

Population Health Survey 2006 Questionnaire

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Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
				INTRODUCTION
LOTE	Survey conducted in LOTE	Q1 2006		[RECORD LANGUAGE SURVEY CONDUCTED IN] 1 English 2 Arabic 3 Chinese 4 Greek 5 Italian 6 Vietnamese
DEMZ				DEMOGRAPHICS 1 (Age and Sex)
DEM 2 DEM2b (months) DEM2e (weeks) DEM2c (years)	Age in years		All	Could you please tell me how old you are/[child] is today? [NOTE: IF RESPONDENT DOES NOT GIVE AGE SURVEY WILL TERMINATE!] We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your age. 1 Age in Months (0-23 months only) 2 Age in years X Don't know → Thank and Goodbye R Refused → Thank and Goodbye
DEM2d	Child proxy respondent's age		Children 0-15 years	Could you please tell me how old you are today? We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. Age in years 88888 Don't know (skp TGB) 99999 Refused (skp TGB)
DEM3	Sex		All	Are you/ is [child] male or female? 1 Male 2 Female
DEM4	Child proxy's sex		Children 0-15 years	RECORD PROXY RESPONDENTS SEX [IF UNSURE ASK: Are you male or female? 1 Male 2 Female
CDM6	Proxy respondent's relationship to child		Children 0-15 years	What is your relationship to [child]? IF FEMALE: For example are you [child]'s mother, stepmother or other relation? IF MALE: For example are you [child]'s father, stepfather or other relation? 1 Mother 2 Father 3 Stepmother 4 Stepfather 5 Grandmother 6 Grandfather 7 Legal Guardian 8 Other [SPECIFY] _____ X Don't know R Refused
DEMX	End of Demographics 1 (Age and Sex)			

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HSUZ	Start of Health Services Access, Use and Satisfaction			HEALTH SERVICES ACCESS, USE AND SATISFACTION
HSU			All	The next questions are about your/ [child]'s use of health services.
HSU1a	Health service attended in last 12 months		All	In the last 12 months, have you /has [child] attended any of the following services: [READ OUT] [MULTIPLE RESPONSE] (PAUSE AFTER EACH RESPONSE FOR ANSWER) Stayed for at least one night in hospital → HSU2H A hospital emergency department (or casualty) for your own /for [child]'s medical care → HSU3 An Early Childhood Centre → HSU4 A Government Run Community Health Centre → HSU6CH A Government Dental Service or Dental Hospital → HSU6PD Did not attend any services → HSU12a for <5 yrs else HSU14 Don't know → HSU14 Refused→ HSU14
HSU2H	Hospital of most recent overnight stay		All	In which hospital was your / [child]'s most recent overnight stay? Name of hospital _____
HSU2aH	Type of hospital for most recent overnight stay		All	Can you tell me if that is a Public or Private Hospital? 1 Public Hospital 2 Private Hospital→HSU6H 3 Private Hospital attached to a Public Hospital X Don't know R Refused
HSU11	Type of admission at public hospital for most recent overnight stay		All	During your [child's] overnight hospital admission were you/[was child] admitted as a Private or Public patient? 1 Private patient – ie private health insurance 2 Public patient X Don't know R Refused
HSU6H	Rating of care for most recent overnight hospital stay		All	Overall, what do you think of the care you /[child] received at this hospital? Was it...? [READ OUT] 1 Excellent →HSU9H 2 Very Good → HSU9H 3 Good → HSU9H 4 Fair 5 Poor X Don't know → HS9H R Refused →HSU9H
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor		All	Could you briefly describe why you rated the care you /[child] received as fair/poor? Description: _____

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HSU3	Name of Hospital for last emergency department visit		All	Which hospital's emergency department did you / [child] last attend? Name of hospital _____
HSU6ED	Rating of care for most recent emergency department visit		All	Overall, what do you think of the care you / [child] received at this emergency department? [READ OUT] 1 Excellent → HSU4 2 Very Good → HSU4 3 Good → HSU4 4 Fair 5 Poor X Don't Know → HSU4 R Refused → HSU4
HSU7ED	Reason for rating most recent emergency department visit as fair/poor		All	Could you briefly describe why you rated the care you/[child] received as fair / poor? Description: _____
HSU4	Currently visiting early childhood centre		Children 0-4 years	Is [child] seeing a baby health or early childhood health nurse on a regular basis? (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) 1. Yes → HSU6B 2. No X Don't know → HSU6B R Refused → HSU6B
HSU5	Reason for not currently visiting early childhood centre		Children 0-4 years	Can you tell me the main reason [child] is not seeing a baby health or early childhood health nurse? 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 ALL TO HSU6CH
HSU6B	Rating of overall care at early childhood centre		Children 0-4 years	Overall, what do you think of the care [child] received at the early childhood centre? [READ OUT] 1 Excellent → HSU6CH 2 Very Good → HSU6CH 3 Good → HSU6CH 4 Fair 5 Poor X Don't Know → HSU6CH R Refused → HSU6CH

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HSU7B	Reason for rating overall care at early childhood centre as fair/poor		Children 0-4 years	Could you briefly describe why you rated the care [child] received as fair / poor? Description: _____
HSU6CH	Rating of care for most recent community health centre visit		All	<i>If HSU1a=A Government run Community Health Centre IF HSU1a !=4 SKP HSU6PD</i> Overall, what do you think of the care you [child] received at the community health centre? [READ OUT] 1 Excellent → HSU9CH 2 Very Good → HSU9CH 3 Good → HSU9CH 4 Fair 5 Poor X Don't Know → HSU9CH R Refused → HSU9CH
HSU7CH	Reason for rating most recent community health centre visit as fair/poor		All	Could you briefly describe why you rated the care you / [child] received as fair / poor ? Description: _____
HSU6PD	Rating of care for most recent public dental service visit		All	<i>If HSUS1a= Public Dental IF HSU1a !=5 skp HSU12a</i> Overall, what do you think of the care you / [child] received at the public dental service? [READ OUT] 1 Excellent → HSU9PD 2 Very Good → HSU9PD 3 Good → HSU9PD 4 Fair 5 Poor X Don't Know → HSU9PD R Refused → HSU9PD
HSU7PD	Reason for rating most recent public dental service visit as fair/poor		All	Could you briefly describe why you rated the care you / [child] received as fair poor? Description: _____
HSU12a	Home-visit in last 12 months		0-4 years	In the last 12 months, have any health professionals visited you/[child] in your home? 1 Yes 2 No → HSUX X Don't Know → HSUX R Refused → HSU

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HSU12	Health professionals of home-visits in last 12 months		0-4 years	<p>In the last 12 months, which health professionals visited you/[child] in your home? [MULTIPLE RESPONSE]</p> <p>Community nurse Private nurse → HSUX Midwife General Practitioner → HSUX Podiatrist or Chiropracist → HSUX Physiotherapist → HSUX Other Health Professional [SPECIFY]_____ → HSUX Not visited by anyone → HSUX Don't Know → HSUX Refused → HSUX</p>
HSU6C	Rating of overall care from community nurse in last 12 months		0-4 years	<p><i>If HSU12 = 1</i> <i>If HSU12 !=1 skip HSU6M</i></p> <p>Overall, what do you think of the care you / [child] received from this community nurse? [READ OUT]</p> <p>1 Excellent → HSU6M 2 Very Good → HSU6M 3 Good → HSU6M 4 Fair 5 Poor X Don't Know → HSU6M R Refused → HSU6M</p>
HSU7C	Reason for rating overall care by community nurse as fair/poor		0-4 years	<p>Could you briefly describe why you rated the care you / [child] received as fair/poor?</p> <p>Description: _____</p>
HSU6M	Rating of overall care from midwife in last 12 months		0-4 years	<p>Overall, what do you think of the care you/[child] received from this midwife? [READ OUT]</p> <p>1 Excellent → HSU14 2 Very Good → HSU14 3 Good → HSU14 4 Fair 5 Poor X Don't Know → HSU14 R Refused → HSU14</p>
HSU7M	Reason for rating overall care by midwife as fair/poor		0-4 years	<p>Could you briefly describe why you rated the care you/[child] received as fair/poor?</p> <p>Description: _____</p>
HSU14	Difficulties in getting health care		All	<p>Do you have any difficulties getting health care when you need / [child] needs it?</p> <p>1 Yes 2 No → HSU16 3 Don't need health care → HSU16 X Don't Know → HSU16 R Refused → HSU16</p>
HSU15	Types of difficulties in getting health care		All	<p>Please describe the difficulties you have [PROBE FULLY]</p> <p>Description: _____</p> <p>→CBF1</p>

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HSU16	Comments on health services in local area		All	Do you have any comments on the health services in your local area? [PROBE FULLY] Description: _____
HSUX	End of Health Services Access, Use and Satisfaction			
CBFZ	Start of Breastfeeding		If (CHILD=1)&(AGE>2) skip CBFX	BREASTFEEDING
CBF1	Child Ever Breastfed		Children 0-23 months	Has [child] ever been breastfed? 1 Yes 2 No → CBF14a X Don't know → CBF4 R Refused → CBF4
CBF2	Child Currently Breastfed		Children 0-23 months	Is [child] currently being breastfed? 1 Yes 2 No → CBF13 X Don't know → CBF13 R Refused → CBF13
CBF15	Breast fed since yesterday		Children 0-23 months	Since this time yesterday, has [child] been breastfed? (Breastfed includes giving expressed breast milk). 1 Yes 2 No X Don't know R Refused
CBF13 (CBF13b CBF13a)	Duration of Breastfeeding		Children 0-23 months	Including times of weaning, what is the total time [child] was breastfed? (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Less than one week X Don't know → CBF4 R Refused → CBF4
CBF14a	Main Reasons Decided not to Breastfeed.		Children 0-23 months	IF MOTHER ASK: What were the main reasons you decided not to breastfeed [child]? Description: _____
CBF4	Child Ever Regularly Given Infant or Toddler Formula		Children 0-23 months	Has [child] ever been given infant or toddler formula regularly? (PROMPT IF NECESSARY: regularly means at least once a day) 1 Yes 2 No → CBF6 X Don't know → CBF6 R Refused → CBF6
CBF5 (CBF5b CBF5b)	Age First Given Infant or Toddler Formula Regularly		Children 0-23 months	At what age was [child] first given infant or toddler formula regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in Months AND Weeks 3 Less than one week X Don't know → CBF6 R Refused → CBF6

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CBF6	Child ever regularly given cows milk		Children 0-23 months	Has [child] ever been given cow's milk regularly? 1 Yes 2 No → CBF8 X Don't know → CBF8 R Refused → CBF8
CBF7 (CBF7b CBF7a)	Age first given cows milk		Children 0-23 months	At what age was [child] first given cow's milk regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF8 R Refused→CBF8
CBF8	Child ever given other milk substitutes regularly		Children 0-23 months	Has [child] ever been given any other type of milk substitute on a regular basis? (PROMPT: Apart from breast milk/infant formula/cows milk) 1 Yes 2 No → CBF12 X Don't know → CBF12 R Refused → CBF12
CBF9	Types of other milk substitutes		Children 0-23 months	What type of milk substitutes did [child] have? (MULTIPLE RESPONSE) Soya Bean milk Goat's milk Evaporated milk Other [SPECIFY] _____ Don't know R Refused
CBF10 CBF10b CBF10a)	Age first given other milk substitutes		Children 0-23 months	At what age was [child] first given [this/any of these] milk substitute(s) regularly? (NOTE: IF USED MORE THAN ONE TYPE OF MILK RECORD EARLIEST AGE THAT ANY MILK SUBSTITUTE WAS GIVEN REGULARLY) (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Less than one week X Don't know→CBF12 R Refused→CBF12
CBF12 (CBF12b CBF12a)	Age when First Given Solid Food		Children 0-23 months	At what age was [child] first given solid food regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF) 2 Answer in Months AND Weeks 3 Never given solids/not yet started solids X Don't know→CNF19 R Refused→CNF19
CNF19 (CNF19b CNF19a)	At what age given fruit juice		Children 0-23 months	At what age was [child] first given fruit juice regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in months AND weeks 3 Less than one week 4 Never given fruit juice/not yet started fruit juice X Don't know→CNF110 R Refused→CNF110
CNF110 (CNF110b CNF110a)	Age given water		Children 0-23 months	At what age was [child] first given water regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF. FOR EXAMPLE ENTER ONE WEEK FOR ONE-AND-A -HALF WEEKS) 2 Answer in months AND weeks (1-23 months) 3 Less than one week 4 Never given water/not yet started water X Don't know→CNF110 R Refused→CNF110

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CBF16	Receive any of the following since yesterday		< 7 months of age	<p>Since this time yesterday, did [child] receive any of the following?</p> <p>Vitamins, mineral supplements, medicine</p> <p>Plain water</p> <p>Sweetened or flavoured water</p> <p>Fruit juice</p> <p>Tea or infusion</p> <p>Infant formula</p> <p>Tinned, powdered or fresh milk</p> <p>Solid or semi-solid food</p> <p>Other (specify)</p> <p>X Don't know</p> <p>R Refused</p>
CBFX	End of Breastfeeding			
CNFPZ	Start of Folate and Pregnancy			FOLATE AND PREGNANCY
CNF3	Take tablets or capsules containing folate or folic acid		0-11 months Only asked of mother	<p>The next few questions refer to when you were pregnant with [child]. Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or in the first three months of this pregnancy?</p> <p>(‘IN THE MONTH BEFORE’ INCLUDES TAKING FOLATE FOR MORE THAN ONE MONTH PRIOR TO PREGNANCY)</p> <p>(‘FIRST THREE MONTHS OF PREGNANCY’ INCLUDES TAKING FOLATE FOR MORE THAN THE FIRST THREE MONTHS OF PREGNANCY)</p> <p>1 Yes, in the month before AND first 3 months of pregnancy</p> <p>2 Yes, in the month before only</p> <p>3 Yes, in the first 3 months of pregnancy only</p> <p>4 No</p> <p>5 Not applicable not the birth mother → CNFX</p> <p>X Don't know</p> <p>R Refused</p>
CNF5	Changed the food you ate to increase folate or folic acid intake		0-11 months Only asked of mother	<p>Thinking back to when you were pregnant with [child], did you change the food you ate to increase folate or folic acid intake in the month immediately before and/or in the first three months of this pregnancy?</p> <p>(PROMPT IF NO: IS THAT BECAUSE YOU WERE ALREADY EATING ENOUGH FOOD WITH FOLATE?)</p> <p>1 Yes, in the month before AND first 3 months of pregnancy</p> <p>2 Yes, in the month before only</p> <p>3 Yes, in the first 3 months of pregnancy only</p> <p>4 No, already eating enough foods with folate</p> <p>5 No, didn't change diet</p> <p>X Don't know</p> <p>R Refused</p>
CNFPX	End of Folate and Pregnancy			
CSDZ	Start of Injury 1 (Childhood Injury and Prevention)			INJURY 1 (CHILDHOOD INJURY AND PREVENTION)

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CSD3	Sleeping position from birth		0-11 months	What position did you put [child] to sleep in from birth? [READ OUT] 1 On his/her back 2 On his/her side 3 On his/her tummy 4 Any other position [SPECIFY] _____ X Don't know R Refused
CSDX	End of Injury 1 (Childhood Injury and Prevention)			
HSDZ	Start of Self-Rated Health Status and Disability			SELF-RATED HEALTH STATUS & DISABILITY
HSDINT	Intro to Self rated general health		All	Now I am going to read some statements about aspects of your health.
HSD4 (SF89H)	SF8- General health in past 4 weeks		All	Overall, how would you rate your [child's] health during the past 4 weeks? [READ OUT] 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor 6 Very Poor X Don't Know R Refused
HSDX	End of Self-Rated Health Status and Disability			
MEDZ	Start of Cost of Medications		16+	COST OF MEDICATIONS
MED1	Avoided seeing doctor due to cost of medicine		16+	In the last 12 months have you had a medical problem but avoided seeing a doctor because of the cost of medicine that may be prescribed? 1 Yes 2 No X Don't know R Refused
MED2a	Limited use of prescription drugs because of cost		16+	Have you ever not collected, stopped using or cut down the dose of medicine prescribed by your doctor because of the cost? 1 Yes 2 No X Don't know R Refused

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MED6	Purchase medication using Health Care Card or similar		16+	Do you purchase your prescription medicines using a Health Care Card, Seniors Card, Veterans Card or similar? 1 Yes 2 No X Don't know R Refused
MEDX	End of Cost of Medications			
AICZ	Start of Incontinence		40+	INCONTINENCE
AIC0	Introduction to Incontinence		40+	Now we have a question on incontinence.. [KEY "N" TO CONTINUE]
AIC2	Frequency of Incontinence in last 4 weeks		40+	In the last 4 weeks how often have you had urine leak when you were physically active, exerted yourself, coughed or sneezed during the day or night. [READ OUT] 1 Most of the time 2 Some of the time 3 None of the time X Don't know R Refused
AICX	End of Incontinence		40+	
INJZ	Start of Injury 2 (Falls in Older People)		60 years and over	INJURY 2 (FALLS IN OLDER PEOPLE)
INJ90	Any action to prevent falls		60 years and over	Have you made any changes to your home or lifestyle to prevent you from falling? 1 Yes 2 No X Don't know R Refused
INJ91	Type of action to prevent falls		60 years and over	What did you do? [MULTIPLE RESPONSE] Got more exercise Had eyes checked Changed my footwear Changed my medications Installed hand rails Replaced steps with ramps Removed clutter from my house Removed mats/rugs Removed loose cords/appliance leads Got a personal alarm Improved the lighting Repaired unsafe/unsteady furniture Other [SPECIFY] Don't Know Refused

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INJ92	Fear of falling		60 years and over	Are you afraid of falling? 1 Yes 2 No X Don't know R Refused
INJ22	Fall in last 12 months		60 years and over	In the last 12 months have you had a fall? 1 Yes 2 No →INJX X Don't know → INJX R Refused→ INJX
INJ23	Number of accidental falls in last 12 months		60 years and over	How many times did you fall in the last 12 months? 1 Once 2 Twice 3 Three times or more X Don't Know R Refused
INJ24	Fall which required medical attention in last 12 months		60 years and over	In the last 12 months have you had a fall which required medical treatment for injuries? 1 Yes 2 No → INJX X Don't know → INJX R Refused → INJX
INJ25 (may vary from survey to survey re 12 months)	Admitted to hospital for most recent accidental fall		60 years and over	Were you ADMITTED to hospital as a result of any of your falls in the last 12 months? 1 Yes 2 No X Don't Know R Refused
INJ93	Falls in last 4 weeks		60 years and over	In the last 4 weeks have you had a fall? 1 Yes 2 No X Don't know R Refused
INJX	End of Injury 2 (Falls in older people)		60 years and over	
ALCZ	Start of Alcohol (Frequency and Consumption)			ALCOHOL (FREQUENCY & CONSUMPTION)
ALC			Adults 16+ years	Now I would like to ask you some questions about alcohol.
ALC1 (ALC1a)	How often do you have an alcoholic drink		Adults 16+ years	How often do you usually drink alcohol? [PROMPT IF NECESSARY] 1 ____ Number of days 2 Less than once per week 3 I don't drink alcohol → ALCX X Don't Know →HUN11 R Refused→HUN11

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ALC2 (ALC2a)	Usual number of standard drinks per day		Adults 16+ years	<p>Alcoholic drinks are measured in terms of a “standard drink”. A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine or 1 pub-sized nip of spirits.</p> <p>On a day when you drink alcohol, how many standard drinks do you usually have? [PROMPT IF NECESSARY]</p> <p>1 _____Number of drinks X Don't Know →ALC3 R Refused→ALC3</p>
ALC3	More than 4 male/2 female drinks in a day in past 4 weeks		Adults 16+ years	<p>In the past four weeks have you had more than [2 If female/ 4 if male] drinks in a day? [PROMPT IF NECESSARY]</p> <p>1 Yes 2 No → ALCX X Don't know → ALCX R Refused → ALCX</p>
ALC4 (ALC4a)	More than 11 male/7 female drinks in a day in past 4 weeks		Adults 16+ years	<p>In the past 4 weeks how often have you had [11 or more if male] [7 or more if female] drinks in a day?</p> <p>1 _____Days per week 2 Not at all X Don't Know R Refused</p>
ALC5 (ALC5a)	More than 7-10 male/5-6 female drinks in a day in past 4 weeks		Adults 16+ years	<p>In the past 4 weeks how often have you had [7-10 if male] [5-6 if female] drinks in a day?</p> <p>1 _____Days per week 2 Not at all X Don't Know R Refused</p>
ALCX	End of Alcohol (Frequency and Consumption)			
HUNZ	Start of Hunter intoxication on licensed premises			IF AREA HEALTH SERVICE NOT HUNTER →ENRA
HUN11	Hunter Area Health Service - Consumed alcohol in licensed premises		Adults 16+ years Hunter AHS	<p>In the last 12 months have you ever consumed alcohol in a licensed premises (eg hotel, club, pub, restaurant)?</p> <p>1 Yes 2 No→ HUNX X Don't Know → HUNX R Refused → HUNX</p>
HUN12	Hunter Area Health Service – Intoxicated in licensed premises in last 12 months		Adults 16+ years Hunter AHS	<p>In the last 12 months have you ever been intoxicated in a licensed premises?</p> <p>1 Yes 2 No → HUNX X Don't Know → HUNX R Refused → HUNX</p>

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HUN13	Hunter Area Health Service - Refused services because intoxicated in licensed premises in last 12 months		Adults 16+ years Hunter AHS	In the last 12 months have you ever been refused service because you were intoxicated in a licensed premises? 1 Yes 2 No X Don't Know R Refused
HUNX	End of Hunter intoxication on licensed premises			
ENRZ	Start of Environmental Risks (Water Usage)			ENVIRONMENTAL RISKS (WATER USEAGE)
ENR1	Usual source of drinking water		2+ years	What is your normal source of drinking water? INTERVIEWERS: IF RESPONSE IS TAP WATER PROMPT FOR PUBLIC OR PRIVATE SOURCE 1 Public water supply 2 Bottled water → ENRA 3 Rainwater 4 Private bore, spring or well 5 Other private supply (eg creek or farm dam) 6 Combination of different water sources 7 Other [SPECIFY]_____ X Don't Know R Refused
ENR2	Water treatment before drinking		2+ years	Do you treat your water before drinking? [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
ENR35	Drinking Water Contaminants	Q3 , 2006		Cryptosporidium and Giardia are micro-organisms that can cause intestinal illness in humans. What ways do you think you can be exposed to and get sick from these micro-organisms? Caring for someone with diarrhoea Drinking water Swimming in water Handling soil Changing a child's nappy Other [SPECIFY] Don't know Refused

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ENRX	End of Environmental Risks (Water Usage)			
ENRPZ	Start of Environmental Risks (Air Pollution)			ENVIRONMENTAL RISKS (AIR POLLUTION)
ENRA		Q1 and Q4 2006	Adults 16+ years	Now I have some questions about air pollution
ENR24	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>The Department of Environment issues reports every day about air pollution levels in the Sydney /Hunter / Illawarra region.</p> <p>In the last month, do you recall hearing or reading any of these reports about air pollution levels?</p> <p>1 Yes 2 No →ENRX X Don't Know → ENRX R Refused → ENRX</p>
ENR25	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>Where did you hear or see these reports? [MULTIPLE RESPONSE - INDICATE ALL APPLICABLE]</p> <p>TV Radio Newspaper Internet Telephone message Other [specify] _____ X Don't know R Refused</p>
ENR26	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>Thinking about the last report that you heard, can you recall any of the information in the report?</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	Q1 and Q4 2006	Adults 16+ years	<p>What information do you remember?</p> <p>PROBE EXTENSIVELY FOR SPECIFIC DETAIL OF MESSAGE</p> <p>_____</p>
ENR28	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>Did the report mention health at all?</p> <p>1 Yes 2 No X Don't Know R Refused</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
ENR29	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>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?</p> <p>[MULTIPLE RESPONSE - INDICATE ALL APPLICABLE 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] X Don't know R Refused</p>
ENR30	Sydney metropolitan, Illawarra and Hunter regions	Q1 and Q4 2006	Adults 16+ years	<p>Do you have any of the following long term health conditions? READ OUT] [IF ASKED: Long-term condition diagnosed by a doctor or at a hospital) Chronic obstructive pulmonary/airways disease (COPD) or (COAD) Chronic Bronchitis Emphysema Asbestosis High blood pressure/hypertension. Heart disease X Don't know R Refused</p>
ENRPX	End of Environmental Risks (Air Pollution)			
ILLZ	Start of Environmental Risks (Pollution and Health in Illawarra)			IF AREA HEALTH SERVICE NOT SOUTH EAST SYDNEY AND ILLAWARRA→NEXT SECTION
III10	Health problem due to environment in last month		All ages South Eastern Sydney and Illawarra (ARHS 510)	<p>In the past month do you think you have /[child] has had any health problems associated with something in the environment? 1 Yes 2 No X Don' t know R Refused</p>
III11	Type of health problems due to environment		All ages South Eastern Sydney and Illawarra (ARHS 510)	<p>Could you briefly describe these health problems? X Don' t know R Refused</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
III12	Health care for health problems caused by environment		All ages South Eastern Sydney and Illawarra (ARHS 510)	Did you seek medical treatment or professional health care for these health problems? 1 Yes 2 No X Don't know R Refused
ILL13	Main cause of health problems		All ages South Eastern Sydney and Illawarra (ARHS 510)	What do you think was the single main cause of these health problems? [READ OUT] 1 Industrial pollution 2 Car pollution 3 Poor water quality 4 Natural causes (eg Pollen) 5 Chemicals (including household furniture, plastics and cleaning agents) 6 Happened at work 7 Global warming/climate change 8 Other (specify) X Don't know R Refused
ILLX	End of Environmental Risks (Pollution and Health in Illawarra)			
ASTZ	Start of Asthma (Prevalence , Service Use and Medications)			ASTHMA (PREVALENCE, SERVICE USE AND MEDICATIONS)
AST			2+ years	The next few questions are about asthma.
AST1	Ever told by doctor have asthma		2+ years	Have you ever been told by a doctor or at a hospital that you have / [child] has asthma? 1 Yes 2 No →ASTX X Don't Know → ASTX R Refused → ASTX
AST2	Asthma symptoms or treatment in last 12 months		2+ years	Have you /has [child] had symptoms of asthma or taken treatment for asthma in the last 12 months? 1 Yes – symptoms → CA8 2 Yes – treatment 3 Yes - both 4 No → ASTX X Don't Know → ASTX R Refused → ASTX

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
AST7	Medications used in last 12 months		2+ years	What are the names or brands of all the medications you took for your asthma in the past 12 months? Asmol Atrovent Bricanyl Flixotide Pulmicort Seretide Serevent Singulair Spiriva Symbicort Tilade Ventolin Prednisone Other 1 [Specify] Other 2 [Specify] Other 3 [Specify]
AST8 (a to p)	Frequency of asthma medication use in last 4 weeks		2+ years	How often did you/did [child] use [medication] in the last 2 weeks? [READ OUT] 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
CA8	Written asthma management plan		2+ years	Do you have a written asthma management plan from your doctor on how to treat your [child's] asthma? 1 Yes 2 No X Don't know R Refused
A3	Asthma interfere with daily life		2+ years	During the past 4 weeks, did your/[child's] asthma interfere with your /[child's] ability to manage you're his/her day to day activities 1 Yes 2 No→ ASTX X Don't know→ ASTX R Refused→ ASTX
A4	Severity of asthma interference		2+ years	Did it interfere with these activities? [READ OUT] 1 A little bit 2 Moderately 3 Quite a lot 4 Extremely X Don't know R Refused
ASTX	End of Asthma (Prevalence , Service Use and Medications)			

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
DBTZ	Start of Diabetes 1 (Prevalence and Management)			DIABETES 1 (PREVALENCE AND MANAGEMENT)
	DBT		16+ years	The next few questions are about diabetes and high blood sugar. Diabetes is a disease where there is too much glucose in the blood.
DBT1	Ever told by doctor had diabetes		16+ years	Have you ever been told by a doctor or at a hospital that you have diabetes? 1 Yes - if female adult → DBT3 if male →DBT19 2 No 3 Only during pregnancy → DBTX X Don't know R Refused
DBT2	Ever told by doctor have high blood glucose		16+ years	Have you ever been told by a doctor or at a hospital that you have high glucose levels in your/their blood or urine? 1 Yes - if female → DBT3, if male → DBT19 2 No →DBTX 3 Borderline - If male →DBT19 4 Only during pregnancy → DBTX X Don't know R Refused
DBT3	Pregnant when first had diabetes / high blood glucose		Females 16+ years	If female then ask: Were you pregnant when you were first told you had diabetes/high blood glucose? 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	Have you ever had diabetes/high blood glucose apart from when you were pregnant? 1 Yes 2 No → DBTX X Don't know R Refused
DBT19	Type of diabetes		16+ years	What type of diabetes were you told you had? 1 Type 1 2 Type 2 3 Gestational Other [SPECIFY] _____ X Don't know R Refused
DBT5	Age when first told had diabetes / high blood glucose		16+ years	How old were you when you were first told you had diabetes/high blood glucose? <i>(If ongoing diabetes since pregnancy, then age of diagnosis during pregnancy)</i> 1 _____ years 88888 Don't Know 99999 Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
DBT6	Current management of diabetes / high blood glucose		16+ years	<p>What are you doing now to manage your diabetes/high blood glucose? [MULTIPLE RESPONSE] Having insulin injections On tablets for diabetes or high blood sugar Following a special diet eg reducing sugar and or fat in the diet Losing weight Exercising most days Doing anything else to manage your diabetes/high blood sugar Other [SPECIFY] _____ Not doing anything to control diabetes X Don't know R Refused</p>
DBTX	End of Diabetes 1 (Prevalence and Management)			
HWTZ	Start of Height and Weight (BMI)		Adults 16+ years	HEIGHT & WEIGHT (BMI)
HWT1 (H3) (HWT1a HWT1b, HWT1c)	Height in centimetres		Adults 16+ years	<p>Now a few questions about your height and weight.</p> <p>How tall are you without shoes? _____ Centimetres (minimum 90cm maximum 300cm) OR _____ Feet _____ inches (minimum 3 feet maximum 9 feet)</p> <p>X Don't Know (Probe before accepting) R Refused</p>
HWT2 (W3) (HWT2a, HWT2b, HWT2bb)	Weight in kilograms		Adults 16+ years	<p>How much do you weigh without clothes or shoes? Kilograms _____ (minimum 20 kg, Clarify if >190 kg) OR _____ stones _____ lbs (minimum 3 stone or 42 lbs, Clarify if >30 stone or 420 lbs)</p> <p>X Don't Know (Probe before accepting) R Refused</p>
HWTX	End of Height and Weight (BMI)			
NUTZ	Start of Nutrition 1 (Adult Dietary Guidelines)			NUTRITION 1: (ADULT DIETARY GUIDELINES)
NUT			2+ years	The next few questions are about food.

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
NUT1 (V1) (NUT1a, NUT1b)	Serves of vegetables usually eaten per day		2+ years	<p>How many serves of vegetables do you [does child] usually eat each day?</p> <p>One serve is ½ cup cooked or 1 cup of salad vegetables.</p> <p>1 ____ serves per day 2 ____ serves per week 3 Don't eat vegetables X Don't Know R Refused</p>
NUT2 (F1) (NUT1a, NUT1b)	Serves of fruit usually eaten per day		2+ years	<p>How many serves of fruit do you [does child] usually eat each day?</p> <p>A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.</p> <p>1 ____ serves per day 2 ____ serves per week 3 Don't eat fruit X Don't Know R Refused</p>
NUT3b (B2) (NUT3ba, NUT3bb, NUT3bc)	Times bread usually eat per day		Adults 16+ years	<p>How often do you usually eat bread? (Include bread rolls, flat breads, crumpets, bagels, English or bread type muffins).</p> <p>1 ____ Times per day 2 ____ Times per week 3 ____ Times per month 4 Rarely or never X Don't know R Refused</p>
NUT4ba (BC2) (NUT4bb, NUT4bc, NUT4bd)	Times breakfast cereal usually eaten per day		Adults 16+ years	<p>How often do you eat breakfast cereal? (ready-made, home made or cooked).</p> <p>1 ____ times per day 2 ____ times per week 3 ____ times per month 4 Rarely or never X Don't know R Refused</p>
NUT5ba (P2) (NUT5bb, NUT5bc, NUT5bd)	Times cooked pasta usually eaten per day		Adults 16+ years	<p>How often do you eat pasta, rice, noodles or other cooked cereals? (not including cooked breakfast cereals).</p> <p>1 ____ times per day 2 ____ times per week 3 ____ times per month 4 ____ rarely or never X Don't know R Refused</p>
NUT7 (M2) (NUT7a, NUT7b, NUT7c)	Times meat products usually eaten per week		2+ years	<p>How often do you/does [child] eat processed meat products such as sausages, frankfurts, devon, salami, hamburgers, chicken nuggets, meat pies, bacon or ham?</p> <p>Longer list: (Do not read out) frankfurters, salami, bacon, chicken roll, luncheon meats, delicatessen meats, meat paste, liver paste, pate, meat pies, sausage rolls, hamburger, saveloys, cheerios, hotdogs, rissoles, chorizo, canned meats, smoked chicken, other smoked meats</p> <p>1 ____ times per day 2 ____ times per week 3 ____ times per month 4 ____ rarely or never X Don't know R Refused</p>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
NUT15 (FF1) (NUT15a, NUT15b, NUT15c)	Times chips etc usually eaten per week		2+ years	How often do you/does [child] eat hot chips, French fries, wedges or fried potatoes? 1 ___times per day 2 ___times per week 3 ___times per month 4 ___rarely or never X Don't know R Refused
NUT16 (NUT16a, NUT16b, NUT16c)	Times fried and salty snack products usually eaten per week		2+ years	How often do you /does [child] eat potato crisps or other salty snacks (such as Twisties or corn chips)? 1 ___times per day 2 ___times per week 3 ___times per month 4 ___rarely or never X Don't know R Refused
NUT6	Type of milk usually have		2+ years	What type of milk do you/does [child] usually have? 1 Regular milk (whole or full cream) 2 Low /reduced fat milk 3 Skim milk 4 Evaporated or sweetened milk 5 Other [SPECIFY]_____ 6 Don't have milk X Don't Know R Refused
NUTX	End of Nutrition 1 (Adult Dietary Guidelines)			
CNFZ	Start of Nutrition 2 (Child Dietary Guidelines)			NUTRITION 2: (CHILD DIETARY GUIDELINES)
CNFI5 (CNFI15a, CNFI15b)	Cups of Milk Drunk Each day		Children 2 –15 years	How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup) (PROMPT: MILK = COW'S MILK. IF CHILD DRINKS OTHER MILK SUCH AS SOYMILK USE RESPONSE OPTION 3) (SINGLE RESPONSE) 1 _____ cups per day 2 _____ cups per week 3 Drinks other milk such as soy milk (SPECIFY ___) 4 Doesn't drink cow's milk or other milk X Don't know R Refused
CNFI6 (CNFI6a, CNFI6b)	Cups of fruit juice		Children 2 –15 years	How many cups of fruit juice does [child] usually drink in a day? (1 cup=250ml, a household tea cup or large popper) 1 _____ cups per day 2 _____ cups per week 3 Doesn't drink juice X Don't know R Refused
CNFI14 (CNFI14a, CNFI14b)	Cups of water drunk per day		Children 2 –15 years	How many cups of water does [child] usually drink in a day? (1 cup=250ml or a household tea cup.) 1 average bottle of water = 1.5 cups) 1 Number of cups per day 2 Number of cups per week 3 Doesn't drink water X Don't know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CNFI15 (CNFI15a, CNFI15b)	Cups of cordial per day		Children 2–15 years	How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you/does [child] usually drink in a day? (1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups). 1 _____ cups per day 2 _____ cups per week 3 Doesn't drink soft drink X Don't know R Refused
CNFI11 (CNFI11a, CNFI11b)	Serves of yoghurt eaten daily		Children 2–15 years	How many serves of yoghurt does [child] usually have in a day? (1 serve is 200gms yoghurt) 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have yoghurt X Don't know R Refused
CNFI12 CNFI12a, CNFI12b)	Serves of custard eaten daily		Children 2–15 years	How many serves of custard does [child] usually have in a day? (1 serve is 250 mls custard) 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have custard X Don't know R Refused
CNFI13 CNFI13a, CNFI13b)	Serves of cheese eaten daily		Children 2–15 years	How many serves of cheese does [child] usually have in a day? (1 serve is 40g cheese,) NOTE: Include all cheeses: ricotta, cottage, processed, cream, hard and soft cheeses. 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have cheese X Don't know R Refused
NUT12 (NUT12a, NUT12b, NUT12c)	Red meat consumption		Children 2–15 years	How often does [child] eat red meat, such as beef or lamb? Include all steaks, chops, roasts, mince, stir fries and casseroles. Do not include pork or chicken. <i>Longer list (do not read out):</i> Veal, Offal (liver, kidney), Mutton, Game (buffalo, crocodile, frog, goanna, goat, hare, kangaroo, possum, rabbit, snake, venison, wild boar, witchetty grubs) 1 Times per day 2 Times per week 3 Times per month 4 Rarely/never X Don't know/can't say R Refused
NUT13 (NUT13a, NUT13b, NUT13c)	Fast food consumption		Children 2–15 years	How often does [child] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonald's, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places? 1 Times per week 2 Times per month 3 Rarely/Never X Don't know R Refused
CNFI16 (CNFI16a, CNFI16b, CNFI16c)	Confectionary Consumption		Children 2–15 years	How often does [child] usually eat confectionary? (including chocolate, confectionary bars and lollies). 1 Record times per day 2 Record times per week 3 Record times per month 4 Rarely or never X Don't Know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CNFX	End of Nutrition 2 (Child Dietary Guidelines)			
FHZ	Start of Food Handling			FOOD HANDLING
FH1	Food preparation		Adults 16+	Thinking about the last time that you prepared raw meat or chicken when cooking, after preparing it did you... [READ OUT 1-3 ONLY] 1 Wipe your hands or rinse them WITHOUT using soap OR 2 Wash your hands with soap OR 3 Continue cooking without cleaning your hands 4 Don't handle raw meat/ don't cook X Don't know R Refused
FHX	End of Food Handling			
HUNFZ	Start of Hunter Food Preparation			IF AREA HEALTH SERVICE NOT HUNTER → FSC1
HUN8	Hunter Area Health Service - Food poisoning in last 12 months		All Hunter AHS	Have you /has [child] had food poisoning in the last 12 months? 1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN9	Hunter Area Health Service - Reported food poisoning in last 12 months		All Hunter AHS	Have you reported the food poisoning to an authority? 1 Yes 2 No → HUNXX X Don't Know → HUNXX R Refused → HUNXX
HUN10	Hunter Area Health Service - Authority reported food poisoning to in last 12 months		All Hunter AHS	Which authority did you report the food poisoning to? _____ Authority specified CHECK WITH HUNTER IF TO CONTINUE
HUNFX	End of Hunter Food Preparation			
FSCZ	Start of Food Security			FOOD SECURITY
FSC1	Food security in last 12 months		All	In the last twelve months, were there any times that you ran out of food and couldn't afford to buy more? 1 Yes 2 No → FSCX X Don't Know → FSCX R Refused → FSCX

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
FSC2	Coping methods for feeding children when lack of food security in the last 12 months		Children 0-15 years	How do you cope with feeding [child] when this happens? [MULTIPLE RESPONSE] Parent/guardian skips meals or eats less Children/child skip meals or eat less Cut down on variety of foods family eats Seek help from relatives Seek help from friends Seek help from Government / Social Security Seek help from welfare agencies Other [SPECIFY] _____ Don't Know Refusal
FSC3	Request help to ensure family has food security		Children 0-15 years	There are a number of agencies that can help with making sure your family has enough food. Would you like the phone numbers of these agencies? 1 Yes → Refer to list 2 No X Don't Know R Refused
FSCX	End of Food Security			
AMHZ	Start of Mental Health 1 (Adult Psychological Distress)			MENTAL HEALTH (ADULT PSYCHOLOGICAL DISTRESS)
AMH			Adults 16+	The next questions are about how you have been feeling in the past 4 weeks
AMH1	K10 – Tired for no good reason in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel tired out for no good reason? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH2	K10 – Feel nervous in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel nervous? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time → AMH4 X Don't know → AMH4 R Refused → AMH4
AMH3	K10 – Feel so nervous that nothing can calm you in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
AMH4	K10 – Feel hopeless in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel hopeless? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH5	K10 – Feel restless or fidgety in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel restless or fidgety? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time → AMH7 X Don't Know R Refused
AMH6	K10 – Feel so restless couldn't sit still in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so restless you could not sit still? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH7	K10 – Feel depressed in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel depressed? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH8	K10 – Feel everything was an effort in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel that everything was an effort? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMH9	K10 – Feel so sad everything could cheer you in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
AMH10	K10 – Feel worthless in past 4 weeks		Adults 16+ years	In the past 4 weeks, about how often did you feel worthless? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
PSD1	Days unable to undertake daily activities because of psychological distress in past 4 weeks		Adults 16+ years	(Asked of respondents who scored >15 on the Mental Health Questions) Scoring: All of the time = 5; Most of the time = 4; Some of the time = 3; None of the time, don't know, refused = 1. In the last 4 weeks, how many days were you TOTALLY UNABLE to [work, study or] manage your day-to-day activities because of these feelings? _____ (NUMBER OF DAYS)
PSD2	Days reduced daily activities because of psychological distress in past 4 weeks		Adults 16+ years	[Aside from that day/those (number) days], In the last 4 weeks, HOW MANY DAYS were you able to [work, study or] manage your day-to-day activities, but had to CUT DOWN on what you did because of these feelings? _____ (NUMBER OF DAYS)
PSD3	Number of visits to health professionals for psychological distress in past 4 weeks		Adults 16+ years	In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? _____ (NUMBER OF CONSULTATIONS)
PSD4	Times that physical problems have been the cause of psychological distress in past 4 weeks		Adults 16+ years	In the last 4 weeks, how often have physical health problems been the main cause of these feelings? [READ OUT] 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time X Don't Know R Refused
AMHX	End of Mental Health (Adult Psychological Distress)			
STRZ	Start of Mental Health 2 (Childhood Strengths and Difficulties)			MENTAL HEALTH 2 (STRENGTHS AND DIFFICULTIES QUESTIONNAIRE)

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
STR	Strengths and Difficulties		4-15 years	The next section is about [child's] personality and behaviour. For each statement please tell me if it is not true, somewhat true or certainly true for [child] over the past six months.
STR1	Considerate of other people's feelings		4-15 years	[Child] is considerate of other people's feelings. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR2	Restless, overactive		4-15 years	[He/she] is restless, overactive or cannot stay still for long. Is that [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR3	Often complains of sickness		4-15 years	[He/she] often complains of headaches, stomach-aches or sickness. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR4a	Child Shares readily		4-10 years	[He/she] shares readily with other children, for example toys, treats and pencils. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR4b	Youth Shared readily		11-15 years	[He/she] share readily with other young people, for example as CDs, games and food. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR5	Often loses temper		4-15 years	[He/she] often loses [his/her] temper. Is that [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR6a	Child prefers to be alone		4-10 years	[He/she] is rather solitary or prefers to play alone. Is that..... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
STR6b	Youth prefers to be alone		11-15	[He/she] would rather be alone than with other young people. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR7	Generally well behaved		4-15 years	[Child] is generally well behaved and usually does what adults request. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR8	Often seems worried		4-15 years	[He/she] has many worries or often seems worried. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR9	Helpful if someone is hurt, upset or feeling ill		4-15 years	[He/she] is helpful if someone is hurt, upset or feeling ill. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR10	Constantly fidgeting or squirming		4-15 years	[He/she] is constantly fidgeting or squirming. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR11	Has at least one good friend		4-15 years	[Child] has at least one good friend. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR12a	Child often fights with others		4-10 years	[He/she] often fights with or bullies other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR12b	Youth often fights with others		11-15 years	[He/she] often fights with or bullies other young people. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
STR13	Often unhappy, depressed or tearful		4-15 years	[He/she] is often unhappy, depressed or tearful. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR14a	Child generally liked by others		4-10 years	[Child] is generally liked by other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR14b	Youth generally liked by others		11-15 years	[Child] is generally liked by other young people. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR15	Easily distracted		4-15 years	[He/she] is easily distracted or [his/her] concentration wanders. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR16a	Child easily loses confidence		4-10 years	[He/she] is nervous or clingy in new situations or easily loses confidence. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR16b	Youth easily loses confidence		11-15 years	[He/she] is nervous in new situations or easily loses confidence. Is that ... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR17	Kind to younger children		4-15 years	[Child] is kind to younger children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR18	Often lies or cheats		4-15 years	[He/she] often lies or cheats. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
STR19a	Child picked on or bullied by others		4-10 years	[He/she] is picked on or bullied by other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR19b	Youth picked on or bullied by others		11-15 years	[He/she] is picked on or bullied by other young people. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR20a	Child often offers to help others		4-10 years	[He/she] often volunteers to help others such as parents, teachers or other children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR20b	Youth often offers to help others		11-15 years	[He/she] often volunteers to help others such as parents, teachers or children. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR21	Thinks things out before acting		4-15 years	[Child] thinks things out before acting. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR22	Steals		4-15 years	[He/she] steals from home, school or elsewhere. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR23a	Child gets along better with adults than with other children		4-10 years	[He/she] gets along better with adults than with other children. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR23b	Youth gets along better with adults than with other children		11-15 years	[He/she] gets along better with adults than with other young people. Is that.... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
STR24	Many fears, easily scared		4-15 years	[Child] has many fears or is easily scared. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR25	Good attention span		4-15 years	[He/she] has a good attention span and sees chores or homework through to the end. Is that... [READOUT] 1 Not true 2 Somewhat true 3 Certainly true X Don't know R Refused
STR36	Teacher complains of overactivity		4-15 years	Over the last six months, have [child's] teachers complained of fidgetiness, restlessness or overactivity? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR37	Teacher complains of poor concentration		4-15 years	Over the last six months, have [child's] teachers complained of [his/her?] poor concentration or being easily distracted? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR38	Teacher complains of impulsivity		4-15 years	Over the last six months, have [child's] teachers complained of [him/her] acting without thinking about what [he /she] is doing, frequently butting in, or not waiting [his/her] turn? [READ OUT] 1 No 2 A little 3 A lot X Don't Know R Refused
STR26	Overall difficulties		4-15 years	Overall do you think that [child] has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people? [READ OUT] 1 No→STRX 2 Yes – minor difficulties 3 Yes – definite difficulties 4 Yes – severe difficulties X Don't know→ STRX R Refused→ STRX SEE PROGRAMMING – DK AND R ALSO NEED TO SKIP
STR27	Duration of difficulties		4-15 years	How long have these difficulties been present? [READ OUT] 1 Less than a month 2 1 – 5 months 3 6 – 12 months 4 Over a year X Don't know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
STR28	Amount of distress to child	Q1, 2003	4-15 years	How much do these difficulties upset or distress [child]? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STR29	Interfere with everyday life – Home life	Q1, 2003	4-15 years	How much do these difficulties interfere with [child's] everyday home life? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STR30	Interfere with everyday life – Friendships	Q1, 2003	4-15 years	How much do these difficulties interfere with [his/her] friendships? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STR31	Interfere with everyday life – Classroom learning	Q1, 2003	4-15 years	How much do these difficulties interfere with [his/her] classroom learning? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STR32	Interfere with everyday life – Leisure activities	Q1, 2003	4-15 years	How much do these difficulties interfere with [his/her] leisure activities? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STR33	Difficulties put a burden on you or the family	Q1, 2003	4-15 years	How much do these difficulties put a burden on you or your family as a whole? [READ OUT] 1 Not at all 2 A little 3 A medium amount 4 A great deal X Don't know R Refused
STRX	End of Mental Health 2 (Childhood Strengths and Difficulties)			

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CASZ	Start of Cancer Screening 1 (Breast and Cervical)			WOMEN'S CANCER SCREENING - PAP SMEARS AND MAMMOGRAMS
CAS			Women aged 50-69 years	I would now like to ask you some questions about women's health matters.
CAS1	Ever had mammogram		Women aged 50-69 years	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. Have you ever had a mammogram? 1 Yes 2 No →CASX X Don't know → CASX R Refused → CASX
CAS2	When was last mammogram		Women aged 50-69 years	When did you last have a mammogram? [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 50-69 years	Can you tell me all the reasons why you had your last mammogram? 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] X Don't Know R Refused
CAS4	Have mammograms regularly		Women aged 50-69 years	Do you have mammograms regularly? 1 Yes 2 No → CAS15 X Don't Know → CAS15 R Refused →CAS15
CAS5 (CAS5a)	Usual time period between mammograms		Women aged 50-69 years	What is the usual time period between your mammograms? Enter number of years Only had one X Don't Know R Refused
CAS15	Ever had Pap test		Women aged 20-69 years	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. 1 Have you ever had a Pap test? 2 Yes 3 No →HRA1 X Don't know →HRA1 R Refused →HRA1

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CAS11	When had last Pap test		Women aged 20-69 years	When did you last have a Pap test? [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
CAS12	Have a Pap test regularly		Women aged 20-69 years	Do you have a Pap test regularly? 1 Yes 2 No →HRA1 X Don't know →HRA1 R Refused →HRA1
CAS14 (CAS14a)	Usual time period between Pap Tests		Women aged 20-69 years	What is the usual time period between your Pap Tests? 1 Only had 1 Pap Test 2 Less than 1 year ago 3 Enter number of years _____ X Don't know R Refused
CASX	End of Cancer Screening 1 (Breast and Cervical)			
HRAZ	Start of Hysterectomy Rate			HYSTERECTOMY RATE
HRA1	Ever had a		Women aged 20-69 years	A hysterectomy is an operation in which a woman's uterus (or womb) is removed. Have you ever had a hysterectomy? 1 Yes 2 No X Don't Know R Refused
HRA2	Age at hysterectomy		Women aged 20-69 years	How old were you when you had a hysterectomy? _____Age in years 88888 Don't Know 99999 Refused
HRAX	End of Hysterectomy Rate			
MVACZ	Start of Immunisation (Meningococcal)			IMMUNISATION (INFLUENZA/PNEUMOCOCCAL IMMUNISATION/MENINGOCOCCAL)
MVAC1	Vaccinated against meningococcal C?		1-19 years	Since January 2005, have you [your child] been vaccinated against meningococcal C disease? 1 Yes 2 No → IMMX X Don't know → IMMX R Refused → IMMX
MVAC2	When vaccinated?		1-19 years	When were you [was child] vaccinated? Specify date _____

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
MVAC3	Where received vaccination ?		1-19 years	Where did you [your child] receive the vaccine? 1 GP 2 Council 3 Community Health Centre 4 School clinic 5 Other [Specify] X Don't know R Refused All responses skip to next section
MVACX	End of Immunisation (Meningococcal)			
IMMZ	Start of Immunisation 1 (Influenza and Pneumococcal)			IMMUNISATION 1 (INFLUENZA AND PNEUMOCOCCAL)
IMM			Adults 50+ years	I now have a few questions about immunisation.
IMM1	Ever advised to have influenza vaccination		Adults 50+ years	Has a health professional ever advised you to be vaccinated against flu? [IF ASKED YEARLY VACINATIONS ARE RECOMMENDED] 1 Yes 2 No X Don't Know R Refused
IMM2	Vaccinated against influenza in last 12 months		Adults 50+ years	Were you vaccinated or immunised against flu in the past 12 months? 1 Yes 2 No X Don't Know R Refused
IMM3	Ever advised to have pneumococcal vaccination		Adults 50+ years	Has a health professional ever advised you to be vaccinated against pneumonia? 1 Yes 2 No X Don't Know R Refused
IMM4a	When last pneumococcal vaccination		Adults 50+ years	When were you last vaccinated or immunised against pneumonia? [IF ASKED VACINATIONS ARE RECOMMENDED EVERY 5 YEARS] 1 Within the last 12 months 2 12 months to 5 years ago 3 More than 5 years ago 4 Never vaccinated X Don't Know R Refused
IMMX	End of Immunisation 1 (Influenza and Pneumococcal)			

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
HUNPZ	Start of Environmental Risks (Pollution in the Hunter)			IF AREA HEALTH SERVICE NOT HUNTER →AL
HUN18a	Hunter Area Health Service – Most important environmental health issue		Adults 16+ years Hunter AHS	<p>What would you say is the single most important environmental health issue in the Hunter today?</p> <p>PROMPT: By environmental health issues, I mean issues involving the contamination or pollution of air, water, land or food that can affect human health.</p>
HUNPX	End of Hunter			
ORALZ	Start of Oral Health			ORAL HEALTH
ORAL			5+ years	The next questions are about your teeth and dental health.
OHE1	Any teeth missing		5+ years	<p>16+ years: Are any of your natural teeth missing? (Natural teeth does not include dentures).</p> <p>5 – 15 years: Are any of [child]’s natural (permanent or second) teeth missing?</p> <p>INCLUDES WISDOM TEETH (PROMPT ACCORDING TO RESPONSE)</p> <p>1 Yes – have some natural teeth missing 2 Yes – have all natural teeth missing 3 No – have no natural teeth missing →OHE6 X Don’t know → OHE6 R Refused → OHE6</p>
OHE2	Dentures or false teeth		5+ years	<p>Do you /does [child] have dentures or false teeth?</p> <p>1 Yes 2 No X Don’t Know R Refused</p>
OHE6	Time since last dental visit		5+ years	<p>When did you last visit a dental professional about your teeth, dentures or gums? (A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist or dental therapist).</p> <p>[READ OUT]</p> <p>1 Less than 12 months ago → OHE9 2 1 year to less than 2 years ago 3 2 to less than 5 years ago 4 5 to less than 10 years ago 5 10 years ago or more 6 Never X Don’t know R Refused → OHE9</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
OHE8	Reasons for not visiting dentist in last 12 months		5+ years	What are the main reasons for you/ [child] not visiting the dentist in the last 12 months? [MULTIPLE RESPONSE] Respondent has dentures Worried or afraid of going; don't like going Don't need to Hard to find time Can't find a dentist I like Too expensive Too far to go Long waiting lists Dentist has moved or retired Other [SPECIFY] _____ Don't know Refused
OHE9	Fluoride added to public water		5+ years	Has fluoride been added to your public water supply? 1 Yes 2 No →OHE10b X Don't know →OHE10b R Refused →OHE10b
OHE10a	Agree with adding fluoride to water		5+ years	Do you agree with adding fluoride to your water supply to try and prevent teeth decaying? 1 Yes→OHE11 2 No→OHE11 X Don't know→OHE11 R Refused → OHE11
OHE10b	Would be in favour of adding fluoride to water		5+ years	Would you be in favour of adding fluoride to your water supply to try and prevent teeth decaying: [READ OUT] 1 In children? 2 In adults? 3 Both adults and children? 4 Neither X Don't know R Refused
OHE11	Places received information on water fluoridation		5+ years	Where have you received information on water fluoridation? (MULTIPLE RESPONSE - do NOT prompt) Newspapers Magazines Television Radio Advertisements for dental products Health authorities Dentists Dental auxiliaries No information/source Other _____[specify] X Don't know R Refused
OHE12	Who should decide on fluoridation		5+ years	Who should decide on the fluoridation of water supplies? [MULTIPLE RESPONSE] State government Health authorities Dental associations Water boards Community Other _____[specify] X Don't know R Refused
ORALX	End of Oral Health			

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
PHYSZ	Start of Physical Activity 1 (Leisure Time)			PHYSICAL ACTIVITY 1 (LEISURE TIME)
PHYS			Adults 16+ years	Now I'm going to ask some questions about the physical activity you did in the LAST WEEK.
PAC1	Number of times walked in last week		Adults 16+ years	In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places? [IF ASKED INCLUDE ANY WALKING FOR SELF-TRANSPORT] Number of times _____ If =0→ PAC3 88888 Don't Know →PAC3 99999 Refused →PAC3
PAC2 (WA3) (PAC2b)	Minutes spent walking in last week		Adults 16+ years	What do you estimate was the total time you spent walking in this way in the last week? (In hours and or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC3	Times did vigorous household chores		Adults 16+ years	The next question does not include gardening. In the last week, how many times did you do any vigorous household chores which made you breathe harder or puff and pant? Number of times _____ If =0→ PAC5 88888 Don't know →PAC5 99999 Refused →PAC5
PAC4a (PAC4b)	Total time spent doing vigorous household chores		Adults 16+ years	What do you estimate was the total time you spent doing these vigorous household chores in the last week? [In hours and minutes]. Number of hours _____ Number of minutes _____ 88888 Don't know 99999 Refused
PAC5	Times did vigorous gardening or yard work		Adults 16+ years	In the last week, how many times did you do any vigorous gardening or heavy work around the yard which made you breathe harder or puff and pant? Number of times _____ If =0→ PAC7 88888 Don't know →PAC7 99999 Refused →PAC7
PAC6a (PAC6b)	Total time spent doing vigorous gardening or yard work		Adults 16+ years	What do you estimate was the total time you spent doing vigorous gardening or heavy work around the yard in the last week? [In hours and minutes]. Number of hours _____ Number of minutes _____ 88888 Don't know 99999 Refused
PAC7	Number of times exercised vigorously in last week		Adults 16+ years	The next question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming) Number of times _____ If=0→ PAC9 88888 Don't know → PAC9 99999 Refused → PAC9

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
PAC8a (PA3) (PAC8b)	Minutes spent exercising vigorously in last week		Adults 16+ years	What do you estimate was the total time you spent doing this vigorous physical activity in the last week? (In hours and/or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PAC9	Number of times spent exercising moderately in last week		Adults 16+ years	This next question does not include household chores or gardening. In the last week, how many times did you do any other more moderate physical activity that you haven't already mentioned? (eg: lawn bowls, golf, tai chi, and sailing) Number of times _____ If =0 → NEXT SECTION 88888 Don't know → NEXT SECTION 99999 Refused → NEXT SECTION
PAC10a (MA3) (PAC10b)	Minutes spent exercising moderately in last week		Adults 16+ years	What do you estimate was the total time that you spent doing these activities in the last week? (In hours and /or minutes) Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused
PHYSX	End of Physical Activity 1 (Leisure Time)			
ILPAZ	Start of Physical Activity Illawarra			IF AREA HEALTH SERVICE NOT SOUTH EAST SYDNEY AND ILLAWARRA → NEXT SECTION
Ill14	Adequacy of current amount of physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	Would you say the amount of physical activity you currently do is: READ OUT] 1 Too much 2 Enough to benefit your health 3 Not enough to benefit your health 4 I do none at all X Don't know R Refused
ILL15	Reason for not doing more physical activity		All ages South Eastern Sydney and Illawarra (ARHS 510)	What is the main reason why you do not do more physical activity? _____ REASON X Don't know R Refused
ILLX	End of Physical Activity Illawarra			
HUNYZ	Start of Physical Activity Group			Previously asked of Hunter and New England AHS now asked of the whole state

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
HUN1	Hunter Area Health Service – Participated in organised exercise in last week		Adults 60+	<p>Have you participated in any organised group exercise activity in the last week?</p> <p>Examples could include: gentle exercise groups, groups at fitness centres, walking groups, aqua-aerobics, team sports, tai chi or any other organised group exercise.</p> <p>1 Yes 2 No → HUN3 X Don't Know → HUNXX R Refused → HUNXX</p>
HUN2	Hunter Area Health Service – Type of organised exercise participated in last week		Adults 60+	<p>What type of activity did you participate in? [MULTIPLE RESPONSE]</p> <p>Exercise Classes Yoga Tai Chi Swimming Groups Aqua aerobics Walking groups Active over 50's Heart moves Dancing Groups Team sports [SPECIFY]_____ - Other [SPECIFY]_____</p> <p>Don't know Refused → HUNXX</p>
HUN3	Hunter Area Health Service – reason did not participate in organised exercise in last week		Adults 60+	<p>What is the reason you did not participate?</p> <p>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</p>
HUNYX	End of Physical Activity Group Hunter			
CPINTZ	Start of Physical Activity 3 (Child Activity and Inactivity)			PHYSICAL ACTIVITY - CHILD ACTIVITY AND INACTIVITY
CPINT			5-15 years	The next few questions are about [child]'s physical activity and watching television.

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
SP11	Sports and outdoor activities in last 12 months		5-15 years	<p>In the past 12 months, what types of sports and outdoor activities did [child] play? Please tell me which sports he/she played most often, including non team sports such as rollerblading.</p> <p>Basketball Cricket Cycling/mountain biking/bike riding Dancing/Ballet Jogging/athletics/running Martial arts Netball Rugby League Rugby Union Skateboarding Soccer Swimming Other (specify) Did not play any sport X Don't know R Refused</p>
CPHY1	Number of days during week usually does physical activity		5-15 years	<p>On about how many days during the school week does [child] usually do physical activity outside of school hours? NOTE: THIS INCLUDES BEFORE AND AFTER SCHOOL SPORTS</p> <p>1 Record days 2 None → CPHY3 X Don't know → CPHY3 R Refused → CPHY3</p>
CPHY2	On those days, about how many hours does usually do physical activity?		5-15 years	<p>On those days, about how many hours does [child] usually do physical activity?</p> <p>1. Record hours and minutes X Don't know → CPHY4 R Refused → CPHY4</p>
CPHY3	Number of days on weekend usually does physical activity		5-15 years	<p>On about how many weekend days does [child] usually do physical activity?</p> <p>1. Record days 2. None → INJ32 X Don't know → INJ32 R Refused → INJ32</p>
CPHY4	Hours/day on weekend usually does physical activity		5-15 years	<p>On a typical weekend day, about how many hours does [child] usually do physical activity?</p> <p>1. Record hours and minutes 2. Does not do exercise on weekend → INJ32 X Don't know → INJ32 R Refused → INJ32</p>
CPIA1 (CPIA1A)	No. Days During Week Usually Watch TV/Videos		5-15 years	<p>The next few questions are about [child]'s physical activity and watching television. On about how many days during the school week, does [child] usually watch TV, videos or DVDs at home?</p> <p>1 Record days 2 None → CPIA3 3 No TV/video in home → CPIA3 X Don't know → CPIA3 R Refusal → CPIA3</p>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CPIA2 (CPIA2A)	Hours/day during week usually watch TV/videos		5-15 years	On those days, about how many hours does [child] usually spend watching TV, videos or DVDs? (PROMPT: that is, how many hours on a typical weekday when TV is watched) 1 Record Hours X Don't know R Refused
CPIA3 (CPIA3A)	No. days on weekend usually watch TV/videos		5-15 years	On about how many weekend days does [child] usually watch TV, videos or DVDs at home? 1 Record Days 2 None → CPIA5 X Don't know → CPIA5 R Refusal → CPIA5
CPIA4 (CPIA4A)	Hours/day on weekend usually watch TV/videos		5-15 years	On a typical weekend day, about how many hours does [child] spend watching TV, videos or DVDs? 1 Record Hours X Don't know R Refused
CPIA5 (CPIA5A)	No. days during week play video or computer games		5-15 years	On about how many days during the school week does [child] usually play video or computer games? 1 Record Days 2 None → CPIA7 3 No video/computer games → CPIA7 X Don't know → CPIA7 R Refused → CPIA7
CPIA6 (CPIA6A)	Hours/day during week play video or computer games		5-15 years	On those days, about how many hours does [child] usually spend playing video or computer games? (PROMPT: that is, how many hours on a typical weekday when video/computer games are played) 1 Record Hours X Don't know R Refused
CPIA7 (CPIA7A)	No. days on weekend play video or computer games		5-15 years	On about how many weekend days does [child] usually play video or computer games? 1 Record Days 2 None → Next section 3 No video/computer games X Don't know → Next section R Refusal → Next section
CPIA8 (CPIA8A)	Hours/Day on weekend play video or computer games		5-15 years	On a typical weekend day, about how many hours does [child] usually spend playing video or computer games? 1 Record Hours X Don't know R Refused
CPINTX	End of Physical Activity 3 (Child Activity and Inactivity)			
SOCZ	Start of Social Capital (Safety, Trust, Reciprocity and Participation)			SOCIAL CAPITAL (SAFETY, TRUST, RECIPROCITY & PARTICIPATION)

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
SOC			Adults 16+ years	The next questions are about your involvement in your local community and neighbourhood.
SOC1	Participation – community groups in the past 3 months		Adults 16+ years	In the past three months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation? [READ OUT] 1 About once a week 2 Once every 2-3 weeks 3 Once a month or less 4 No, not at all X Don't Know R Refused
SOC2	Participation – community events in the past 6 months		Adults 16+ years	In the past six months, how often have you attended a local community event such as a church or school fete, school concert, or a street fair? [READ OUT] 1 Three times or more 2 Twice 3 Once 4 Never X Don't Know R Refused
SOC3	Participation – active member of sporting or social club		Adults 16+ years	Are you an active member of a local organisation, church or club, such as a sport, craft, or social club? [READ OUT] 1 Yes, very active 2 Yes, somewhat active 3 Yes, a little active 4 No, not an active member X Don't Know R Refused
SOC8	Social Engagement - frequency of visiting neighbours in past week		Adults 16+ years	How often have you visited someone in your neighbourhood in the past week? [READ OUT] 1 Frequently 2 A few times 3 At least once 4 Never (in the last week) X Don't Know R Refused
SOC9	Social Engagement - frequency of meeting friends in local area		Adults 16+ years	When you go shopping in your local area how often are you likely to run into friends and acquaintances? [READ OUT] 1 Nearly always 2 Most of the time 3 Some of the time 4 Rarely or never X Don't Know R Refused
SOC10	Social Engagement – sad to leave neighbourhood		Adults 16+ years	Would you be sad if you had to leave this neighbourhood? 1 Yes 2 No X Don't Know R Refused

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
SOC5	Trust – people can be trusted		Adults 16+ years	<p>I'm now going to read you some statements about safety in your local area. Can you tell me if you agree or disagree with these statements?</p> <p>Most people can be trusted. Do you agree or disagree? [PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>
SOC4	Safety – walking in street after dark		Adults 16+ years	<p>I feel safe walking down my street after dark. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>
SOC6	Safety – local area is a safe place		Adults 16+ years	<p>My area has a reputation for being a safe place.</p> <p>Do you agree or disagree? [PROBE FOR LEVEL OF AGREEMENT]</p> <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree X Don't Know R Refused</p>
SOCX	End of Social Capital (Safety, Trust, Reciprocity and Participation)			
CPSSZ	Start of Family Functioning and Parental Support			FAMILY FUNCTIONING AND PARENTAL SUPPORT
CPSS1	Need for parent support		1-15 years	<p>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?</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>Have you ever used any support services?</p> <p>1 Yes 2 No X Don't know R Refused</p>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CPSSX	End of Family Functioning and Parental Support			
SMKZ	Start of Smoking 1 (Prevalence)			SMOKING 1 (PREVALENCE)
SMK			All	The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.
SMK1	Personal smoking status		Adults 16+ years	Which of the following best describes your smoking status? [READ OUT] 1 I smoke daily 2 I smoke occasionally 3 I don't smoke now, but I used to 4 I've tried it a few times but never smoked regularly 5 I've never smoked X Don't know R Refused
SMKX	End of Smoking 1 (Prevalence)			
AHSZ	Start of Area Health Smoking			IF AREA HEALTH SERVICE NOT HUNTER and SMK1=1,2 SKIP TO SMKSW else SMKEZ IF HUNTER AND SMK1=1,2 ASK HUN6 & HUN7 ELSE SKIP TO SMKSW else SMKEZ
HUN6	Hunter Area Health Service – Age began regular smoking		Adults 16+ years Hunter AHS	How old were you when you became a regular smoker? _____ Age in years 88 Don't Know 99 Refused
HUN7	Hunter Area Health Service – Employment status when started smoking		Adults 16+ years Hunter AHS	What were you doing when you started smoking (eg school, working) Working Primary School Secondary School Tertiary Institution (Uni, TAFE) Unemployed (neither school or working) Other [SPECIFY]_____ 88888 Don't Know 99999 Refused
SMKSW	Doctor discussing quitting smoking	Q3, 2003	AHS=South Western Adults 16+	The last time you went to your GP, did the doctor discuss your smoking and advise you to quit smoking? 1. Yes 2. No X Don't know R Refused
AHSX	End of Area Health Smoking			
SMKEZ	Start of Environmental Tobacco Smoke			ENVIRONMENTAL TOBACCO SMOKE

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
SMK2	Home smoking status		All	Which of the following best describes your home situation? [READ OUT] My home is smoke free (includes smoking is allowed outside only) People occasionally smoke in the house People frequently smoke in the house X Don't Know R Refused
SMK16	Smoking in cars		16 years and over	Are people allowed to smoke in your car? Yes No Don't have a car X Don't know R Refused
SMKEX	End of Environmental Tobacco Smoke			
SMKPZ	Start of Smoking 3 (Policy)			SMOKING 3 (POLICY)
SMK27	Smoking ban in hotels and licensed bars		16 years and over	If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference '. [READ OUT] More often Less often It would make no difference X Don't know R Refused
SMK28	Smoking ban in outdoor dining areas		16 years and over	If there was a total smoking ban in outdoor dining areas, would you be likely to go there: More often, Less often, It would make no difference '. [READ OUT] More often Less often It would make no difference X Don't know R Refused
SMKPX	End Smoking 3 (Policy)			
SMKGZ	Start of Smoking 2 (During Pregnancy)			SMOKING 2 (SMOKING IN PREGNANCY)
CSPG1	Ever smoked		0-11 months	Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products? Yes – more than 100 Yes – less than 100 No → SMKX X Don't know R Refused
CSPG2	Smoking during pregnancy		0-11 months	When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products? Yes No → SMKX X Don't know → SMKX R Refused → SMKX

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
CSPG3	Smoking quitting status during pregnancy		0-11 months	When you were pregnant with [child], did you? (READ OUT OPTIONS 1-3;) 1 Reduce the amount of tobacco you smoked 2 Try to give up smoking but were unsuccessful 3 Successfully gave up smoking 4 None of the above X Don't know R Refused
SMKGX	End of Smoking 2 (During Pregnancy)			
				CHILDCARE & SCHOOL ATTENDANCE
CHC				Now I have a few questions about playgroups and childcare
CAQ1	Ever attended organised early childhood program or activity		Children 0-5 years	Has child ever attended any play group or other early childhood program or activity? Please do not include child care programs or time spent in preschool. Yes No → CHC1 X Don't Know → CHC1 R Refused → CHC1
CAQ2	Currently attends other organised early childhood programs or activities		Children 0-5 years	Does child currently attend any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool. Yes No X Don't Know R Refused
CHC1	Ever attended regular child care		Children 0-5 years	Have you ever used any childcare for [child] on a regular basis? PROMPT: Regular basis means at least half a day a week Yes No → SC2 X Don't know → SC2 R Refused → SC2
CHC3	Age of first regular childcare		Children 0-5 years	How old was [child] when he/she first started childcare for half a day or longer? Age in years_____ and months_____ X Don't know R Refused
CHC2	Currently attends childcare		Children 0-5 years	Is [child] currently having any type of childcare on a regular basis? Yes No → SC2 X Don't know → SC2 R Refused → SC2

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CHC5	Type of childcare		Children 0-5 years	What type of childcare does [child] have? [MULTIPLE RESPONSE] Long Day Care Occasional Care Friend(s) Grandparent(s) Nanny Baby sitter(s) Relative or family other than Grandparent(s) Family Day Care Other [SPECIFY] _____ Don't Know → SC2 Refused → SC2
CHC7	Hours currently at long daycare per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for in long daycare? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=1 skp CHC8
CHC8	Hours currently at occasional care per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for in occasional care? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=2 skp CHC9
CHC9	Hours currently cared for by friends per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for by friends? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=3 skp CHC10
CHC10	Hours currently cared for by grandparent per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for by grandparents? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=4 skp CHC11
CHC11	Hours currently cared for by nanny per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for by a nanny? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=5 skp CHC12
CHC12	Hours currently cared for by other a baby sitter per week		Children 0-5 years	In total, how many hours per week is [child] usually cared for by a baby sitter? _____ Record Hours 88888 Don't Know 99999 Refused If CHC5!=6 skp CHC13

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
CHC13	Hours currently cared for by other relatives per week		Children 0-5 years	<p>In total, how many hours per week is [child] usually cared for by other relatives?</p> <p>_____Record Hours</p> <p>88888 Don't Know 99999 Refused If CHC5!=7 skp CHC14</p>
CHC14	Hours currently cared for in family day care per week		Children 0-5 years	<p>In total, how many hours per week is [child] usually cared for in family daycare?</p> <p>_____Record Hours</p> <p>88888 Don't Know 99999 Refused If CHC5!=8 skp CHC15</p>
CHC15	Hours currently cared for in other care per week		Children 0-5 years	<p>In total, how many hours per week is [child] usually cared for in other care?</p> <p>_____Record Hours</p> <p>88888 Don't Know 99999 Refused If CHC5!=9 skp SC2</p>
SC1	Preschool/school attendance		2 years and over	<p>Does [child] go to</p> <p>If age 2-3 years: Pre school</p> <p>If age 4-6 years: Pre school or school</p> <p>If age 7-15 years: School</p> <p>If age 16+ years: Are you currently studying at a school or a tertiary institution?</p> <p>Pre-School School Not studying Tertiary Institution (TAFE, Uni) Other educational institution X Don't know R Refused</p>
SC2	Child's Year at School		Children 2-15 years	<p>What year is child in at school?</p> <p>_____year</p> <p>Kindergarten Ungraded Class X Don't Know R Refused</p>
SC3	Type of school currently attending		Children 2-15 years	<p>What type of school does child currently attend?</p> <p>Public school Catholic school Independent school (Private, NOT Catholic) Special education school School of the Air Any other school [SPECIFY]_____</p> <p>88888 Don't know 99999 Refusal</p>
SC4	Heard about health school canteen strategy		Children 5-15	<p>Have you heard of the NSW Healthy School Canteen Fresh Tastes@School Strategy?</p> <p>1 Yes 2 No→ BOO X Don't Know→ BOO R Refused→ BOO</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
SC5	Know about healthy school canteen strategy		Children 5-15	What do you know about the strategy? _____
SC6	How heard about health school canteen strategy		Children 5-15	How did you hear about the strategy? [Multiple Response - Do NOT Read Out] School newsletters Information session at the school From other parents From my children Working in the school canteen Being on the school canteen committee In the media Other [SPECIFY] Don't know Refused
BOO				The next few questions are about reading.
BOOK	Read Books to Child		Children 0-5 years	Do you or other members of your family read or look at books with [child]? Yes No → BOOX X Don't know → BOOX R Refused → BOOX
BKOF	How often looks at books with children		Children 0-5 years	In a typical week, how often do you or other members of your family read or look at books with [child]? Every Day At least once a week At least once a month Rarely X Don't know R Refused
BKAG	Age of Child Being Read To		Children 0-5 years	How old was [child] when you or another member of your family started reading to him/her? Less than 6 months 6 months-1 year 1-2 years 2-3 years 3 years and over X Don't know R Refused
INJ19	Fire education program participation		5-12 years	Has [child] participated in the fire education program in schools? 1. Yes 2. No → CHCX X Don't know → CHCX R Refused → CHCX
INJ20	Components of fire program		5-12 years	Did [child] tell you about any of the following? [READ OUT MULTIPLE RESPONSE] Get down low & go go go Home evacuation plan Stop drop and roll Install smoke alarms Knotted rope None of the above → CHCX X Don't know R Refused → CHCX

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
INJ21	Action on education program		5-12 years	Did you take action on any of these things? 1 Yes 2 No X Don't know R Refused
CHCX	End of childcare, school attendance and Reading to Child			
INJBZ	Start of Injury 1 (Adult Injury and Prevention – Fire)			INJURY 1 (ADULT INJURY& PREVENTION - FIRE)
INJNT				Now I have some questions about home fire prevention.
INJ40	smoke alarms installed		All	Do you have smoke alarms installed in your home? INTERVIEWER NOTE If yes ask Battery operated, hard wired or both? 1 Yes - Battery operated smoke alarms 2 Yes - Hard wired smoke alarms → GOTO INJ43 3 Yes - Both battery operated and hard wired 4 No → GOTO INJ14 if 65 or over, otherwise GOTO INJ 46 X Don't know → GOTO INJ14 if 65 or over, otherwise GOTO INJ 46 R Refused → GOTO INJ14 if 65 or over, otherwise GOTO INJ 46
INJ41	last tested battery operated smoke alarm		All	When did you last test the battery operated smoke alarm(s)? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested 6 No battery currently in alarm X Don't know R Refused
INJ42	last changed smoke alarm battery		If applicable	When did you last change the battery in your smoke alarm(s)? 1 Within the last three months 2 More than three months but less than a year ago 3 More than a year ago 4 Never changed the battery X Don't know R Refused IF INJ40 = 1 then GOTO INJ 45
INJ43	last test the hard wired smoke alarms		If applicable	When did you last test the hard wired smoke alarm(s)? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never tested X Don't know R Refused
INJ44	number of hardwired smoke alarms		All	How many hardwired smoke alarms do you have? _____number

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
INJ45	number of battery operated smoke alarms		All	How many battery powered smoke alarm do you have? _____number
INJ14	Fire battery program awareness		65 and over	Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes? 1 Yes 2 No → INJ16 X Don't know → INJ16 R Refused → INJ16
INJ15	Install smoke alarm		65 and over	Have you had one installed through this program? 1 Yes → INJ46 2 No X Don't know R Refused
INJ16	Fire brigade Phone number		65 and over	Would you like a phone number to call to find out more about the program? IF yes, then refer to number 02 9742 7400 [KEY 'N' TO CONTINUE]
INJ46	Home Escape Plans		All	Does your household have a written home escape plan? 1 Yes 2 Have a plan but it's not written down 3 No → GOTO INJ48 X Don't know → GOTO INJ48 R Refused → GOTO INJ48
INJ47	Practice Home Escape Plans		All	When did your household last practice your home escape plan? 1 Within the last month 2 More than a month but less than six months ago 3 Six months to a year ago 4 More than a year ago 5 Never practiced the plan X Don't know R Refused
INJ48	Fire in your home in the last 12 months		All	Have you had a fire in your home in the last 12 months? 1 Yes 2 No → INJFX X Don't know → INJFX R Refused → INJFX
INJ49	Number of fires in the last 12 months		All	How many fires have you had in you home in the last 12 months? 1 One 2 Two 3 Three to five 4 More than five X Don't know R Refused
INJ50	Fire brigade called		All	Was the fire brigade called to any of these fires? INTERVIEWER NOTE If yes ask all or some? 1 Yes – all 2 Yes - some 3 No X Don't know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
INJBX	End of Injury 1 (Adult Injury and Prevention – Fire)			
				DEMOGRAPHICS (RESPONDENT & CHILD PROXY)
DEMA			All	<p>Now we are coming to the last section of the survey. I am going to ask some routine questions about your background.</p> <p>Remember that all your answers remain confidential.</p> <p>[IF ASKED]</p> <p>We ask these questions so that we can get an idea of the health concerns of different groups of people such as men and women, city people and country people.</p>
RLHP	Household structure		All	<p>IF 16+: Besides yourself, who else lives in your household? IF 0-15 years: IF FEMALE: Besides yourself who else does [child] live with such as brothers and sisters, father or stepfather, step brothers and step sisters? IF MALE: Besides yourself, who else does [child] live with such as brothers and sisters, mother or stepmother, step brothers and step sisters? (DO NOT ENTER RESPONDENTS RELATIONSHIP TO CHILD, PROBE FOR RELATIONSHIP – PARTNER VS HUSBAND/WIFE) [MULTIPLE RESPONSE] No one (lives alone) – ONLY FOR AGES 16+ Mother Father Respondent's partner (PROBE FOR RELATIONSHIP TO CHILD) Step-mother Step-father Grandparents Sons/Daughters Brothers and sisters Step brothers/sisters Other relatives Non-family members No one else besides respondent – ONLY FOR AGES 0-15 YEARS Other [SPECIFY] _____ Don't know Refused</p>
INT1d	Number of Residents aged 0-5		All	<p>Can you please tell me, how many children under 6 years of age, live in this household.</p> <p>_____</p>
NT1e	Number of Residents aged 65+		All	<p>Can you please tell me, how how many people aged 65 years old or over, live in this household.</p> <p>_____</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
MSTP	Formal marital status		All	What is your formal current marital status? Are you... NB: MARRIED REFERS TO REGISTERED MARRIAGES [READ OUT] Married Widowed Separated but not divorced Divorced Never married X Don't know R Refused
BPLP	Country of birth		All	In which country were you/was [child] born? Australia → BPMP) Other _____ COUNTRY → LANPa X Don't know → LANPa R Refused → LANPa)
BPMP	Mothers country of birth		All	IF MOTHER IS RESPONDENT: In which country were you born? ANYONE BUT MOTHER IS RESPONDENT: In which country was your/[child]'s natural mother born? Australia Other _____ COUNTRY X Don't know R Refused
BPFP	Fathers country of birth		All	ANYONE BUT FATHER IS RESPONDENT:: In which country was your/ [child]'s natural father born? IF FATHER IS RESPONDENT: In which country were you born? Australia Other _____ COUNTRY X Don't know R Refused
LANPa	Speak a language other than English at home		All	Do you usually speak a language other than English at home? Yes No → INGP X Don't know → INGP R Refused → INGP
LANPa1	Language spoken at home		All	What language do you usually speak at home? Language [SPECIFY] _____ X Don't know R Refused
INGP	Aboriginal or Torres Strait origin		All ages	Are you /is [child] of Aboriginal or Torres Strait Islander origin? Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal origin Aboriginal and Torres Strait Islander origin Not Aboriginal or Torres Strait Islander origin X Don't Know R Refused

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
HSCP	Highest level of school completed		Adults 16+ years	<p>What is the highest level of primary or secondary school you have completed? [Prompt if necessary] Never attended school →QALLm Currently still at school Year 8 or below Year 9 or equivalent Year 10 or equivalent (Intermediate) Year 11 or equivalent Year 12 or equivalent (Matriculation/Leaving) X Don't know R Refused</p>
QALLP	Highest qualification completed		Adults 16+ years	<p>What is the level of the highest qualification you have completed? Completed School Certificate/ Intermediate/ Year 10/4th Form.... Completed HSC/Leaving/Year 12/ 6th Form TAFE Certificate or Diploma University, CAE or some other tertiary institute degree or higher Other [SPECIFY]_____</p> <p>Completed Primary School Completed years 7-9 88888 Don't Know 99999 Refused</p>
QALLm	Mother's highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: What is the level of the highest qualification you have completed? IF RESPONDENT IS ANYONE BUT MOTHER What is the level of the highest qualification [child]'s mother/stepmother has completed? Completed School Certificate/ Intermediate/ Year 10/4th Form.... Completed HSC/Leaving/Year 12/ 6th Form TAFE Certificate or Diploma University, CAE or some other tertiary institute degree or higher Other [SPECIFY]_____</p> <p>Completed Primary School Completed years 7-9 88888 Don't Know 99999 Refused</p>
QALLf	Fathers highest qualification completed		Children 0-15 years	<p>IF RESPONDENT IS ANYONE BUT FATHER: What is the level of the highest qualification [child]'s father/stepfather has completed? IF RESPONDENT IS FATHER/STEPFATHER What is the level of the highest qualification you have completed? Completed School Certificate/ Intermediate/ Year 10/4th Form.... Completed HSC/Leaving/Year 12/ 6th Form TAFE Certificate or Diploma University, CAE or some other tertiary institute degree or higher Other [SPECIFY]_____</p> <p>Completed Primary School Completed years 7-9 88888 Don't Know 99999 Refused</p>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
LFSP	Current employment status		Adults 16+ years	<p>In the last week, which of the following best describes your employment status? [READ OUT 1-5] Worked for payment or profit → LF Worked for payment/profit but absent on paid leave, holidays, on strike/stood down→ LF Unpaid work in a family business→ LF Other unpaid work Did not work Did not have a job X Don't know/Not sure R Refused</p>
LFS	Actively looking for work		Adults 16+ years	<p>Were you actively looking for work in the last week? Yes – Looked for Full-time work Yes – Looked for Part-time work No – Did not look for work X Don't Know R Refused →Dem11</p>
LF	Main job		Adults 16+ years	<p>In the main job held in the last week, were you: [READ OUT] A wage or salary earner Conducting own business with employees Conducting own business without employees A helper not receiving wages X Don't now R Refused</p>
HRSP	Number of hours worked in last week		Adults 16+ years	<p>In the last week, how many hours did you work in all jobs? _____ No. of hours</p>
MTWP2	Usual transport to work		5 years and over	<p>How do you usually get to work? IF CHILD: How does [child] usually get to school? [MULTIPLE RESPONSE] 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>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
LFSPm	Mother's employment status		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: In the last week, which of the following best describes your employment status?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: In the last week, which of the following best describes the employment status of [child]'s mother/stepmother? [READ OUT 1-5] Worked for payment or profit →LFm Worked for payment/profit but absent on paid leave, holidays, on strike/stood down → LFm Unpaid work in a family business → LFm Other unpaid work Did not have a job X Don't know/Not sure R Refused</p>
LFSm	Mother actively looking for work		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER: Were you actively looking for work in the last week?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: Was [child]'s mother/stepmother actively looking for work in the last week? Yes – Looked for Full-time work Yes – Looked for Part-time work No – Did not look for work X Don't Know R Refused → LFSPf</p>
LFm	Mother's main job		Children 0-15 years	<p>IF RESPONDENT IS MOTHER/STEPMOTHER In the main job held in the week, were you:</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER: In the main job held in the last week, was [child]'s mother/stepmother: [READ OUT] A wage or salary earner Conducting own business with employees Conducting own business without employees A helper not receiving wages X Don't know R Refused</p>
LFSPf	Father's employment status		Children 0-15 years	<p>IF RESPONDENT IS MOTHER: In the last week, which of the following best described the employment status of [child]'s father/stepfather?</p> <p>IF RESPONDENT IS FATHER: In the last week, which of the following best describes your employment status? [READ OUT] Worked for payment or profit →LFf Worked for payment/profit but absent on paid leave, holidays, on strike/stood down →LFf Unpaid work in a family business →LFf Other unpaid work Did not have a job X Don't know/Not sure R Refused</p>

Question Code	Question Name	Quarter Question Added/ deleted	Age Groups	Question
LFSf	Father actively looking for work		Children 0-15 years	<p>Was [child]’s father/stepfather actively looking for work in the last week?</p> <p>Yes – Looked for Full-time work Yes – Looked for Part-time work No – Did not look for work X Don't Know R Refused</p> <p>→Dem11</p>
LFf	Father's main job		Children 0-15 years	<p>IF RESPONDENT IS ANYONE BUT FATHER: In the main job held in the last week, was [child]’s father/stepfather:</p> <p>IF RESPONDENT IS FATHER/stepfather: In the main job held in the last week, were you: [READ OUT] A wage or salary earner Conducting own business with employees Conducting own business with employees Conducting own business without employees A helper not receiving wages X Don't know R Refused</p>
DEM11	Currently receive a pension or benefit		Adults 65+ years	<p>Do you currently receive a pension, allowance or benefit? [ANY GOVT. ALLOWANCE, PENSION OR BENEFIT] Yes No X Don't know R Refused</p>
DEM13	Private health insurance status			<p>Apart from Medicare, are you /is [child] currently covered by private health insurance? Yes No X Don't know R Refused</p>
STRD	Building type		All	<p>What type of accommodation do you live in? [PROMPT IF NECESSARY] Separate house Semi-detached/town house/terraced house/villa Unit, flat or apartment/granny flat Caravan, cabin, houseboat, Improvised home, tent, sleeper out House/flat attached to a shop, office Other SPECIFY (eg. hostel, retirement village) _____ X Don't know R Refused</p>
INC2	Household income		All	<p>I would now like to ask you about your household's income. What is your annual household income before tax? Would it be: [READ OUT] Less than \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 More than \$80,000 X Don't know R Refused</p>
DEM36	Years lived in local area		All	<p>How long have you/ has [child] lived in your local area? ___ Years X Don't Know R Refused</p>

Question Code	Question Name	Quarter Question Added/deleted	Age Groups	Question
DEM18	Local shire		All	What is the name of your local Council or Shire? _____ Council X Don't Know R Refused
DEM17	Suburb/Town		All	What is the name of the suburb or town where you live? _____ Don't know Refused
DEM16	Postcode		All	Could you tell me your postcode? _____ POSTCODE X Don't Know R Refused
DEM19	More than one residential telephone number		All	Do you have more than one telephone number in your household? Yes No → REC1 X Don't Know R Refused
DEM20	Number of residential telephone numbers		All	How many residential telephone numbers do you have? Do not include mobile phone numbers, dedicated FAX numbers or modems. _____ (number of residential telephone numbers) 88888 Don't know 99999 Refused