

# Population Health Survey 2010 Questionnaire

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Question Code	Question Name	2010 1 <sup>st</sup> Qtr	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 respondents 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 respondents 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

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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</b>  <b>A hospital emergency department (or casualty) for your own /for [child]'s medical care</b>  <b>An early childhood centre</b>  <b>A government run community health centre</b>  <b>A government dental service or dental hospital</b>  <b>A general practitioner</b>  <b>A specialist</b>  <b>Did not attend any services</b>  Don't know  Refused</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>  2 <b>Very Good</b>  3 <b>Good</b>  4 <b>Fair</b>  5 <b>Poor</b>  X Don't know  R Refused</p>
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor		All	<p>If HSU6H =FAIR/POOR</p> <p><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	2010 1 <sup>st</sup> Qtr	Age Groups	Question
HSU17H	Who hospital concerns reported to		All	<p>If HSU6H= FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Someone else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18H	Reason for not reporting hospital concerns		All	<p>IF HSU17H = 8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</p>
HSU6ED	Rating of care for most recent emergency department visit		All	<p>If HSUS1a= Emergency Department</p> <p><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><b>1 Excellent</b>  <b>2 Very Good</b>  <b>3 Good</b>  <b>4 Fair</b>  <b>5 Poor</b></p> <p>X Don't Know  R Refused</p>
HSU7ED	Reason for rating most recent emergency department visit as fair/poor		All	<p>If HSU6ED=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care you/[child] received as fair / poor?</b></p> <p>[Open-Ended]</p>

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HSU17E D	Who Emergency Department concerns reported to		All	<p>If HSU6ED=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p><b>[READ OUT]</b></p> <p><b>[MULTIPLE RESPONSE]</b></p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18E D	Reason for not reporting Emergency Department concerns		All	<p>IF HSU17ED =8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</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>

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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>  2 <b>Very Good</b>  3 <b>Good</b>  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know  R Refused</p>
HSU7B	Reason for rating overall care at early childhood centre as fair/poor		Children 0-4 years	<p>If HSU6B=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care [child] received as fair / poor?</b></p> <p>[Open-Ended]</p>
HSU17B	Who early childhood centre concerns reported to		Children 0-4 years	<p>If HSU6B=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p>1 <b>The provider directly</b>  2 <b>The management of the facility</b>  3 <b>An area health service</b>  4 <b>The Health Care Complaints Commission</b>  5 <b>Friends and family</b>  6 <b>A lawyer</b>  7 <b>Some one else [SPECIFY]</b>  8 <b>Did not report concerns [DO NOT READ OUT]</b>  X Don't know  R Refused</p>
HSU18B	Reason for not reporting early childhood centre concerns		Children 0-4 years	<p>IF HSU17B =8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p>1 <b>Not aware of complaint mechanism/body</b>  2 <b>Fear of negative impact on future health service delivery</b>  3 <b>Uncertain whether a complaint would be justified</b>  4 <b>Other [SPECIFY]</b>  X Don't know  R Refused</p>
HSU6CH	Rating of care for most recent community health centre visit			<p>If HSUS1a= Community health  <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>  2 <b>Very Good</b>  3 <b>Good</b>  4 <b>Fair</b>  5 <b>Poor</b>  X Don't Know  R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
HSU7CH	Reason for rating most recent community health centre visit as fair/poor			<p>If HSU6CH=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care you/[child] received as fair / poor?</b></p> <p>[Open-Ended]</p>
HSU17CH	Who early community health centre concerns reported to			<p>If HSU6CH=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b>  X Don't know  R Refused</p>
HSU18CH	Reason for not reporting community health centre concerns			<p>IF HSU17CH = 8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b>  X Don't know  R Refused</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><b>1 Excellent</b>  <b>2 Very Good</b>  <b>3 Good</b>  <b>4 Fair</b>  <b>5 Poor</b>  X Don't Know  R Refused</p>
HSU7PD	Reason for rating most recent public dental service visit as fair/poor		All	<p>If HSU6PD=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care you / [child] received as fair poor?</b></p> <p>[Open-Ended]</p>

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HSU17PD	Who public dental service concerns reported to		All	<p>If HSU6PD=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18PD	Reason for not reporting public dental service concerns		All	<p>IF HSU17PD =8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</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>
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><b>1 Excellent</b>  <b>2 Very Good</b>  <b>3 Good</b>  <b>4 Fair</b>  <b>5 Poor</b></p> <p>X Don't Know  R Refused</p>
HSU7GP	Reason for rating most recent General Practitioner visit as fair/poor		All	<p>If HSU6GP=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care you / [child] received as fair poor?</b></p> <p>Description: _____</p>



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HSU17GP	Who GP concerns reported to		All	<p>If HSU6GP=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18GP	Reason for not reporting GP concerns		All	<p>IF HSU17GP = 8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</p>
HSU6S	Rating of care for most recent specialist visit		All	<p>If HSUS1a= Specialist</p> <p><b>Overall, what do you think of the care you / [child] received at the specialist you/(child) last attended? Was it...?</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></p> <p>X Don't Know  R Refused</p>
HSU7S	Reason for rating most recent specialist visit as fair/poor		All	<p>If HSU6S=FAIR/POOR</p> <p><b>Could you briefly describe why you rated the care you/[child] received as fair / poor?</b></p> <p>[Open-Ended]</p>

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HSU17S	Who specialist concerns reported to		All	<p>If HSU6S=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18S	Reason for not reporting specialist concerns		All	<p>IF HSU17S = 8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</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  X Don't Know  R Refused</p>
HSU6C	Rating of overall care from community nurse in last 12 months		0-11 months	<p>IF HSU12n = 1</p> <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><b>1 Excellent</b>  <b>2 Very Good</b>  <b>3 Good</b>  <b>4 Fair</b>  <b>5 Poor</b></p> <p>X Don't Know  R Refused</p>
HSU7C	Reason for rating overall care by community nurse as fair/poor		0-11 months	<p><b>Could you briefly describe why you rated the care you / [child] received as fair/poor?</b></p> <p>Description: _____</p>

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HSU17C	Who community nurse concerns reported to		0-11 months	<p>If HSU7C=FAIR/POOR</p> <p><b>Did you report your concerns to...</b></p> <p>[READ OUT]</p> <p>[MULTIPLE RESPONSE]</p> <p><b>1 The provider directly</b>  <b>2 The management of the facility</b>  <b>3 An area health service</b>  <b>4 The Health Care Complaints Commission</b>  <b>5 Friends and family</b>  <b>6 A lawyer</b>  <b>7 Some one else [SPECIFY]</b>  <b>8 Did not report concerns [DO NOT READ OUT]</b></p> <p>X Don't know  R Refused</p>
HSU18C	Reason for not reporting community nurse concerns		0-11 months	<p>IF HSU17C = 8 (Did not report concerns)</p> <p><b>Why didn't you report your concerns?</b></p> <p><b>1 Not aware of complaint mechanism/body</b>  <b>2 Fear of negative impact on future health service delivery</b>  <b>3 Uncertain whether a complaint would be justified</b>  <b>4 Other [SPECIFY]</b></p> <p>X Don't know  R Refused</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>  [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>  [PROBE FULLY]</p> <p>Description:_____</p>
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>

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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			
ILIZ	Beginning Influenza like illness		All ages	<b>Influenza-Like Illness</b>
ILI1	Influenza like illness in the past 4 weeks		All	<p><b>In the last 4 weeks, did you/[child] have an illness with any of the following symptoms?</b></p> <p>[READ OUT]</p> <p><b>Fever or high temperature</b>  <b>Cough</b>  <b>Sore throat</b>  <b>Runny nose</b>  <b>Fatigue</b>  <b>Chills or shakes</b>  <b>Body aches and pains</b>  <b>Shortness of breath</b>  <b>"The flu" or flu-like symptoms</b>  None of the above→ILIX  Don't Know→ILIX  Refused→ILIX</p>

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ILI2	See GP for Influenza like illness		All	<b>Did you/[child] see a GP for this illness?</b> 1 Yes 2 No X Don't Know R Refused
ILI3	Go to ED or hospital for Influenza like illness		All	<b>Did you/[child] go to a hospital or emergency department for this illness?</b> 1 Yes 2 No X Don't Know R Refused
ILI4	Days unable to undertake normal activities because of influenza like illness		All	<b>How many days were you/was [child] unable to work, study or manage your/their day-to-day activities because of the illness?</b>  _____days Don't know Refused
ILIX	End Influenza like illness			
				<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
CBF13 (CBF13b CBF13a)	Duration of Breastfeeding		Children 0-23 months	<b>Including times of weaning, what is the total time [child] was breastfed?</b> <i>(ENTER FULL NUMBERS ONLY: IGNORE HALF)</i> 2 Answer in Months AND Weeks 3 Less than one week X Don't know → CBF4 R Refused → CBF4
CBF14a	Main Reasons Decided not to Breastfeed.		Children 0-23 months	<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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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?</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→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
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> (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF12 R Refused→CBF12
CBF12 (CBF12b CBF12a)	Age when First Given Solid Food		Children 0-23 months	<b>At what age was [child] first given solid food regularly?</b> (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Never given solids/not yet started solids X Don't know→CNF19 R Refused→CNF19
CNF19 (CNF19b CNF19a)	At what age given fruit juice		Children 0-23 months	<b>At what age was [child] first given fruit juice regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A –HALF WEEKS)</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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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>
CNF5b	Take tablets or capsules containing 0.5mg folate in month prior to pregnancy		0-11 months Only asked of mother	<b>Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant?</b>  [READ OUT 1-4]  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
CNF6b	Take tablets or capsules containing 0.5mg folate in first 3 months of pregnancy		0-11 months Only asked of mother	<b>Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy?</b>  [READ OUT 1-4]  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
CNFPX	End folate and Pregnancy			
CSDZ	Start of Injury 1 (Childhood Injury and Prevention)			<b>Injury 1 (Childhood Injury and Prevention)</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CSD3	Sleeping position from birth		0-11 months	<b>What position did you put [child] to sleep in from birth?</b> [READ OUT] 1 On his/her back 2 On his/her side 3 On his/her tummy 4 Any other position [SPECIFY] _____ X Don't know R Refused
CSDX	End of Injury 1 (Childhood Injury and Prevention)			
ALCPZ				<b>Alcohol Consumption in Pregnancy</b>
ALCP2	Alcohol during pregnancy		0-11 months	<b>When you were pregnant with [child], did you ever drink alcohol?</b> 1 Yes 2 No → ALCPX X Don't know → ALCPX R Refused → ALCPX
ALCP3	Alcohol quitting status during pregnancy		0-11 months	<b>When you were pregnant with [child], did you?</b>  <b>(READ OUT OPTIONS 1-3)</b>  1 <b>Reduce the amount of alcohol you drank</b> 2 <b>Try to give up drinking alcohol but were unsuccessful</b> 3 <b>Successfully gave up drinking alcohol</b> 4 None of the above X Don't know R Refused
ALCPX	End of Alcohol consumption in pregnancy			
EARZ	Start of Sight, Hearing and Speech		All	<b>Sight, Hearing and Speech</b>  <b>Now I'd like to ask you some questions about sight and hearing.</b>
EAR2a	Time since last hearing check		All	<b>When did you last have your/[child's] hearing checked?</b>  [READ OUT]  1 <b>Less than 1 year ago</b> 2 <b>1 year ago to less than 2 years ago</b> 3 <b>2 years ago to less than 5 years ago</b> 4 <b>5 or more years ago</b> 5 <b>Never</b> X Don't Know R Refused
EAR2	Have normal hearing		All	<b>As far as you know, do you/does [child] currently have normal hearing in both ears?</b> 1 Yes 2 No X Don't Know R Refused
EYE1	When eyesight last checked		All	<b>When did you last have your/[child's] eyesight checked?</b> 1 <b>Less than 1 year ago</b> 2 <b>1 year ago to less than 2 years ago</b> 3 <b>2 years ago to less than 5 years ago</b> 4 <b>5 or more years ago</b> 5 <b>Never</b> X Don't Know R Refused



Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
EYE2	Have normal vision		All	<b>As far as you know, do/does [child] have normal vision in both eyes?</b> 1 Yes 2 No 3 Yes, with glasses X Don't Know R Refused
EARX	End of Sight, Hearing and Speech		All	
SOYFZ				<b>NSCCAHS Falls Campaign Evaluation</b>
SOYF1	Heard anything about "Stay on your feet" campaign		50+, NSCCAHS	Have you seen or heard anything in your local area about "Stay on Your Feet"?  1 Yes 2 No X Don't know R Refused
SOYF2	Source of information for "Stay on your feet" campaign		50+, NSCCAHS	Where did you see or hear about it?  1 Local newspaper 2 Local radio 3 On side of a bus 4 Website 5 Rates notice 6 Magazine 7 Promotional merchandise eg. pens, pedometers, bags, shirts 8 Health professional eg. doctor, physio, pharmacist 9 Brochure 10 Other (Specify) X Don't know R Refused
SOYFX				
ARTHZ	Start of NSCCAHS Arthritis questions	Northern Sydney and Central Coast Area Health Service		<b>NSCCAHS Arthritis</b>
ARTH1	Ever been told have arthritis	Northern Sydney and Central Coast Area Health Service	All	<b>Have you/has [child] ever been told by a doctor or a nurse that you/[child] have arthritis?</b>  [PROMPT: If YES, ask which type] [MULTIPLE RESPONSE]  1 Yes - osteoarthritis 2 Yes - rheumatoid arthritis 3 Yes - juvenile rheumatoid arthritis (JRA) 4 Yes - other type of arthritis (Specify) 5 No → ARTHX X Don't know R Refused

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
ARTH2	Age Upon Diagnosis of Arthritis	Northern Sydney and Central Coast Area Health Service	All	<p><b>How old were you/was [child] when you/[child] were first diagnosed with arthritis?</b></p> <p>___ Age in years 88888 Don't know 99999 Refused</p>
ARTH3	Pain or Joint stiffness in last 12 months	Northern Sydney and Central Coast Area Health Service	All	<p><b>In the last 12 months, did you/[child] experience pain or stiffness in the joints?</b></p> <p>[READ OUT]</p> <p><b>1 Continuously throughout the year → ARTH3a</b>  <b>2 For a few weeks at a time → ARTH3b</b>  <b>3 For a few months at a time → ARTH3b</b>  <b>4 For a few days at a time → ARTH3b</b>  <b>5 None of the time → ARTH5</b>  X Don't know → ARTH5  R Refused → ARTH5</p>
ARTH3a	How often pain or stiffness throughout the year	Northern Sydney and Central Coast Area Health Service	All	<p><b>How often did you/[child] experience pain or stiffness in the joints?</b></p> <p>[READ OUT]</p> <p><b>1 Daily or almost every day (5-7 times per week)</b>  <b>2 Less than daily (2-4 times per week)</b>  <b>3 Once a week or less</b>  X Don't know  R Refused</p>
ARTH3b	How often pain or stiffness intermittently	Northern Sydney and Central Coast Area Health Service	All	<p><b>When you/[child] had a period of pain or stiffness, how often did you/[child] experience pain or stiffness in the joints?</b></p> <p>1 Daily or almost every day (5-7 times per week)  2 Less than daily (2-4 times per week)  3 Once a week or less  X Don't know  R Refused</p>
ARTH4	Ability to carry out everyday tasks with arthritis pain	Northern Sydney and Central Coast Area Health Service	All	<p><b>When you/[child] experience pain or stiffness in the joints, to what extent are you/is [child] able to carry out everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?</b></p> <p>[READ OUT]</p> <p><b>1 Completely</b>  <b>2 Mostly</b>  <b>3 Moderately</b>  <b>4 A little</b>  <b>5 Not at all</b>  X Don't know  R Refused</p>
ARTH5	Medication used for arthritis in last two weeks	Northern Sydney and Central Coast Area Health Service	All	<p><b>Have you/Has [child] used any medication for arthritis in the last two weeks.</b></p> <p>[If yes, specify up to 3 brand names]  [Check spelling if unsure]</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
ARTH6	Actions for arthritis in last two weeks	Northern Sydney and Central Coast Area Health Service	All	<p><b>Have you/has [child] taken any of these actions for your arthritis in the last two weeks?</b></p> <p>[READ OUT]</p> <p>1 Visited a GP or specialist  2 Visited some other health professional  3 Did weight / strength / resistance training  4 Obtained and / or used physical aids (used at work or home)  5 Water therapy  6 Massage  7 Followed a changed eating pattern/diet  8 Lost or tried to lose weight  9 Exercised most days  10 Any other action taken [SPECIFY]  11 No action taken  X Don't know  R Refused</p>
ARTHX	End of Arthritis Questions			
			Adults 16+ years	<b>NSCCAHS Personal Wellbeing Index</b>
PWIZ	Start of Northern Sydney and Central Coast Area Health Service Personal Wellbeing Index	NSCC AHS	Adults 16+ years	<p>I am now going to ask you questions about how satisfied you are with different aspects of your life.  I am going to ask how satisfied you feel, on a scale of Zero - 10.”</p> <p>(On this scale,) Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And the middle of the scale is 5, which means you feel neutral (ie neither satisfied nor dissatisfied).”</p> <p>Would you like me to go over this again for you?”</p> <p>“In that case I will start by asking how <u>satisfied</u> you are with life. So,-----  -----“</p>
PWI1	Satisfied with your life as a whole	NSCC AHS	Adults 16+ years	<p>Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?</p> <p>0 Completely dissatisfied  1  2  3  4  5 Neutral  6  7  8  9  10 Completely satisfied  Don't Know  Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
PWI2	Satisfied with standard of living	NSCC AHS	Adults 16+ years	How satisfied are you with your standard of living? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWI3	Satisfied with your health	NSCC AHS	Adults 16+ years	How satisfied are you with your health? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWI4	Satisfied with what you are achieving in life	NSCC AHS	Adults 16+ years	How satisfied are you with what you are achieving in life? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWI5	Satisfied with your personal relationships	NSCC AHS	Adults 16+ years	How satisfied are you with your personal relationships? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused

<b>Question Code</b>	<b>Question Name</b>	<b>2010 1<sup>st</sup> Qtr</b>	<b>Age Groups</b>	<b>Question</b>
PWI6	Satisfied with how safe you feel	NSCC AHS	Adults 16+ years	How satisfied are you with how safe you feel? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWI7	Satisfied with feeling part of your community	NSCC AHS	Adults 16+ years	How satisfied are you with feeling part of your community? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWI8	Satisfied with your future security	NSCC AHS	Adults 16+ years	How satisfied are you with your future security? 0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
PWI9	Satisfied with your spirituality or religion	NSCC AHS	Adults 16+ years	How satisfied are you with your spirituality or religion?  0 Completely dissatisfied 1 2 3 4 5 Neutral 6 7 8 9 10 Completely satisfied Don't Know Refused
PWIX	End of Northern Sydney and Central Coast Area Health Service Personal Wellbeing Index	NSCC AHS	Adults 16+ years	
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)			

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
ENRPZ	Start of Environmental Risks (Air Pollution)			<b>Environmental Risks (Air Pollution)</b>
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> [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	2010 1 <sup>st</sup> Qtr	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: Long-term condition diagnosed by a doctor or at a hospital]</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>



Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
AST9	Medications used in last 12 months		2+ years	<p><b>What are the names or brands of all the medications you took for your asthma in the past 12 months?</b></p> <p>Alvesco Aiomir Asmol Atrovent Bricanyl Epaq Flixotide Intal Oxis Prednisone Pulmicort Qvar Seretide Serevent Singular Symbicort Ventolin Other 1 [Specify] Other 2 [Specify] Other 3 [Specify]</p>
AST10 (a to p)	Frequency of asthma medication use in last 4 weeks		2+ years	<p><b>How often did you/did [child] use [medication] in the last 4 weeks?</b></p> <p>[READ OUT]</p> <p>1 Every day 2 More than 3 days and/or nights a week 3 1-3 days and or/nights a week 4 Less than once a week 5 Varies/ as required 6 Not at all X Don't know R Refused</p>
CA8b	Written asthma action plan if asthma worse or out of control		2+ years	<p><b>Do you have/ has [child] an asthma action plan, written instructions of what to do if your asthma is worse or out of control?</b></p> <p>1 Yes 2 No X Don't know R Refused</p>
ASTX	End of Asthma (Prevalence and Service)			
CVDX			Adults 16+ years	<b>Cancer Screening 1 (Breast and Cervical)</b>
CASZ	<b>Start of Cancer Screening 1 (Breast and Cervical)</b>		Women aged 20-79 years	I would now like to ask you some questions about women's health matters.
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	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CAS2	When was last mammogram		Women aged 40-79 years	<b>When did you last have a mammogram?</b> [PROMPT IF NECESSARY] 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
CAS3	Reason for last mammogram		Women aged 40-79 years	<b>Can you tell me all the reasons why you had your last mammogram?</b> 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 & Assessment Unit Publicity about breast cancer and screening Urged by a friend/relative to go Other [SPECIFY] Don't Know Refused
CAS15	Ever had Pap test		Women aged 20-69 years	<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>  1 Have you ever had a Pap test? 2 Yes 3 No →HRA1 X Don't know →HRA1 R Refused →HRA1
CAS11	When had last Pap test		Women aged 20-69 years	<b>When did you last have a Pap test?</b> [PROMPT IF NECESSARY] 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
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	<b>A hysterectomy is an operation in which a woman's uterus (or womb) is removed.</b>  <b>Have you ever had a hysterectomy?</b> 1 Yes 2 No →HRAX X Don't Know →HRAX R Refused →HRAX
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
DBTX	End of Diabetes 1 (Prevalence and Management)			

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
DBTaZ	Start of Diabetes 2 (Complications and screening)			<b>Diabetes 2 (Complications and Screening)</b>
D8	Usual diabetes care provider		9+ years	<b>Who usually provides care for your[child's] diabetes/high blood glucose?</b> 1 GP or local doctor 2 Diabetes clinic 3 Medical specialist 4 Aboriginal health worker 5 Other (SPECIFY) _____ X Don't know R Refused
D9	Time since visiting eye specialist for eye related diabetes problems		16+ years	<b>About how long is it since you consulted an eye specialist to check for or treat diabetes-related eye problems?</b> 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused
D10	Time since visiting diabetes educator for diabetes education		16+ years	<b>About how long is it you/[child] consulted a diabetes educator for education about your diabetes/high blood glucose. A diabetes educator is a person who is specially trained to teach you about your diabetes and diabetes management?</b> 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused
D11	Time since visiting dietician for dietary advice about diabetes		16+ years	<b>About how long is it since you consulted a dietician for dietary advice about diabetes?</b> 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused
D12	Time since visiting podiatrist		16+ years	<b>About how long is it since you consulted a podiatrist to check for or treat diabetes-related foot problems? A podiatrist is a person who is specially trained to provide foot care?</b> 1 Less than 1 year ago 2 1 year ago to less than 2 years ago 3 2 years to less than 5 years ago 4 More than 5 years 5 Never X Don't know R Refused
D16	Number of times diabetes interfered with daily activities		9+ years	<b>During the last 12 months did your diabetes/high blood glucose interfere with your/[child's] ability to work, study or manage your/[his/her] day-to-day activities?</b> 1 Yes 2 No X Don't know R Refused

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
D17	How much interfered with activities		9+ years	<b>Did it interfere with these activities...</b> [READ OUT] 1 A little bit 2 Moderately 3 Quite a lot 4 Extremely X Don't know R Refused
DBTaX	End of Diabetes 2 (Complications and screening)			
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
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	Hunter New England	Adults 16+ years	<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	Hunter New England AHS	Adults 16+ years	<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	Hunter New England AHS	Adults 16+ years	<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	2010 1 <sup>st</sup> Qtr	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</p> <p>Serves of Vegetables 88888 Don't know 99999 Refused</p>
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></p> <p><b>A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.</b></p> <p>1 Answer in serves per day 2 Answer in serves per week 3 Don't eat fruit X Don't Know R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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] _____ Record</p> <p>Serves of Fruit 88888 Don't know 99999 Refused</p>
NUT3b (B2) (NUT3ba, NUT3bb, NUT3bc)	Times bread usually eat per day		Adults 16+ years	<p><b>How often do you usually eat bread? (Include bread rolls, flat breads, crumpets, bagels, English or bread type muffins).</b></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>
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></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>
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></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>
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>
NUT15 (FF1) (NUT15a, NUT15b, NUT15c)	Times chips etc usually eaten per week		2+ years	<p><b>How often do you/does [child] eat hot chips, French fries, wedges or fried potatoes?</b></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>
NUT16 (NUT16a, NUT16b, NUT16c)	Times fried and salty snack products usually eaten per week		2+ years	<p><b>How often do you /does [child] eat potato crisps or other salty snacks such as Twisties or corn chips?</b></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	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
CNFI15 (CNFI15a, CNFI15b)	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
CNFI6 (CNFI6a, CNFI6b)	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
CNFI14 (CNFI14a, CNFI14b)	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
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>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CNFI5 (CNFI5a, CNFI5b)	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
CNFI11 (CNFI11a , CNFI11b)	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
CNFI12 CNFI12a, CNFI12b)	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
CNFI13 CNFI13a, CNFI13b)	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
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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)			
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
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			
				<b>Swine Flu Immunisation</b>
SWNZ	Swine flu immunisation introduction		6 months +	<b>Now some questions about the pandemic influenza virus, H1N1 influenza 09, also known as human swine flu.</b>
SWN1	Vaccinated against swine flu		6 months +	<b>[Have you/Has child] been vaccinated against human swine flu?</b> 1 Yes 2 No → SWN5 X Don't know → SWN5 R Refused → SWN5

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SWN6	Number of Doses		6 months – 9 years	<p><b>How many doses of the swine flu vaccination has (child) had?</b></p> <p><b>Interviewer note: It is recommended two doses of vaccine be given to children aged 6 months to 9 years of age. These doses should be given at least 28 days apart.</b></p> <p>1 1 dose (no plans on second dose)  2 1 dose (appointment/plan on second dose)  3 2 doses  X Don't know  R Refused</p>
SWN1a	Know date when vaccinated		6 months +	<p><b>When were [you /was child last] vaccinated against human swine flu?</b></p> <p>1 Know exact date →SWN2  2 Know month and year →SWN2a  X Don't know → SWN3  R Refused → SWN3</p>
SWN2a	Month when vaccinated		6 months +	<p><b>What month and year [were you/was child last] vaccinated against human swine flu?</b></p> <hr/>
SWN2	Date when vaccinated		6 months +	<p><b>When were [you /was child last] vaccinated against human swine flu?</b></p> <p>DD/MMM/YYYY</p>
SWN3	Place of immunisation		6 months +	<p><b>Where were you/was child vaccinated against human swine flu?</b></p> <p>1 GP  2 Aboriginal medical service  3 Hospital  4 Other health service (eg renal dialysis clinic)  5 Other [SPECIFY]  X Don't know  R Refused</p>
SWN4	Main reason for receiving H1N1 vaccine		6 months +	<p><b>What was the main reason or prompt for [you /your child] to receive the vaccine for human swine flu?</b></p> <p>1 Pregnant → SWNX  2 Aboriginal→ SWNX  3 Chronic medical conditions (ie asthma, diabetes, obesity) → SWNX  4 Living in a remote or isolated community→ SWNX  5 Carer of young children→ SWNX  6 Healthcare professional→ SWNX  7 Media advice→ SWNX  8 Contact with a case of swine flu→ SWNX  9 Other [SPECIFY] → SWNX  X Don't know→ SWNX  R Refused→ SWNX</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SWN5	Main reason for not receiving H1N1 vaccine		6 months +	<p><b>What is the main reason that [you/your child] [have/has] not had the swine flu vaccine?</b></p> <p>1 Decided not to be immunised – worried about side effects  2 Decided not to be immunised – believe I am not/child isn't at risk of swine flu  3 Decided not to be immunised – don't think the vaccine will protect me/my child  4 Decided not to be immunised – worried the vaccine has not been adequately tested  5 Wanted to wait a while/new vaccine  6 Was not aware of the recommendation  7 The vaccine was not available  8 Unable to see GP  9 Allergy (no further information)  10 Severe allergy to eggs  11 Severe reaction to previous vaccinations  12 Other [SPECIFY]  X Don't know  R Refused</p>
SWNX	End of Swine Flu immunisation			
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	<p><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</p>
AMH2	K10 – Feel nervous in past 4 weeks		Adults 16+ years	<p><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</p>
AMH3	K10 – Feel so nervous that nothing can calm you in past 4 weeks		Adults 16+ years	<p><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</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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
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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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)			
IMM				<b>I now have a few questions about immunisation.</b>
IMMZ	Start of Immunisation 1 (Influenza and Pneumococcal)		6 months+	<b>Immunisation 1 (Influenza and Pneumococcal)</b>
IMM2	Vaccinated against influenza in last 12 months		6 months+	<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		6 months+	<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)			
IMMaZ	Start of Immunisation 2 (Access-Attitudes to Child Immunisation)		Children 0-5	<b>Immunisation 2 (Access-Attitudes to Child Immunisation)</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CHVAC1	Feelings on Childhood Vaccination		Children 0-5	<p><b>Overall, how do you feel about childhood vaccination? Do you...</b></p> <p>[READ OUT]</p> <p><b>1 Strongly support it</b>  <b>2 Generally support it</b>  <b>3 Neither support nor oppose it</b>  <b>4 Generally oppose it</b>  <b>5 Strongly oppose it</b>  X Don't Know  R Refused</p>
CHVAC2 b	Childhood immunisation safety		Children 0-5	<p><b>In general, how safe do you think immunisations are for children?</b></p> <p>[READ OUT]</p> <p><b>1 Completely safe</b>  <b>2 Slight risk</b>  <b>3 Moderate risk</b>  <b>4 High risk</b>  X Don't Know  R Refused</p>
CHVAC6	Children get too many vaccines		Children 0-5	<p><b>I will now read some statements about immunisations. For each statement, please indicate whether you agree or disagree with it.</b></p> <p><b>Children get too many vaccines during the first two years of life. Do you:</b></p> <p>[READ OUT]</p> <p><b>1 Strongly agree</b>  <b>2 Agree</b>  <b>3 Neither agree nor disagree</b>  <b>4 Disagree</b>  <b>5 Strongly disagree</b>  X Don't Know  R Refused</p>
CHVAC7	Immunisations weaken immune systems		Children 0-5	<p><b>I am concerned that my child's immune system could be weakened by immunisations Do you:</b></p> <p>[READ OUT]</p> <p><b>1 Strongly agree</b>  <b>2 Agree</b>  <b>3 Neither agree nor disagree</b>  <b>4 Disagree</b>  <b>5 Strongly disagree</b>  X Don't Know  R Refused</p>



Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CHVAC8	Child up to date with immunisations		Children 0-5	<p><b>Do you think child is up to date with his/her immunisations?</b>  <b>Would you say:</b></p> <p>[READ OUT]</p> <p><b>1 Yes, completely up to date</b>  <b>2 No, but has had some</b>  <b>3 No, hasn't had any</b>  X Don't know  R Refused</p>
IMMaX	End of Immunisation 2 (Access-Attitudes to Child Immunisation)		Children 0-5	
PRTZ				<b>Pertussis Evaluation</b>
PRT1				<p><b>How many children aged less than 3 years old live in your household?</b></p> <p>_____</p> <p>None → PRTX  Don't know → PRTX  Refused → PRTX</p>
PRT2	Things that protect babies from whooping cough			<p><b>What things can people do to protect babies from catching whooping cough?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>[IF ASKED: Whooping cough, also called pertussis, is a coughing illness caused by an infection of the throat. People usually cough in bouts, followed by a deep gasp or whoop. People sometimes vomit after coughing.]</p> <p>1 Get the baby vaccinated  2 Get the baby's first vaccine at 6 weeks  3 Get all scheduled vaccines on time  4 Check that sibilins/other people in the household are vaccinated  5 Adults in the household should get vaccinated  6 Keep the baby away from coughing people  7 Other [SPECIFY]  X Don't know  R Refused</p>
PRT3	Children <3 up to date with vaccinations			<p><b>Are the child/children aged less than 3 years old in your household up to date with their vaccinations?</b></p> <p>1 Yes, all are fully immunised or fully immunised for age.  2 No, have some immunisations but not up to date  3 No immunisations at all  X Don't know  R Refused</p>
PRT4	Other children up to date with vaccinations			<p><b>Are/Is the other children/child in your household up to date with their vaccinations?</b></p> <p>1 Yes, all are fully immunised or fully immunised for age.  2 No, have some immunisations but not up to date  3 No immunisations at all  X Don't know  R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
PRT5	Had adult whooping cough booster in past 12 months			<p><b>Have you had the ADULT whooping cough vaccine in the last 12 months?</b></p> <p>1 Yes  2 No → PRT7  X Don't know → PRT8  R Refused → PRT8</p>
PRT6	Main reason for getting adult pertussis booster			<p><b>What was the main reason or prompt for you to receive the ADULT whooping cough booster vaccine?</b></p> <p>ACIR – Australian Childhood Immunisation Register</p> <p>1 Information from ACIR or NSW Health (letter)  2 Doctor or GP/Hospital/other health professional  3 Work requirement  4 Media advice  5 Contact with a case of pertussis  6 Other [SPECIFY]  X Don't know  R Refused</p>
PRT7	Main reason not had adult pertussis booster in last 12 months			<p><b>What is the main reason you have not had the ADULT whooping cough booster vaccine in the last 12 months?</b></p> <p>1 Decided not to be immunised  2 Was not aware of the recommendation  3 The vaccine is too expensive  4 The vaccine was not available  5 Unable to see GP  6 Had ADULT booster but not in last 12 months  7 Allergy  8 Other reason [SPECIFY]  X Don't know  R Refused</p>
PRT8	Other adults had pertussis booster vaccine in last 12 months			<p><b>Have any other adults in the household had the ADULT whooping cough booster vaccine last 12 months?</b></p> <p>1 Yes, all adults  2 Yes, some adults  3 No, none  X Don't know  R Refused</p>
PRT9	Received a letter about whooping cough from Medicare or NSW Health			<p><b>Did your household receive a letter about whooping cough from Medicare or NSW Health?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
PRT10	Anyone in HH diagnosed with pertussis in last 12 months			<p><b>Has anyone in the household been diagnosed with whooping cough by a doctor in the last 12 months?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
PRT11	Age of person diagnosed with whooping cough			<p><b>Who in the household has been diagnosed with whooping cough in the past 12 months?</b></p> <p>Age of person _____  X Don't know  R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
PRTX				
HUNPZ	Start of Environmental Risks (Pollution in the Hunter)			<b>Environmental Risks (Pollution in the Hunter)</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			All	<b>The next questions are about your/[child's] teeth and dental health.</b>
OHE1	Any teeth missing		16+ years	<p><b>Are any of your natural teeth missing?</b></p> <p>[NOTE: INCLUDES WISDOM TEETH] [PROMPT IF NECESSARY]</p> <p>1 Yes – have some natural teeth missing 2 Yes – have all natural teeth missing 3 No – have no natural teeth missing X Don't know R Refused</p>
OHE6	Time since last dental visit		All	<p><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 therapist or oral health therapist).</b></p> <p>[READ OUT]</p> <p><b>1 Less than 12 months ago</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 → OHE18</b> <b>6 Never → OHE18</b> X Don't know R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
OHE5	Most recent oral health problem		All	<p><b>What treatment did you/[child] receive at your/his/her last dental visit?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>1 Check up  2 Dental filling  3 Oral health education  4 Amalgam replacement  5 Root canal filling  6 Crown  7 Implant  8 Tooth extraction  9 Fluoride treatment  10 Gum treatment  11 Teeth straightened/braces  12 New or replacement dentures  13 Teeth cleaned  14 Fissure sealant  15 Whitening/bleaching  16 Denture repair  17 None – did not visit the dentist  18 Surgery of the mouth/jaw  19 Other treatment [SPECIFY]  X Don't know  R Refused</p>
OHE17	Type of dental service last visited		All	<p><b>Was your/[child's] last dental visit made at a...</b></p> <p>[READ OUT]</p> <p><b>1 Private dental practice</b>  <b>2 Community dental service</b>  <b>3 Health fund dental clinic</b>  <b>4 Dental hospital</b>  <b>5 Any other place (please specify)</b>  X Don't know  R Refused</p>
OHE17a	Dental service satisfaction		All	<p><b>Overall, what do you think of the care you/[child] received at your/his/her most recent dental visit?</b></p> <p>[READ OUT]</p> <p><b>1 Excellent</b> → OHE13  <b>2 Very good</b> → OHE13  <b>3 Good</b> → OHE13  <b>4 Fair</b>  <b>5 Poor</b>  X Don't know → OHE13  R Refused → OHE13</p>
OHE17b	Reasons for dental service dissatisfaction		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	2010 1 <sup>st</sup> Qtr	Age Groups	Question
OHE18	Reasons for not visiting dentist in last 12 months		All	<p><b>Are there any reasons you/ [child] did not visit a dentist in the last 12 months?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>1 Respondent has dentures  2 Worried or afraid of going; don't like going  3 Don't need to  4 Hard to find time  5 Can't find a dentist I like  6 Too expensive  7 Too far to go  8 Long waiting lists  9 Dentist has moved or retired  10 Other [SPECIFY]_____</p> <p>X Don't know  R Refused</p>
OHE19	Private dental cover		All	<p><b>Do you have private health insurance cover for your/[child's] dental expenses?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
OHE20	Payment arrangement for last dental visit		All	<p><b>Did the government or an insurance fund pay any part of the expenses for your/[child's] last dental visit?</b></p> <p>[PROMPT IF NECESSARY]</p> <p>1 No - paid all own expenses.  2 Yes - insurance paid some, patient paid some  3 Yes - insurance paid all, patient paid none  4 Yes - government paid some, patient or insurance paid some  5 Yes – government paid all, patient paid none  6 Other payment arrangement [SPECIFY]  X Don't know  R Refused</p>
OHE21	Cost of last dental visit		All	<p><b>How much did your/[child's] last dental visit cost before any insurance rebate?</b></p> <p>\$ _____  X Don't know  R Refused</p>
OHE22	Oral facial pain in last month		16+	<p><b>During the last month, have you had pain in the face, jaw, temple, in front of the ear or in the ear?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
ORALX	End of Oral Health			
SEXZ	Start of Sexual Health Risk Behaviours		Adults 16-70	<b>Sexual Health Risk Behaviours</b>
SEXINTR O	Safe sex introduction		Adults 16-70	<b>The next questions are about your sexual health.</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SEX1	Sexual intercourse in last 12 months		Adults 16-70	<b>Have you had sexual intercourse in the last 12 months?</b>  1 Yes 2 No →SEXX X Don't Know → SEXX R Refused → SEXX
SEX2	Sexual intercourse with more than one person in the last 12 months		Adults 16-70	<b>Have you had sexual intercourse with more than one person in the last 12 months?</b>  1 Yes 2 No→SEX4 X Don't Know →SEX4 R Refused→SEX4
SEX3	Use condoms every time during sexual intercourse		Adults 16-70	<b>Do you use condoms every time you have sexual intercourse?</b>  1 Yes 2 No X Don't Know R Refused
SEX4	Diagnosed with Chlamydia in last 12 months		Adults 16-70	<b>Have you been diagnosed with a Chlamydia in the last 12 months?</b>  1 Yes 2 No→SEXX X Don't Know→SEXX R Refused→SEXX
SEXX	End of Sexual Health Risk Behaviours			
PHYSZ	Start of Physical Activity 1 (Leisure Time)			<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>
PAC1	Number of times walked in last week		Adults 16+ years	<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>  [IF ASKED INCLUDE ANY WALKING FOR SELF-TRANSPORT]  Number of times _____ If =0→ PAC3 88888 Don't Know →PAC3 99999 Refused →PAC3
PAC2 (WA3) (PAC2b)	Minutes spent walking in last week		Adults 16+ years	<b>What do you estimate was the total time you spent walking in this way in the last week? (In hours and minutes)</b>  Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC7	Number of times exercised vigorously in last week		Adults 16+ years	<b>The next question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming)</b>  Number of times _____ If=0→ PAC9 88888 Don't know → PAC9 99999 Refused → PAC9

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
PAC8a (PAC8b)	Minutes spent exercising vigorously in last week		Adults 16+ years	<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> Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC9	Number of times spent exercising moderately in last week		Adults 16+ years	<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>  Number of times _____ If =0 → NEXT SECTION 88888 Don't know → NEXT SECTION 99999 Refused → NEXT SECTION
PAC10a (PAC10b)	Minutes spent exercising moderately in last week		Adults 16+ years	<b>What do you estimate was the total time that you spent doing these activities in the last week? (In hours and minutes)</b>  Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PHYSX	End of Physical Activity 1 (Leisure Time)			
ILPAZ	Start of Physical Activity Illawarra			<b>Physical Activity Illawarra</b>
Ill14	Adequacy of current amount of physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	<b>Would you say the amount of physical activity you currently do is:</b> READ OUT] 1 Too much 2 Enough to benefit your health 3 Not enough to benefit your health 4 I do none at all X Don't know R Refused
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			
WBTY	Start South West Sydney Physical Activity Behaviour - Walking		16+	<b>South West Sydney Physical Activity Behaviour Walking</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
WBTY1	South West Sydney Physical Activity Behaviour - Walking		16+	<p><b>On a scale from 1 to 10, where 10 is very easy to walk around, and 1 is NOT easy to walk around, how easy is it for you to walk around the neighbourhood where you live?</b></p> <p>88888 Don't know 99999 Refused</p>
WBTY2	South West Sydney Physical Activity Behaviour - Proximity		16+	<p><b>On a scale from 1 to 10, where 10 is very close, and 1 is NOT close at all, how close to where you live are the places you want to go to, like shops, restaurants, public transport?</b></p> <p>88888 Don't know 99999 Refused</p>
WBTY3	South West Sydney Physical Activity Behaviour - Value of Walking		16+	<p><b>On a scale from 1 to 10, where 10 is very important, and 1 is NOT important at all, how important is it to you that you live in a neighbourhood where it is easy to walk around?</b></p> <p>88888 Don't know 99999 Refused</p>
WBTY4	South West Sydney Physical Activity Behaviour - Value of Proximity		16+	<p><b>On a scale from 1 to 10, where 10 is very important, and 1 is NOT important at all, how important is it to you that you live in a neighbourhood where you are close to the places you want to go?</b></p> <p>88888 Don't know 99999 Refused</p>
WBTY5	Last time rode bicycle		16+	<p><b>When was the last time you rode a bicycle?</b></p> <p>1 Today 2 Last week 3 Last month 4 Last year 5 Longer than a year ago 6 Never X Don't know R Refused</p>
WBTYX	End of Physical Activity			
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	2010 1 <sup>st</sup> Qtr	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	2010 1 <sup>st</sup> Qtr	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 → CPHY5 X Don't know → CPHY5 R Refused → CPHY5
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 R Refused
CPHY5 CPHY5A CPHY5B	Number of days during week usually does physical activity at school		5-15 years	<b>On about how many days during the school week does [child] usually do physical activity during school hours?</b>  1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3
CPHY6 CPHY6A CPHY6B	On those days, about how many hours does usually do physical activity at school?		5-15 years	<b>On those days, about how many hours does [child] usually do physical activity?</b> 1. _____ Record hours and minutes X Don't know R Refused
CPHY3 CPHY3A	Number of days on weekend usually does physical activity		5-15 years	<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		5-15 years	<b>On about how many days during the school week, does [child] 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		5-15 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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos		5-15 years	<b>On about how many weekend days 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		5-15 years	<b>On a typical weekend day, about how many hours does [child] spend watching TV, videos or DVDs?</b> 1 Record Hours AND minutes X Don't know R Refused
CPIA5 (CPIA5A)	No. days during week play video or computer games		5-15 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		5-15 years	<b>On those days, about how many hours does [child] usually spend playing video or computer games? That is, how many hours on a typical weekday when video/computer games are played?</b> 1 _____ Record Hours AND minutes X Don't know R Refused
CPIA7 (CPIA7A)	No. days on weekend play video or computer games		5-15 years	<b>On about how many weekend days does [child] usually play video or computer games?</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		5-15 years	<b>On a typical weekend day, about how many hours does [child] usually spend playing or computer games?</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	2010 1 <sup>st</sup> Qtr	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>
SMK			All	<b>The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SMK1	Personal smoking status		Adults 16+ years	<p><b>Which of the following best describes your smoking status?</b> [READ OUT]</p> <p><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</p>
HUN6b	Age upon becoming regular smoker	Sydney West Area Health Service	Adults 16+ years	<p><b>How old were you when you became a regular smoker?</b></p> <p>Age in years</p> <p>X Don't know R Refused</p>
HUN7b	Situation when smoking commenced	Sydney West Area Health Service	Adults 16+ years	<p><b>What were you doing when you started smoking regularly?</b></p> <p>1 Working  2 Studying at primary school  3 Studying at secondary school  4 Studying at TAFE  5 Studying with other tertiary education provider  6 Studying at university  7 Unemployed (neither school nor work)  8 Other [SPECIFY]  X Don't Know  R Refused</p>
SMK3	Intention to quit smoking		Adults 16+ years	<p><b>Which of the following best describes how you feel about your smoking?</b></p> <p>[READ OUT]</p> <p><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</p>
SMK30	Source of assistance when quitting	Sydney West Area Health Service	Adults 16+ years	<p><b>If you are planning on quitting, where will you go for help?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>[ALTERNATIVE THERAPIST INCLUDES: laser, hypnotherapist, herbalist, naturopath, acupuncturist, homeopath, etc]</p> <p>1 Quitline  2 Quit clinic (hospital)  3 Quit clinic (community health)  4 Quit clinic (not specified)  5 Doctor  6 Pharmacist  7 Alternative therapist  8 Other [SPECIFY]  9 None (would not seek help)  X Don't Know  R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CAN5	Smoking addiction		Adults 16+ years	<b>How soon after you wake up do you smoke your first cigarette?</b> [READ OUT] 1. <b>Less than or equal to 5 minutes</b> 2. <b>6 to 30 minutes</b> 3. <b>31 to 60 minutes</b> 4. <b>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] 1 <b>My home is smoke free (includes smoking is allowed outside only)</b> 2 <b>People occasionally smoke in the house</b> 3 <b>People frequently smoke in the house</b> X Don't Know R Refused
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]  1. <b>More often</b> 2. <b>Less often</b> 3. <b>It would make no difference</b> X Don't know R Refused

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SMK28	Smoking ban in outdoor dining areas		Adults 16+ years	<p><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></p> <p>[READ OUT]</p> <p>1. <b>More often</b>  2. <b>Less often</b>  3. <b>It would make no difference</b>  X Don't know  R Refused</p>
SMK29	Cigarette display at point of sale		Adults 16+ years	<p><b>Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?</b></p> <p>1 Yes  2 No  X Don't know  R Refused</p>
SMKPX	End Smoking 3 (Policy)			
SMKGZ	Start of Smoking 2 (During Pregnancy)			<b>Smoking 2 (During Pregnancy)</b>
CSPG1	Ever smoked		0-11 months	<p><b>Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products?</b></p> <p>Yes – more than 100  Yes – less than 100  No → SMKX  X Don't know  R Refused</p>
CSPG2	Smoking during pregnancy		0-11 months	<p><b>When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products?</b></p> <p>Yes  No → SMKX  X Don't know → SMKX  R Refused → SMKX</p>
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>1 <b>Reduce the amount of tobacco you smoked</b>  2 <b>Try to give up smoking but were unsuccessful</b>  3 <b>Successfully gave up smoking</b>  4 None of the above  X Don't know  R Refused</p>
SMKGX	End of Smoking 2 (During Pregnancy)			
ENVHWZ			16+	<b>Illness Relating to Weather Conditions</b>
ENVHW	Start of illness relating to weather conditions		16+	<b>Now some questions about illness relating to the weather conditions.</b>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
ENVHW1	Hear or see health messages		16+	<p><b>Have you heard or seen any information about summer heat and heat waves?</b></p> <p>1 Yes  2 No → ENVHW3  X Don't know → ENVHW3  R Refused → ENVHW3</p>
ENVHW2	Where heard or saw health message		16+	<p><b>Where did you see or hear this information?</b></p> <p>Health Professional  Media publicity (TV/Radio/Papers/Magazines)  Back/Side of Buses  Word of mouth  Other [SPECIFY]  Don't know  Refused</p>
ENVHW3	Change behaviour		16+	<p><b>Do you change your behaviour when the weather is hot?</b></p> <p>1 Yes  2 No → ENVHW5  X Don't know → ENVHW5  R Refused → ENVHW5</p>
ENVHW4	Actions taken to stay healthy		16+	<p><b>What changes do you make when the weather is hot?</b></p> <p>Drink more water  Stay inside  Avoid going outside between 11am and 3pm  Use air conditioning or fans  Reduce outdoor activities, particularly sport and gardening  Review medication with GP  Close windows and blinds  Wear a hat and cool clothing when outside  Wear sunscreen when outside  Check up on vulnerable people  Other (specify) _____  Don't know  Refused</p>
ENVHW5	High risk groups		16+	<p><b>Do you know any groups of people who may be more affected by hot weather than others?</b></p> <p>1 Yes  2 No → ENVHW7  X Don't know → ENVHW7  R Refused → ENVHW7</p>
ENVHW6	Groups more at risk of heat related illness		16+	<p><b>Which groups of people are more at risk of heat related illness?</b></p> <p>Elderly  Babies and young children  People with chronic disease (high blood pressure, heart disease, diabetes etc)  People on some medication  People who live alone  People who work outdoors or in areas of poor ventilation  Other (specify)  Don't know  Refused</p>



Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
ENVHW7	Advice regarding preparation for hot weather and heat waves		16+	<b>Hot weather and heat waves can cause dehydration and other stresses to the body. What advice would you give others about preparing for hot weather and heat waves</b> <hr/>
ENVHX	End of illness relating to weather conditions			
SPSSZ	Start of Summer Sun Protection		All	<b>Summer Sun Protection</b>
SPSS	Sun exposure last summer introduction		All	<b>The next few questions are about occasions last summer when you were/[child] was outside in the sun for at least fifteen minutes. Please think about actions you usually took for sun protection on these occasions.</b>
SPSS1	Sun exposure last summer		All	<b>Last summer, how often did you/[child] go out in the sun for more than 15 minutes between 11am and 3pm?</b>  [READ OUT]  1 Always 2 Often 3 Sometimes 4 Rarely 5 Never in the sun for more than 15 minutes→SH1 X Don't know R Refused
SPSS7	Seek shade last summer		All	<b>Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] seek shade?</b>  [READ OUT]  1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused
SPSS2	Hat wearing last summer		All	<b>Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] wear a broad brimmed hat or cap with a back flap?</b>  [READ OUT]  1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SPSS3	Use of sun screen last summer		All	<p><b>Still thinking about last summer, how often did you apply a broad-spectrum sunscreen with an SPF of 15 or more to your/[child's] exposed skin?</b></p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSS4	Use of protective clothing last summer		All	<p><b>Still thinking about last summer, how often were you/was [child] deliberately dressed in clothing to protect you/[him/her] from the sun?</b></p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSS8	Sunglasses last summer		All	<p><b>Last summer, when you/[child] was out in the sun for more than 15 minutes, how often did you/[he/she] wear sunglasses?</b></p> <p>[READ OUT]</p> <p>1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused</p>
SPSS5	Frequency of sunburn last summer		All	<p><b>Still thinking about last summer, how often did you/did [child] get sunburnt, so your/[his/her] skin was still sore or tender the next day?</b></p> <p>[READ OUT]</p> <p>1 Not at all 2 Once 3 Twice 4 3 or 4 times 5 5 or more times X Don't know or don't recall R Refused</p>
SH1	Shade in sporting areas		All	<p><b>In your local area, when you are outside do you find it easy to find shade in sporting areas?</b></p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
SH2	Shade at public pool		All	<p><b>In your local area, when you are outside do you find it easy to find shade at the outdoor public swimming pool?</b></p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>
SH3	Shade at public park		All	<p><b>In your local area, when you are outside do you find it easy to find shade at the public park?</b></p> <p>[Interviewer Note: Shade can be natural eg trees or purpose built eg clubhouse, shade awnings]</p> <p>1 Yes 2 No 3 Not applicable X Don't know R Refused</p>
SPSSX	End of Summer Sun Protection			
				<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>1. I smoke daily 2. I smoke occasionally 3. I don't smoke now, but I used to →SMKSW 4. I've tried it a few times but never smoked regularly →SMKSW 5. I've never smoked marijuana→SMKSW X Don't know →SMKSW R Refused →SMKSW</p>
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>1. Less than or equal to 5 minutes 2. 6 to 30 minutes 3. 31 to 60 minutes 4. Longer than 60 minutes X Don't know R Refused</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CANX	End of Marijuana Introduction			
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>6. I smoke daily</b>  <b>7. I smoke occasionally</b>  <b>8. I don't smoke now, but I used to →SMKSW</b>  <b>9. I've tried it a few times but never smoked regularly →SMKSW</b>  <b>10. I've never smoked marijuana→SMKSW</b>  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>5. Always  6. Sometimes  7. Rarely  8. 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>5. Less than or equal to 5 minutes</b>  <b>6. 6 to 30 minutes</b>  <b>7. 31 to 60 minutes</b>  <b>8. 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, school attendance and reading to child</b>
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	<p><b>Has [child] ever attended any play group or other early childhood program or activity?</b></p> <p><b>Please do not include child care programs or time spent in preschool.</b></p> <p>1. Yes  2. No → CHC1  X Don't Know → CHC1  R Refused → CHC1</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
CAQ2	Currently attends other organised early childhood programs or activities		Children 0-5 years	<p><b>Does child currently attend any play group or other early childhood program or activity?</b></p> <p><b>Please do not include childcare programs or time spent in preschool.</b></p> <p>1. Yes 2. No X Don't Know R Refused</p>
CHC1	Ever attended regular child care		Children 0-5 years	<p><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></p> <p>[NOT PRESCHOOL]</p> <p>1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1</p>
CHC3 CHC3b CHC3c	Age of first regular childcare		Children 0-5 years	<p><b>How old was [child] when he/she first started childcare for half a day or longer?</b></p> <p>[NOT PRESCHOOL]</p> <p>Record in years AND months X Don't know R Refused</p>
CHC2	Currently attends childcare		Children 0-5 years	<p><b>Is [child] currently having any type of childcare on a regular basis?</b></p> <p>[NOT PRESCHOOL]</p> <p>1. Yes 2. No → SC1 X Don't know → SC1 R Refused → SC1</p>
CHC5	Type of childcare		Children 0-5 years	<p><b>What type of childcare does [child] have?</b></p> <p>[MULTIPLE RESPONSE]</p> <p>Long Day Care Occasional Care Friend(s) Grandparent(s) Nanny Baby sitter(s) Relative or family other than Grandparent(s) Family Day Care Other [SPECIFY] _____ Don't Know Refused</p>
SC1	Preschool/school attendance		2 to 4 years	<p><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>

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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>
BOO				<p><b>The next few questions are about reading.</b></p>
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>
CHCX	End of childcare, school attendance and Reading to Child			
INJZ				<p><b>Child Fire safety</b></p> <p><b>The next questions are about fire safety.</b></p> <p><b>[KEY "N" TO CONTINUE]</b></p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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 Fire Escape Plan</b> <b>Stop, Drop, Cover and Roll</b> <b>Install smoke alarms</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>  [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
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

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
INJ14b	Fire alarm battery program awareness		16+ years	<p><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></p> <p>[INT NOTE: if asked, people should contact their local fire brigade for details of program]</p> <p>1 Yes 2 No X Don't know R Refused</p>
INJ46	Home Escape Plans		All	<p><b>Does your household have:</b></p> <p><b>[READ OUT]</b></p> <p>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</p>
INJ47	Practice Home Escape Plans		All	<p><b>When did your household last practice your home escape plan?</b></p> <p>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</p>
INJBX	End of Injury 1 (Adult Injury and Prevention – Fire)			
				<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. 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	2010 1 <sup>st</sup> Qtr	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>
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>
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>
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>
BPMP	Mothers country of birth		All	<p>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</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
BFPF	Fathers country of birth		All	<p>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</p>
LANPa	Speak a language other than English at home		All	<p><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</p>
LANPa1	Language spoken at home		All	<p><b>What language do you usually speak at home?</b>  1. Language [SPECIFY] _____  X Don't know  R Refused</p>
INGP	Aboriginal or Torres Strait origin		All ages	<p><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</p>
QALLP	Highest qualification completed		Adults 16+ years	<p><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</p>
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>  IF RESPONDENT IS ANYONE BUT MOTHER  <b>What is the level of the highest qualification [child]'s mother/stepmother has 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</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>  IF RESPONDENT IS FATHER/STEPFATHER  <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</p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
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> <p><b>1 A salary or wage earner or conducting a business</b>  <b>2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down</b>  <b>3 Unpaid work in a family business</b>  <b>4 Other unpaid work</b>  <b>5 Did not have a job</b>  <b>X Don't know/Not sure</b>  <b>R Refused</b></p>
LFS	Actively looking for work		Adults 16+ years	<p><b>Were you 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>
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>
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></p> <p>[READ OUT 1-5]</p> <p><b>1 A salary or wage earner or conducting a business</b>  <b>2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down</b>  <b>3 Unpaid work in a family business</b>  <b>4 Other unpaid work</b>  <b>5 Did not have a job</b>  <b>X Don't know/Not sure</b>  <b>R Refused</b></p>

Question Code	Question Name	2010 1 <sup>st</sup> Qtr	Age Groups	Question
LFSm	Mother actively looking for work		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER:  <b>Were you actively looking for work in the last week?</b></p> <p>IF RESPONDENT IS ANYONE BUT MOTHER:  <b>Was [child]'s mother/stepmother 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 → LFSPf</p>
LFSPf	Father's employment status		Children 0-15 years	<p>IF RESPONDENT IS MOTHER:  <b>In the last week, which of the following best described the employment status of [child]'s father/stepfather?</b></p> <p>IF RESPONDENT IS FATHER:  <b>In the last week, which of the following best describes your employment status?</b></p> <p>[READ OUT]</p> <p><b>1 A salary or wage earner or conducting a business</b>  <b>2 A salary or wage earner or conducting a business but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down</b>  <b>3 Unpaid work in a family business</b>  <b>4 Other unpaid work</b>  <b>5 Did not have a job</b>  X Don't know/Not sure  R Refused</p>
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>

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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> <ol style="list-style-type: none"> <li>1. <b>Less than \$20,000</b></li> <li>2. <b>\$20,000-\$40,000</b></li> <li>3. <b>\$40,000-\$60,000</b></li> <li>4. <b>\$60,000-\$80,000</b></li> <li>5. <b>More than \$80,000</b></li> </ol> <p>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>
DEM19	More than one residential telephone number		All	<p><b>Do you have more than one telephone number in your household?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No → REC1</li> </ol> <p>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)</p> <p>88888 Don't know 99999 Refused</p>