted		Adults 16+ years	<b>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?</b>  <b>Most people can be trusted. Do you agree or disagree?</b>  [PROBE FOR LEVEL OF AGREEMENT]  1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOC4	Safety – walking in street after dark		Adults 16+ years	<b>I feel safe walking down my street after dark. Do you agree or disagree?</b>  [PROBE FOR LEVEL OF AGREEMENT]  1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOC6	Safety – local area is a safe place		Adults 16+ years	<b>My area has a reputation for being a safe place. Do you agree or disagree?</b>  [PROBE FOR LEVEL OF AGREEMENT]  1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused
SOCX	End of Social Capital			
				<b>Rural Injury</b>
PROPZ				<b>Now I have some questions about where you live.</b>
PROP1			All	<b>Do you live on a farm or rural property?</b>  (Defined as a rural holding with estimated value of agricultural operations (EVAO) of \$5,000 per annum or more.)  1 Yes 2 No → Go to PROPX X Don't know → Go to PROPX R Refused → Go to PROPX

Question Code	Question Name		Age Groups	Question
PROP2				<p><b>Around your home, do you have a fenced house yard?</b></p> <p>1 Yes  2 No → Go to PROP4  X Don't Know → Go to PROP4  R Refused → Go to PROP4</p>
PROP3				<p><b>Would the house yard fence prevent, or make it difficult for a young child under five years to wander away from the home unsupervised?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
PROP4				<p><b>On the property where you live, is there one or more four wheeled motorbikes often known as All-terrain vehicles, Quad Runners or ATVs .</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
PROP5				<p><b>On the property where you live, is there one or more small utility vehicles often known by brand names such as Clubcar, Gator, Ranger, Mule?</b></p> <p>1 Yes  2 No  X Don't Know  R Refused</p>
PROPX				
				<b>Demographics</b>
DEMA			All	<p><b>Now we are coming to the last section of the survey. I am going to ask some routine questions about your background.</b></p> <p><b>Remember that all your answers remain confidential.</b></p> <p>[IF ASKED]</p> <p><b>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.</b></p>



Question Code	Question Name		Age Groups	Question
RLHP	Household structure		All	<p>IF 16+:  <b>Besides yourself, who else lives in your household?</b>  IF 0-15 years:  IF FEMALE: <b>Besides yourself who else does [child] live with such as brothers and sisters, father or stepfather, step brothers and step sisters?</b>  IF MALE: <b>Besides yourself, who else does [child] live with such as brothers and sisters, mother or stepmother, step brothers and step sisters?</b>  (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>
INT1f	No. children in the household		All	<p><b>And how many of the people living in the household are children under 16 years of age?</b></p> <p>_____</p>
INT1d	Number of Residents aged 0-5		All	<p><b>Can you please tell me, of these, how many are under 6 years of age.</b></p> <p>_____</p>
NT1e	Number of Residents aged 65+		All	<p><b>Can you please tell me, how many people aged 65 years or over, live in your household.</b></p> <p>_____</p>
MSTP	Formal marital status		All	<p><b>What is your formal current marital status? Are you...</b>  NB: MARRIED REFERS TO REGISTERED MARRIAGES  [READ OUT]  Married  Widowed  Separated but not divorced  Divorced  Never married  X Don't know  R Refused</p>
BPLP	Country of birth		All	<p><b>In which country were you/was [child] born?</b>  1. Australia → BPMP)  2. Other _____ COUNTRY → LANPa  X Don't know → LANPa  R Refused → LANPa)</p>

Question Code	Question Name		Age Groups	Question
BPMP	Mothers country of birth		All	IF MOTHER IS RESPONDENT: <b>In which country were you born?</b> ANYONE BUT MOTHER IS RESPONDENT: <b>In which country was your/[child]'s natural mother born?</b> 1. Australia 2. Other _____ COUNTRY X Don't know R Refused
BFPF	Fathers country of birth		All	ANYONE BUT FATHER IS RESPONDENT:: <b>In which country was your/ [child]'s natural father born?</b> IF FATHER IS RESPONDENT: <b>In which country were you born?</b> 1. Australia 2. Other _____ COUNTRY X Don't know R Refused
LANPa	Speak a language other than English at home		All	<b>Do you usually speak a language other than English at home?</b> 1. Yes 2. No → INGP X Don't know → INGP R Refused → INGP
LANPa1	Language spoken at home		All	<b>What language do you usually speak at home?</b> 1. Language [SPECIFY] _____ X Don't know R Refused
INGP	Aboriginal or Torres Strait origin		All ages	<b>Are you /is [child] of Aboriginal or Torres Strait Islander origin?</b> 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
HSCP	Highest level of school completed		Adults 16+ years	<b>What is the highest level of primary or secondary school you have completed?</b> [Prompt if necessary] 1. Never attended school → QALLm 2. Currently still at school 3. Year 8 or below 4. Year 9 or equivalent 5. Year 10 or equivalent (Intermediate) 6. Year 11 or equivalent 7. Year 12 or equivalent (Matriculation/Leaving) X Don't know R Refused
QALLP	Highest qualification completed		Adults 16+ years	<b>What is the level of the highest qualification you have completed?</b> 1. Completed School Certificate/ Intermediate/ Year 10/4 <sup>th</sup> Form.... 2. Completed HSC/Leaving/Year 12/ 6 <sup>th</sup> 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
QALLm	Mother's highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER:  <b>What is the level of the highest qualification you have completed?</b></p> <p>IF RESPONDENT IS ANYONE BUT MOTHER  <b>What is the level of the highest qualification [child]'s mother/stepmother has completed?</b></p> <ol style="list-style-type: none"> <li>1. Completed School Certificate/ Intermediate/ Year 10/4<sup>th</sup> Form....</li> <li>2. Completed HSC/Leaving/Year 12/ 6<sup>th</sup> Form</li> <li>3. TAFE Certificate or Diploma</li> <li>4. University, CAE or some other tertiary institute degree or higher</li> <li>5. Other [SPECIFY</li> <li>6. Completed Primary School</li> <li>7. Completed years 7-9</li> </ol> <p>X Don't Know  R Refused</p>
QALLf	Fathers highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS ANYONE BUT FATHER:  <b>What is the level of the highest qualification [child]'s father/stepfather has completed?</b></p> <p>IF RESPONDENT IS FATHER/STEPFATHER  <b>What is the level of the highest qualification you have completed?</b></p> <ol style="list-style-type: none"> <li>1. Completed School Certificate/ Intermediate/ Year 10/4<sup>th</sup> Form....</li> <li>2. Completed HSC/Leaving/Year 12/ 6<sup>th</sup> Form</li> <li>3. TAFE Certificate or Diploma</li> <li>4. University, CAE or some other tertiary institute degree or higher</li> <li>5. Other [SPECIFY]_____</li> <li>6. Completed Primary School</li> <li>7. Completed years 7-9</li> </ol> <p>X Don't Know  R Refused</p>
LFSP	Current employment status		Adults 16+ years	<p><b>In the last week, which of the following best describes your employment status?</b>  [READ OUT 1-5]</p> <ol style="list-style-type: none"> <li>1. <b>Worked for payment or profit → LF</b></li> <li>2. <b>Worked for payment/profit but absent on paid leave, holidays, on strike/stood down→ LF</b></li> <li>3. <b>Unpaid work in a family business→ LF</b></li> <li>4. <b>Other unpaid work</b></li> <li>5. <b>Did not work</b></li> <li>6. <b>Did not have a job</b></li> </ol> <p>X Don't know  R Refused</p>
LFS	Actively looking for work		Adults 16+ years	<p><b>Were you actively looking for work in the last week?</b></p> <ol style="list-style-type: none"> <li>1. Yes – Looked for Full-time work</li> <li>2. Yes – Looked for Part-time work</li> <li>3. No – Did not look for work</li> </ol> <p>X Don't Know  R Refused→Dem11</p>
HRSP	Number of hours worked in last week		Adults 16+ years	<p><b>In the last week, how many hours did you work in all jobs?</b>  _____No. of hours</p>

Question Code	Question Name		Age Groups	Question
MTWP2	Usual transport to work		5 years and over	<p><b>How do you usually get to work?</b>  <b>IF CHILD: How does [child] usually get to school?</b>  [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><b>IF RESPONDENT IS MOTHER/STEPMOTHER:</b>  <b>In the last week, which of the following best describes your employment status?</b>  <b>IF RESPONDENT IS ANYONE BUT MOTHER:</b>  <b>In the last week, which of the following best describes the employment status of [child]'s mother/stepmother?</b>  [READ OUT 1-5]</p> <ol style="list-style-type: none"> <li>1. Worked for payment or profit →LFm</li> <li>2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down → LFm</li> <li>3. Unpaid work in a family business → LFm</li> <li>4. Other unpaid work</li> <li>5. Did not have a job</li> </ol> <p>X Don't know  R Refused</p>
LFSm	Mother actively looking for work		Children 0-15 years	<p><b>IF RESPONDENT IS MOTHER/STEPMOTHER:</b>  <b>Were you actively looking for work in the last week?</b>  <b>IF RESPONDENT IS ANYONE BUT MOTHER:</b>  <b>Was [child]'s mother/stepmother actively looking for work in the last week?</b></p> <ol style="list-style-type: none"> <li>1. Yes – Looked for Full-time work</li> <li>2. Yes – Looked for Part-time work</li> <li>3. No – Did not look for work</li> </ol> <p>X Don't Know  R Refused → LFSPf</p>
LFSPf	Father's employment status		Children 0-15 years	<p><b>IF RESPONDENT IS MOTHER:</b>  <b>In the last week, which of the following best described the employment status of [child]'s father/stepfather?</b>  <b>IF RESPONDENT IS FATHER:</b>  <b>In the last week, which of the following best describes your employment status?</b></p> <p>[READ OUT]</p> <ol style="list-style-type: none"> <li>1. Worked for payment or profit →LFf</li> <li>2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down →LFf</li> <li>3. Unpaid work in a family business →LFf</li> <li>4. Other unpaid work</li> <li>5. Did not have a job</li> </ol> <p>X Don't know  R Refused</p>

Question Code	Question Name		Age Groups	Question
LFSf	Father actively looking for work		Children 0-15 years	<p><b>Was [child]'s father/stepfather actively looking for work in the last week?</b></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>
BUR3a	First aid training in past 12 months		Adults 16+ years	<p><b>Have you had first aid training in the past 12 months?</b></p> <p>1. Yes  2. No  X Don't know  R Refused</p>
DEM11	Currently receive a pension or benefit		Adults 65+ years	<p><b>Do you currently receive a pension, allowance or benefit?</b></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><b>Apart from Medicare, are you /is [child] currently covered by private health insurance?</b></p> <p>1. Yes  2. No  X Don't know  R Refused</p>
INC2	Household income		All	<p><b>I would now like to ask you about your household's income. What is your annual household income before tax? Would it be:</b></p> <p>[READ OUT]</p> <p>1. <b>Less than \$20,000</b>  2. <b>\$20,000-\$40,000</b>  3. <b>\$40,000-\$60,000</b>  4. <b>\$60,000-\$80,000</b>  5. <b>More than \$80,000</b>  X Don't know  R Refused</p>
DEM18	Local shire		All	<p><b>What is the name of your local Council or Shire?</b></p> <p>_____ Council</p> <p>X Don't Know  R Refused</p>
DEM16	Postcode		All	<p><b>Could you tell me your postcode?</b></p> <p>_____ POSTCODE→DEM19</p> <p>X Don't Know  R Refused</p>
DEM17	Suburb/Town		All	<p><b>What is the name of the suburb or town where you live?</b></p> <p>_____</p> <p>X Don't know  R Refused</p>

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