

Population Health Survey 2003 Questionnaire

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Question Code	Question Name	Age Groups	Question
			INTRODUCTION
LOTE	Survey conducted in LOTE		[RECORD LANGUAGE SURVEY CONDUCTED IN] English Arabic Chinese Greek Italian Vietnamese
INT1a	Number of people living in the household	All	Can you please tell me, how many people, including yourself, live in your household? _____ If ANS=1→INT1C
			DEMOGRAPHICS (AGE & SEX)
DEM 2	Age in years	All	Could you please tell me how old you are/[child] is today? [NOTE: IF RESPONDENT DOES NOT GIVE AGE SURVEY WILL TERMINATE!] We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your age. 1. Age in Months (0-23 months only) 2. Age in years X Don't know → Thank and Goodbye R Refused → Thank and Goodbye
DEM2d	Child proxy respondents age	Children 0-15 years	Could you please tell me how old you are today? We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. 1. Age in years 88888 Don't know 99999 Refused
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

Question Code	Question Name	Age Groups	Question
CDM6	Proxy respondents relationship to child	Children 0-15 years	<p>What is your relationship to [child]?</p> <p>IF FEMALE: For example are you [child]'s mother, stepmother or other relation?</p> <p>IF MALE: For example are you [child]'s father, stepfather or other relation?</p> <ol style="list-style-type: none"> 1. Mother 2. Father 3. Stepmother 4. Stepfather 5. Grandmother 6. Grandfather 7. Legal Guardian 8. Other [SPECIFY] _____ <p>X Don't know R Refused</p>
			HEALTH SERVICES USE ACCESS AND SATISFACTION
HSU		All	The next questions are about your [child]'s use of health services.
HSU1a	Health service attended in last 12 months	All	<p>In the last 12 months, have you /has [child] attended any of the following services:</p> <p>[READ OUT] [MULTIPLE RESPONSE] (PAUSE AFTER EACH RESPONSE FOR ANSWER)</p> <ol style="list-style-type: none"> 1. Stayed for at least one night in hospital 2. A hospital emergency department (or casualty) for your own /for [child]'s medical care 3. An Early Childhood Centre 4. A Government Run Community Health Centre 5. Public (Government Run) Dental Service or Dental Hospital 6. Did not attend any services → HSU12a for <5 yrs 7. Don't know → HSU14 8. Refused → HSU14
HSU2H	Hospital of most recent overnight stay	All	<p>If HSU1a=Stayed for at least one night in hospital In which hospital was your / [child]'s most recent overnight stay?</p> <ol style="list-style-type: none"> 1. Name of hospital _____
HSU2aH	Type of hospital for most recent overnight stay	All	<p>Can you tell me if that is a Public or Private Hospital?</p> <ol style="list-style-type: none"> 1. Public Hospital 2. Private Hospital 3. Private Hospital attached to a Public Hospital <p>X Don't know R Refused</p>
HSU11	Type of admission at public hospital for most recent overnight stay	All	<p><i>IF HSU1a= Stayed for at least one night in hospital</i> <i>IF HSU2aH=Public Hospital</i></p> <p>During your [child's] overnight hospital admission were you/[was child] admitted as a Private or Public patient?</p> <ol style="list-style-type: none"> 1. Private patient – ie private health insurance 2. Public patient <p>X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
HSU6H	Rating of care for most recent overnight hospital stay	All	<p>Overall, what do you think of the care you / [child] received at this hospital? Was it...? [READ OUT]</p> <p>1. Excellent →HSU9H 2. Very Good → HSU9H 3. Good → HSU9H 4. Fair 5. Poor X Don't know → HS9H R Refused →HSU9H</p>
HSU7H	Reason for rating most recent overnight hospital stay as fair/poor	All	<p>Could you briefly describe why you rated the care you / [child] received as fair/poor?</p> <p>Description: _____</p>
HSU9H	Advice at discharge for most recent overnight hospital stay	All	<p>Did someone at this hospital tell you how to cope with your/ [child's] condition when you / [child] returned home?</p> <p>1. Yes 2. No → HSU3 3. Not applicable →HSU3 X Don't know → HSU3 R Refused→HSU3</p>
HSU10H	Adequacy of discharge advice for most recent overnight hospital stay	All	<p>How adequate was this information once you/[child] went home? [READ OUT]</p> <p>1. Very Adequate 2. Adequate 3. Inadequate 4. Completely inadequate X Don't know R Refused</p>
HSU3	Name of Hospital for last emergency department visit	All	<p><i>If HSUS1a=Hospital Emergency Department (Or Casualty)</i> Which hospital's emergency department did you / [child] last attend?</p> <p>Name of hospital _____</p>
HSU6ED	Rating of care for most recent emergency department visit	All	<p>Overall, what do you think of the care you / [child] received at this emergency department? [READ OUT]</p> <p>1. Excellent → HSU4 2. Very Good → HSU4 3. Good → HSU4 Fair 4. Poor X Don't Know → HSU4 R Refused → HSU4</p>

Question Code	Question Name	Age Groups	Question
HSU7ED	Reason for rating most recent emergency department visit as fair/poor	All	<p>Could you briefly describe why you rated the care you/[child] received as fair / poor?</p> <p>Description: _____</p>
HSU4	Currently visiting early childhood centre	Children 0-4 years	<p>Is [child] seeing a baby health or early childhood health nurse on a regular basis? (PROMPT: includes regular visits to early childhood health centre or baby health centre) (PROMPT: regular visits means attended last appointment and plan to take child again)</p> <p>1. Yes → HSU6B 2. No X Don't know → HSU6B R Refused → HSU6B</p>
HSU5	Reason for not currently visiting early childhood centre	Children 0-4 years	<p>Can you tell me the main reason [child] is not seeing a baby health or early childhood health nurse?</p> <p>1. Centre at inconvenient location 2. Centre has inconvenient/unsuitable hours 3. Insufficient services 4. Unwelcome atmosphere 5. No need to attend / any more 6. Not useful / Not useful any more 7. Use other services instead 8. Other [SPECIFY] _____ 9. Next scheduled visit not due yet 88888 Don't Know 99999 Refused</p> <p>ALL TO HSU6CH</p>
HSU6B	Rating of overall care at early childhood centre	Children 0-4 years	<p>Overall, what do you think of the care [child] received at the early childhood centre? [READ OUT]</p> <p>1. Excellent → HSU6CH 2. Very Good → HSU6CH 3. Good → HSU6CH 4. Fair 5. Poor X Don't Know → HSU6CH R Refused → HSU6CH</p>
HSU7B	Reason for rating overall care at early childhood centre as fair/poor	Children 0-4 years	<p>Could you briefly describe why you rated the care [child] received as fair / poor?</p> <p>Description: _____</p>

Question Code	Question Name	Age Groups	Question
HSU6CH	Rating of care for most recent community health centre visit	All	<p><i>If HSUS1a=A Government run Community Health Centre</i> Overall, what do you think of the care you [child] received at the community health centre? [READ OUT]</p> <p>1. Excellent → HSU9CH 2. Very Good → HSU9CH 3. Good → HSU9CH 4. Fair 5. Poor X Don't Know → HSU9CH R Refused → HSU9CH</p>
HSU7CH	Reason for rating most recent community health centre visit as fair/poor	All	<p>Could you briefly describe why you rated the care you / [child] received as fair / poor ?</p> <p>Description: _____</p>
HSU9CH	Provided take-home information after most recent community health centre visit	All	<p>Did someone at this community health centre tell you how to cope with your / [child's] condition when you/[child] returned home?</p> <p>1. Yes 2. No → HSU6PD 3. Not applicable → HSU6PD X Don't know → HSU6PD R Refused → HSU6PD</p>
HSU10CH	Adequacy of take-home information after most recent community health visit	All	<p>How adequate was this information once you / [child] went home? [READ OUT]</p> <p>1. Very Adequate 2. Adequate 3. Inadequate 4. Completely inadequate X Don't Know R Refused</p>
HSU6PD	Rating of care for most recent public dental service visit	All	<p><i>If HSUS1a= Public Dental</i> Overall, what do you think of the care you / [child] received at the public dental service? [READ OUT]</p> <p>1. Excellent → HSU9PD 2. Very Good → HSU9PD 3. Good → HSU9PD 4. Fair 5. Poor X Don't Know → HSU9PD R Refused → HSU9PD</p>
HSU7PD	Reason for rating most recent public dental service visit as fair/poor	All	<p>Could you briefly describe why you rated the care you / [child] received as fair poor?</p> <p>Description: _____</p>

Question Code	Question Name	Age Groups	Question
HSU9PD	Provided take-home information after most recent public dental service visit	All	<p>Did someone at this public dental service tell you how to cope with your [child's] condition when you returned home?</p> <p>1. Yes 2. No → HSU12a 3. Not applicable → HSU12a X Don't know → HSU12a R Refused → HSU12a</p>
HSU10PD	Adequacy of take-home information after most recent public dental service visit	All	<p>How adequate was this information once you [child] went home? [READ OUT]</p> <p>1. Very Adequate 2. Adequate 3. Inadequate 4. Completely inadequate X Don't Know R Refused</p>
HSU12a	Home-visit in last 12 months	0-4 years	<p>In the last 12 months, have any health professionals visited you/[child] in your home?</p> <p>1. Yes 2. No → USGP X Don't Know → USGP R Refused → USGP</p>
HSU12	Health professionals of home-visit 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>1. Community nurse 2. Private nurse → USGP 3. Midwife 4. General Practitioner → USGP 5. Podiatrist or Chiropodist → USGP 6. Physiotherapist → USGP 7. Other Health Professional [SPECIFY] _____ → USGP 8. Not visited by anyone → USGP 9. Don't Know → USGP 10. Refused → USGP</p>
HSU6C	Rating of overall care from community nurse in last 12 months	0-4 years	<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>

Question Code	Question Name	Age Groups	Question
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 → USGP 2. Very Good→ USGP 3. Good→ USGP 4. Fair 5. Poor X Don't Know→ USGP R Refused→ USGP</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>
USGP	Usual GP Used by Respondent	AHS=South Western Adults 16+	<p>Do you have a usual GP who you see for most of your medical care?</p> <p>1 Yes 2 No→LVGPa X Don't know→ LVGPa R Refused→ LVGPa</p>
GPOK	Rating of Care from GP	AHS=South Western Adults 16+	<p>How do you rate the care you receive from your usual GP?</p> <p>[READ OUT]</p> <p>1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor X Don't Know R Refused</p>
PCGP	Postcode Of Usual GP	AHS=South Western Adults 16+	<p>Could you please tell me your usual GP's postcode?</p> <p>[NOTE: USED TO DETERMINE IF SERVICES USED ARE IN AREA HEALTH SERVICE OF RESIDENT]</p> <p>Post Code</p> <p>88888 Don't know 99999 Refused</p>
GPLG	Language Used in Consultation with GP	AHS=South Western Adults 16+	<p>In what language does your usual GP speak with you during your consultation?</p> <p>1 English 2 Other language [SPECIFY] X Don't Know R Refused</p>
GPLGb	Preferred Language Use in Consultation with GP	AHS=South Western Adults 16+	<p>In what language would you prefer your usual GP to speak with you during your consultation?</p> <p>1 English 2 Other language [SPECIFY] X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
LVGPa	Last Time Visited GP	AHS=South Western Adults 16+	<p>During your last visit to your GP, did the doctor discuss with you about being more physically active or getting more exercise?</p> <p>1 Yes 2 No X Don't Know R Refused</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>
HSU16	Comments on health services in local area	All	<p>Do you have any comments on the health services in your local area? [PROBE FULLY]</p> <p>Description: _____</p>
			BREASTFEEDING
CBF1	Child Ever Breastfed	Children 0-4 years	<p>Has [child] ever been breastfed?</p> <p>1. Yes 2. No → CBF14a 3. Don't know → CBF4 R Refused → CBF4</p>
CBF2	Child Currently Breastfed	Children 0-4 years	<p>Is [child] currently being breastfed?</p> <p>1. Yes → CBF4 2. No 3. Don't know → CBF4 R Refused → CBF4</p>
CBF13	Duration of Breastfeeding	Children 0-4 years	<p>Including times of weaning, what is the total time [child] was breastfed? (ENTER FULL NUMBERS ONLY: IGNORE HALF)</p> <p>1. ___ Weeks (1-12 weeks only) 2. ___ Months (1-48 months only) 3. Less than one week 4. Don't know → CBF4 R Refused → CBF4</p>
CBF14b	Main reason stopped breastfeeding prior to 12 months	Children 0-4 years	<p>IF CBF13 <12 months and MOTHER ASK: What was the main reason you stopped breastfeeding [child]?</p> <p>_____</p> <p>ALL CBF4</p>
CBF14a	Main Reasons Decided not to Breastfeed.	Children 0-4 years	<p>IF MOTHER ASK: What were the main reasons you decided not to breastfeed [child] ?</p> <p>-----</p>

Question Code	Question Name	Age Groups	Question
CBF4	Child Ever Regularly Given Infant or Toddler Formula	Children 0-4 years	<p>Has [child] ever been given infant or toddler formula regularly? (PROMPT IF NECESSARY: regularly means at least once a day)</p> <p>1. Yes 2. No → CBF6 3. Don't know → CBF6 R Refused → CBF6</p>
CBF5	Age First Given Infant or Toddler Formula Regularly	Children 0-4 years	<p>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)</p> <p>1. ___weeks (1-12 weeks only) 2. ___months (1-48 months only) 3. Less than one week 4. Don't know R Refused</p>
CBF6	Child ever regularly given cows milk	Children 0-4 years	<p>Has [child] ever been given cow's milk regularly?</p> <p>1. Yes 2. No → CBF8 3. Don't know → CBF8 R Refused → CBF8</p>
CBF7	Age first given cows milk	Children 0-4 years	<p>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)</p> <p>1. ___Weeks (1-12 weeks only) 2. ___Months (1-48 months only) 3. Less than one week 4. Don't know R Refused</p>
CBF8	Child ever given other milk substitutes regularly	Children 0-4 years	<p>Has [child] ever been given any other type of milk substitute on a regular basis? (PROMPT: Apart from breast milk/infant formula/cows milk)</p> <p>1. Yes 2. No → CBF12 3. Don't know → CBF12 4. Refused → CBF12</p>
CBF9	Types of other milk substitutes	Children 0-4 years	<p>What type of milk substitutes did [child] have? (MULTIPLE RESPONSE)</p> <p>1. Soya Bean milk 2. Goat's milk 3. Evaporated milk 4. Other [SPECIFY] _____ 5. Don't know R Refused</p>
CBF10	Age first given other milk substitutes	Children 0-4 years	<p>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)</p> <p>1. ___Weeks (1-12 weeks) 2. ___Months (1-48 months) 3. Less than one week 4. Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
CBF12	Age when First Given Solid Food	Children 0-4 years	At what age was [child] first given solid food regularly? (ENTER FULL NUMBERS ONLY: IGNORE HALF) 1. ___ Weeks (0-12 weeks only) 2. ___ Months (1-48 months only) 3. Never given solids/not yet started solids 4. Don't know R Refused
CNF19A	At what age given fruit juice	Children 0-4 years	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) 1 _____ weeks (1-12 weeks) 2 _____ months (1-48 months) 3 Less than one week 4 Never given fruit juice/not yet started fruit juice X Don't know R Refused
CNF10A	Age given water	Children 0-4 years	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) 1 _____ weeks (1-12 weeks) 2 _____ months (1-48 months) 3 Less than one week 4 Never given water/not yet started water X Don't know R Refused
			FOLATE AND PREGNANCY
CNF3	Take tablets or capsules containing folate or folic acid	0-11 months	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? (‘IN THE MONTH BEFORE’ INCLUDES TAKING FOLATE FOR MORE THAN ONE MONTH PRIOR TO PREGNANCY) (‘FIRST THREE MONTHS OF PREGNANCY’ INCLUDES TAKING FOLATE FOR MORE THAN THE FIRST THREE MONTHS OF PREGNANCY) 1. Yes, in the month before AND first 3 months of pregnancy 2. Yes, in the month before only 3. Yes, in the first 3 months of pregnancy only 4. No 5. Don't know 6. Not applicable not the birth mother → CPSSINT R Refused
CNF5	Changed the food you ate to increase folate or folic acid intake	0-11 months	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? (PROMPT IF NO: IS THAT BECAUSE YOU WERE ALREADY EATING ENOUGH FOOD WITH FOLATE?) 1. Yes, in the month before AND first 3 months of pregnancy 2. Yes, in the month before only 3. Yes, in the first 3 months of pregnancy only 4. No, already eating enough foods with folate 1. No, didn't change diet 2. Don't know 5. Refused
			FAMILY FUNCTIONING AND PARENT SUPPORT

Question Code	Question Name	Age Groups	Question
CPSSINT		1-15years	Parents often need support in caring for their children. They can receive support from a number of sources including family and friends and from specialised services. The next questions are about such services.
CPSS1	Need for parent support	1-15years	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]? (PROMPT: Support services include Karitane, Tresillian, early childhood health services, family support services, counsellors) 1. Yes 2. No → CSD3 3. Don't know → CSD3 R Refused → CSD3
CPSS2	Used support services	1-15years	Have you ever used any support services? 1. Yes 2. No 3. Don't know R Refused
			INJURY 2: (CHILDHOOD INJURY AND PREVENTION)
CSD3	Sleeping position from birth	0-11 months	What position did you put [child] to sleep in from birth? [READ OUT] 1. On his/her back 2. On his/her side 3. On his/her tummy 4. Any other position [SPECIFY] X Don't know R Refused
CID9a	Child Rescued from Drowning	0-15years	In the last 12 months was _____ rescued from drowning from any body of water, for example from a beach, river, bath, bucket, pond or wading pool? 1 Yes 2 No (SKP HSD4) X Don't Know (SKP HSD4) R Refused (SKP HSD4)
CID10	Location of where Child was Rescued from Drowning	0-15years	From which places was _____ rescued from drowning? Beach Off a boat River Lake Fish pond Farm Dam Bath Swimming Pool Wading Pool Bucket Any other place [SPECIFY] Don't Know Refused
CID11	Receiving Resuscitation for Drowning	0-15years	Did _____ receive resuscitation for any of these near drownings? 1 Yes 2 No X Don't Know R Refused
			HEALTH STATUS & DISABILITY

Question Code	Question Name	Age Groups	Question
HSD4 (SF89H)	SF8-General health in past 4 weeks	5+ years	<p>Now I am going to read some statements about aspects of your health.</p> <p>Overall, how would you rate your [child's] health during the past 4 weeks? [READ OUT]</p> <ol style="list-style-type: none"> 1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor 6. Very Poor <p>X Don't Know R Refused</p>
HSD5		All	<p>During the past 4 week how much difficulty did you have / [child] have doing your/hi/her daily work or activities [READ OUT]</p> <ol style="list-style-type: none"> 1. No difficulty at all 2. A little bit of difficulty 3. Some difficulty 4. Much difficulty 5. Could not do work/activities <p>X Don't know R Refused</p>
HSD6		All	<p>During the past 4 weeks how much bodily pain have you/has [child] had? [READ OUT]</p> <ol style="list-style-type: none"> 1. No pain 2. Very mild pain 3. Mild pain 4. Moderate pain 5. Severe pain <p>X Don't know R Refused</p>
			INCONTINENCE
AIC2	Frequency of Incontinence in last 4 weeks	40 plus	<p>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]</p> <ol style="list-style-type: none"> 1. Most of the time 2. Some of the time 3. None of the time <p>X Don't know R Refused</p>
ER3	Conditions causing diarrhoea or vomiting	All	<p>Do you/Does [child] have any pre-existing chronic diseases that may cause diarrhoea or vomiting, or taking any medications that may cause diarrhoea or vomiting?</p> <ol style="list-style-type: none"> 1. Yes→INJ22 2. No 3. Don't know 4. Refused

Question Code	Question Name	Age Groups	Question
ER1	Diarrhoea	All	<p>In the last four weeks, have you/ has[child] experienced an episode of diarrhoea? [Diarrhoea means three or more loose stools in a 24 hour period]</p> <p>1. Yes 2. No→ER2 3. Don't know→ER2 4. Refused→ER2</p>
ER1a	Days with diarrhoea	All	<p>How many days did you/did[child] have diarrhoea?</p> <p>Days_____</p>
ER2	Vomiting	All	<p>In the last four weeks, have you has [child] vomited?</p> <p>1. Yes 2. No→ER3 3. Don't know→ER3 4. Refused→ER3</p>
ER2a	Days with vomiting	All	<p>How many days were you/was [child] vomiting?</p> <p>Days_____</p>
			INJURY 3 (FALLS IN OLDER PEOPLE)
INJ22	Fall in last 12 months	60 plus	<p>In the last 12 months have you had a fall?</p> <p>1. Yes 2. No →ALC X Don't know → ALC R Refused→ ALC</p>
INJ23	Number of accidental falls in last 12 months	60plus	<p>How many times did you fall in the last 12 months?</p> <p>1. Once 2. Twice 3. Three times or more X Don't Know R Refused</p>
INJ24	Fall which required medical attention in last 12 months	60 plus	<p>In the last 12 months have you had a fall which required medical treatment for injuries?</p> <p>1. Yes 2. No skip to ALC X Don't know skip to ALC R Refused skip to ALC</p>
INJ25	Admitted to hospital for most recent accidental fall	Adults 60+	<p>Were you ADMITTED to hospital as a result of any of you falls</p> <p>1. Yes 2. No X Don't Know R Refused</p>
			ALCOHOL (FREQUENCY & CONSUMPTION)
ALC		Adults 16+ years	Now I would like to ask you some questions about alcohol.

Question Code	Question Name	Age Groups	Question
ALC1	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 → ENRA X Don't Know →HUN11 R Refused→HUN11
ALC2	Usual number of standard drinks per day	Adults 16+ years	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. On a day when you drink alcohol, how many standard drinks do you usually have? [PROMPT IF NECESSARY] 1. _____ Number of drinks X Don't Know →ALC3 R Refused→ALC3
ALC3	More than 4 male/2 female drinks in a day in past 4 weeks	Adults 16+ years	In the past four weeks have you had more than [2 If female/ 4 if male] drinks in a day? [PROMPT IF NECESSARY] 1. Yes 2. No → HUN11 X Don't know HUN11 R Refused → HUN11
ALC4	More than 11 male/7 female drinks in a day in past 4 weeks	Adults 16+ years	In the past 4 weeks how often have you had [11 or more if male] [7 or more if female] drinks in a day? 1. _____ Days per week 2. Not at all X Don't Know R Refused
ALC5	More than 7-10 male/5-6 female drinks in a day in past 4 weeks	Adults 16+ years	In the past 4 weeks how often have you had [7-10 if male] [5-6 if female] drinks in a day? _____ Days per week Not at all X Don't Know R Refused
			IF AREA HEALTH SERVICE NOT HUNTER →ENRA
HUN11	Hunter Area Health Service - Consumed alcohol in licensed premises	Adults 16+ years Hunter AHS	In the last 12 months have you ever consumed alcohol in a licensed premises (eg hotel, club, pub, restaurant)? 1. Yes 2. No→ ENRA X Don't Know → ENRA R Refused → ENRA
HUN12	Hunter Area Health Service –Intoxicated in licensed premises in last 12 months	Adults 16+ years Hunter AHS	In the last 12 months have you ever been intoxicated in a licensed premises? 1. Yes 2. No → ENRA X Don't Know → ENRA R Refused → ENRA

Question Code	Question Name	Age Groups	Question
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
ENRA		Adults 16 + years	Now I have some questions about your home environment
			INJURY 1 (ADULT INJURY& PREVENTION)
INJ12	Fire Safety	All	Do you have any of the following fire safety measures in your home? [READ OUT] 1. Fire alarm (hard wired) 2. Fire alarm (battery operated only) 3. Fire sprinkler system 4. Safety switch/circuit breaker 5. Fire extinguisher 6. Fire evacuation plan 7. External water supply 8. External sprinkler 9. Other [SPECIFY] 10. None of the above [External water supply refers to water tankers, swimming pools, dams, storm water retention pits, garden hoses and fixed sprinklers] [Hard wired smoke alarms are alarms that are wired into your power supply]
INJ14	Fire battery program awareness	>65 years	Are you aware of the NSW Fire Brigades program to change or install battery operated smoke alarms in homes? 1 Yes 2 No X Don't know R Refused
INJ15	Install smoke alarm	>65 years	Have you had one installed? 1 Yes 2 No X Don't know R Refused
INJ16	Phone number	>65 years	Would you like a phone number to call to find out more about the program? IF yes, then refer to number 02 9742 7405
			ENVIRONMENTAL RISKS (WATER USEAGE)

Question Code	Question Name	Age Groups	Question
ENR1	Usual source of drinking water	Adults 16+ 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 → AST1 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] _____ 88888 Don't Know 99999 Refused
ENR2	Water treatment before drinking	Adults 16+ 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] _____ 88888 Don't Know 99999 Refused
			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 →HWT1 X Don't Know → HWT1 R Refused → HWT1
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 2. No → HWT1 X Don't Know → HWT1 R Refused → HWT1
AST2a	Asthma symptoms or treatment in last 4 weeks	2+ years	Have you /has [child] had symptoms of asthma or taken treatment for asthma in the last four weeks? 1. Yes 2. No → HWT1 X Don't Know → HWT1 R Refused → HWT1
CA9A	Use reliever medications	2+ years	Do you [child] use reliever medication (puffer or nebulizer) such as Ventolin, Respolin, Asmol, Airomir or Bricanyl? 1. Yes 2. No→CA10A X Don't know→CA10A R Refused→CA10A

Question Code	Question Name	Age Groups	Question
CA9B	Frequency of asthma reliever medications in last 4 weeks	2+ years	<p>In the last 4 weeks how often have you [child] used reliever medication? [READ OUT]</p> <ol style="list-style-type: none"> 1. Every day 2. Most days 3. About half the days 4. Less than half the days 5. Not at all <p>X Don't know R Refused</p>
CA10A	Serevent or Foradile Used.	2+ years	<p>Do you /does [child] use Serevent or Foradile?</p> <p>(PROMPT: These medications are inhaled and their effects last for 12 hours)</p> <p>1 Yes 2 No→CA11 X Don't know→CA11 R Refused→CA11</p>
CA10B	Serevent or Foradile Frequency of Use in Last Month.	2+ years	<p>In the last 4 weeks, how often have you/ has [child] used Serevent or Foradile?</p> <p>(READ OPTIONS 1-5: SINGLE RESPONSE)</p> <ol style="list-style-type: none"> 1 Every day 2 Most days 3 About half the days 4 Less than half the days 5 Not at all <p>X Don't know R Refused</p>
CA11	Use of asthma preventer medications	2+ years	<p>Do you/Does [child] use preventer medication such as becotide, aldecin, pumicort, flixotide, intal, intalforte, cromogen or tilade?</p> <ol style="list-style-type: none"> 1. Yes 2. No→CA8 3. Don't know→CA8 4. Refused→CA8
CA12	Frequency of asthma preventer medications in last 4 weeks	2+ years	<p>In the last 4 weeks how often have you [child] used preventer medication? (READ OUT)</p> <ol style="list-style-type: none"> 1. Every day 2. Most days 3. About half the days 4. Less than half the days 5. Not at all <p>X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
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 3. Don't know 4. Refused
AST3	Visited doctor for asthma attack in last 4 weeks	2+ years	Have you /has [child] visited your /their GP or local doctor for an attack of asthma in the last four weeks? 1. Yes 2. No X Don't Know R Refused
AST4	Visited emergency dept for asthma attack in last 4 weeks	2+ years	Have you /has [child] visited a hospital emergency department for an attack of asthma in the last four weeks? 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/[childs] asthma interfere with your [child's] ability to manage your [child's] day to day activities 1. Yes 2. No→HWT1 3. Don't know→ HWT1 R Refused→ HWT1
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
		Adults 16+ years	HEIGHT & WEIGHT (BMI)
HWT1 (H3)	Height in centimetres	Adults 16+ years	Now a few questions about your height and weight. How tall are you without shoes? _____ Centimetres (minimum 90cm maximum 300cm) OR _____ Feet _____ inches (minimum 3 feet maximum 9 feet) X Don't Know (Probe before accepting) R Refused

Question Code	Question Name	Age Groups	Question
HWT2 (W3)	Weight in kilograms	Adults 16+ years	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) X Don't Know (Probe before accepting) R Refused
HWT3	Self assessed body mass	Adults 16+ years	Do you consider yourself to be: [READ OUT] 1. Acceptable weight 2. Underweight 3. Overweight X Don't Know R Refused
HWT4	Frequency of weighing	Adults 16+ years	How often do you weigh yourself? 1. At least once a day 2. Several times a week 3. About once a week 4. About once or twice a month 5. A few times a year 6. I never weigh myself X Don't Know R Refused
			NUTRITION 1: (ADULT DIETARY GUIDELINES)
NUT		2+ years	The next few questions are about food. I'm going to read you a list of different food and drinks. Please tell me how much of these foods and drinks you [child] usually consume per day or per week.
NUT1 (V1)	Serves of vegetables usually eaten per day	2+ years	How many serves of vegetables do you [does child] usually eat each day? One serve is ½ cup cooked or 1 cup of salad vegetables. 1. _____serves per day 2. _____serves per week 3. Don't eat vegetables X Don't Know R Refused
NUT2 (F1)	Serves of fruit usually eaten per day	2+ years	How many serves of fruit do you [does child] usually eat each day? A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces. 1. _____serves per day (0,1,2,3, etc) 2. _____serves per week 3. Don't eat fruit X Don't Know R Refused

Question Code	Question Name	Age Groups	Question
NUT3b (B2)	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)	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)	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>
NUT6	Type of milk usually have	Adults 16+ years	<p>What type of milk do you usually have?</p> <p>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 88888 Don't Know 99999 Refused</p> <p><i>Note: The categories for this question are not read out but are for coding responses. A list of different types of milk will be provided to interviewers for use in clarifying responses, and for coding into one of the above categories.</i></p>
NUT7 (M2)	Times meat products usually eaten per week	Adults 16+ years	<p>How often do you eat processed meat products such as sausages, frankfurts, devon, salami, meat pies, bacon or ham?</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	Age Groups	Question
NUT8 (FF1)	Times chips etc usually eaten per week	Adults 16+ years	How often do you eat chips, French fries, wedges, fried potatoes or crisps? 1. ____times per day 2. ____times per week 3. ____times per month 4. ____rarely or never X Don't know R Refused
			IF AREA HEALTH SERVICE NOT ILLAWARRA SKIP TO NUT2
ILLA1	Illawarra Area Health Service – Eating enough vegetables each day	Adults 16+ Years Illawarra AHS	Do you think that you are eating enough vegetables each day? 1. Yes→ ILLA3 2. No X Don't know → ILLA3 R Refused → ILLA3
ILLA2	Illawarra Area Health Service – Reasons for not eating more vegetables each day	Adults 16+ Years Illawarra AHS	What is stopping you eating more vegetables? 1. I eat enough already 2. Cannot buy them locally 3. Too expensive 4. Don't like them 5. Don't like cooking them 6. Other family members don't like them 7. Can't be bothered/lazy Other [SPECIFY]_____ 88888 Don't Know 99999 Refused
ILLA3	Illawarra Area Health Service – Eating enough fruit each day	Adults 16+ Years Illawarra AHS	Do you think that you are eating enough fruit each day? 1. Yes →NUT2 2. No X Don't Know → NUT2 R Refused → NUT2
ILLA4	Illawarra Area Health Service – Reasons for not eating more fruit each day	Adults 16+ Years Illawarra AHS	What is stopping you eating more fruit? 1. I eat enough already 2. Cannot buy them locally 3. Too expensive 4. Don't like them 5. Don't like cooking them 6. Other family members don't like them 7. Can't be bothered/lazy 8. Other [SPECIFY]_____ 88888 Don't Know 99999 Refused
			NUTRITION 2: (CHILD DIETARY GUIDELINES)
CNF16	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

Question Code	Question Name	Age Groups	Question
CNFI5	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
CNFI11	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
CNFI11	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
CNFI11	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,) 1 Answer in serves per day 2 Answer in serves per week 3 Doesn't have cheese X Don't know R Refused
			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
			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 → FSC1 X Don't Know → FSC1 R Refused → FSC1
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 → FSC1 X Don't Know → FSC1 R Refused → FSC1

Question Code	Question Name	Age Groups	Question
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
			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 → DBT X Don't Know → DBT R Refused → DBT
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] 1. Parent/guardian skips meals or eats less 2. Children/child skip meals or eat less 3. Cut down on variety of foods family eats 4. Seek help from relatives 5. Seek help from friends 6. Seek help from Government / Social Security 7. Seek help from welfare agencies 8. Other [SPECIFY] _____ 9. Don't Know 10. 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
			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 sugar 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/ he/ she has/have diabetes? 1. Yes - if female adult → DBT3 if child or male → DBT19 2. No 3. Only during pregnancy → AMH X Don't know R Refused
DBT2	Ever told by doctor have high blood sugar	16+ years	Have you ever been told by a doctor or at a hospital that you / he/ she have/ has high sugar levels in your/their blood or urine? 1. Yes - if female adult → DBT3, if child or male → DBT5 2. No → AMH 3. Borderline If male → DBT5 4. Only during pregnancy → AMH X Don't know R Refused

Question Code	Question Name	Age Groups	Question
DBT3	Pregnant when first had diabetes / high blood sugar	Females 16+ years	If female then ask: Were you pregnant when you were first told you had diabetes/high blood sugar? 1. Yes 2. No → DBT19 X Don't know → DBT19 R Refused → DBT19
DBT4	Apart from pregnancy, had diabetes/high blood sugar	Females 16+ years	Have you ever had diabetes/high blood sugar apart from when you were pregnant? 1. Yes 2. No → AMH 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 4. Other [SPECIFY] _____ X Don't know R Refused
DBT5	Age when first told had diabetes / high blood sugar	16+ years	How old were you when you were /he/she was first told you/they had diabetes/high blood sugar? <i>(If ongoing diabetes since pregnancy, then age of diagnosis during pregnancy)</i> 1. _____years 88888 Don't Know 99999 Refused
DBT6	Current management of diabetes / high blood sugar	16+ years	What are you doing now to manage your/their diabetes/high blood sugar? [MULTIPLE RESPONSE] 1. Having insulin injections 2. On tablets for diabetes or high blood sugar 3. Following a special diet eg reducing sugar and or fat in the diet 4. Losing weight 5. Exercising most days 6. Doing anything else to manage your diabetes/high blood sugar 7. Other [SPECIFY] _____ 8. Not doing anything to control diabetes 88888 Don't know 99999 Refused
DBT18	Ever given blue and orange card about managing diabetes	16+ years	Have you been given a blue and orange card about managing your/their diabetes? 1. Yes 2. No X Don't Know R Refused
			MENTAL HEALTH (ADULT PSYCHOLOGICAL DISTRESS)
AMH		Adults 16+	The next questions are about how you have been feeling in the past 4 weeks

Question Code	Question Name	Age Groups	Question
AMH1	K10 – Tired for no good reason in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks, about how often did you feel tired out for no good reason? [READ OUT]</p> <ol style="list-style-type: none"> 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 <p>X Don't Know R Refused</p>
AMH2	K10 – Feel nervous in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks, about how often did you feel nervous? [READ OUT]</p> <ol style="list-style-type: none"> 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 <p>X Don't know → AMH4 R Refused → AMH4</p>
AMH3	K10 – Feel so nervous that nothing can calm you in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? [READ OUT]</p> <ol style="list-style-type: none"> 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 <p>X Don't Know R Refused</p>
AMH4	K10 – Feel hopeless in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks, about how often did you feel hopeless? [READ OUT]</p> <ol style="list-style-type: none"> 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 <p>X Don't Know R Refused</p>
AMH5	K10 – Feel restless or fidgety in past 4 weeks	Adults 16+ years	<p>In the past 4 weeks, about how often did you feel restless or fidgety? [READ OUT]</p> <ol style="list-style-type: none"> 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 <p>X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
PSD1	Days unable to undertake daily activities because of psychological distress in past 4 weeks	Adults 16+ years	(Asked of respondents who scored >15 on the Mental Health Questions) Scoring: All of the time = 5; Most of the time = 4; Some of the time = 3; None of the time, don't know, refused = 1. 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
			MENTAL HEALTH 2 (STRENGTHS AND DIFFICULTIES QUESTIONNAIRE)
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

Question Code	Question Name	Age Groups	Question
STR3	Often complains of sickness	4-15 years	[He/she] often complain 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
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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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
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

Question Code	Question Name	Age Groups	Question
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	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
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→IMM 2 Yes – minor difficulties 3 Yes – definite difficulties 4 Yes – severe difficulties X Don't know→IMM R Refused→IMM
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
STR28	Amount of distress to child	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	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	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

Question Code	Question Name	Age Groups	Question
STR31	Interfere with everyday life – Classroom learning	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	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	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
			IMMUNISATION (INFLUENZA/PNEUMOCOCCAL IMMUNISATION/MENINGOCOCCAL)
IMM		Adults 50+ years	I now have a few questions about immunisation.
MVAC	Intro meningococcal C vaccination	1-19 years	A new vaccine for meningococcal disease became available in NSW two years ago.
MVAC1	Vaccinated against meningococcal C?	1-19 years	Since January 2002, have you [your child] been vaccinated against meningococcal C disease? 1 Yes 2 No→ and child 1-5 skip to MVAC4 else skip to MVAC5 X Don't know→ skip to next section R Refused→skip to next section
MVAC2	When vaccinated?	1-19 years	When were you [was child] vaccinated ? Specify date _____
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 [Speicfy] X Don't know R Refused All responses skip to next section

Question Code	Question Name	Age Groups	Question
MVAC4	In favour of vaccination against meningococcal C?	1-5 years	The Commonwealth has made meningococcal C vaccine available free from GPs, Community Health centres or Councils, do you intend to have your child vaccinated? 1 Yes 2 No X Don't know R Refused
MVAC5	In favour of School based meningococcal C vaccination program?	1-5 years	NSW Health is conducting free school clinics, would you [your child] be happy to receive the vaccine free at school? 1 Yes 2 No X Don't know R Refused
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
			IF AREA HEALTH SERVICE NOT HUNTER → ORAL
HUN 18	Hunter Area Health Service – Most important environmental health issue	Adults 16+ years Hunter AHS	What would you say is the single most important environmental health issue in the Hunter today? PROMPT: By environmental health issues, I mean issues involving the contamination or pollution of air, water, land or food that can affect human health.

Question Code	Question Name	Age Groups	Question
			ORAL HEALTH
ORAL		5+ years	The next questions are about your teeth and dental health.
OHE1	Any teeth missing	5+ years	16+ years: Are any of your natural teeth missing? (Natural teeth does not include dentures). 5 – 15 years: Are any of [child]’s natural (permanent or second) teeth missing? INCLUDES WISDOM TEETH (PROMPT ACCORDING TO RESPONSE) Yes – have some natural teeth missing Yes – have all natural teeth missing No – have no natural teeth missing → OHE3 X Don’t know → OHE3 R Refused → OHE3
OHE2	Dentures or false teeth	5+ years	Do you /does [child] have dentures or false teeth? 1. Yes 2. No X Don’t Know R Refused
OHE3	Frequency of oral health problem in last 12 months	5+ years	In the last 12 months, how often have you has [child] had a toothache or other problem with your mouth or dentures? [READ OUT] 1. Very often 2. Often 3. Sometimes 4. Hardly ever 5. Never (during the last 12 months) → OHE6 X Don’t Know R Refused
OHE3a	Frequency of oral health problem in last 4 weeks	5+ years	In the last four weeks, how often have you has [child] had a toothache or other problem with your mouth or dentures? [READ OUT] 1. Very often 2. Often 3. Sometimes 4. Never (during the last 4 weeks) X Don’t Know R Refused
OHE4	Most recent oral health problem	5+ years	Still thinking about teeth and dental health. What was the most recent problem you had / [child] had? 1. Toothache 2. Bleeding gums 3. Loose or Broken tooth or other problem as a result of an injury 4. Loose or Broken tooth – not due to injury 5. Lost a filling 6. Problem with jaw or bite 7. Other [SPECIFY]_____
			88888 Don’t know→ OHE6 99999 Refused→ OHE6

Question Code	Question Name	Age Groups	Question
OHE5	Treatment for most recent oral health problem	5+ years	<p>What treatment did you /[child] receive for (problem in OHE4)? [MULTIPLE RESPONSE]</p> <ol style="list-style-type: none"> 1. Check up 2. Dental filling 3. Amalgam replacement 4. Root canal filling 5. Crown 6. Tooth extracted 7. Fluoride treatment 8. Gum treatment 9. Teeth straightened/braces 10. New or replacement dentures 11. Teeth cleaned 12. Fissure sealant 13. Whitening/bleaching 14. Denture repair 15. None – Did not visit Dentist→OHE6 16. Other treatment [SPECIFY]_____ <p>88888 Don't know 99999 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). [READ OUT]</p> <ol style="list-style-type: none"> 1. Less than 12 months ago 2. 1 year to less than 2 years ago → OHE8 3. 2 to less than 5 years ago → OHE8 4. 5 to less than 10 years ago → OHE8 5. 10 years ago or more → OHE8 6. Never → OHE8 X Don't know → OHE8 R Refused → PHYS
OHE7	Type of service used for last dental visit	5+ years	<p>Where was your/child last dental visit made? [READ OUT]</p> <ol style="list-style-type: none"> 1. Private Dental Practice 2. Government dental clinic or hospital 3. School dental service (SOKS) 4. Dental technician (includes dental mechanic and denturist practising independently of a dentist) 5. Other [SPECIFY]_____ <p>88888 Don't know 99999 Refused →PHYS</p>

Question Code	Question Name	Age Groups	Question
OHE8	Reasons for not visiting dentist in last 12 months	5+ years	<p>What are the main reasons for you/ [child] not visiting the dentist in the last 12 months? [MULTIPLE RESPONSE]</p> <ol style="list-style-type: none"> 1. Respondent has dentures 2. Worried or afraid of going; don't like going 3. Don't need to 4. Hard to find time 5. Can't find a dentist I like 6. Too expensive 7. Too far to go 8. Long waiting lists 9. Dentist has moved or retired 10. Other [SPECIFY] _____ 11. Don't know 12. Refused
			PHYSICAL ACTIVITY 1 (LEISURE TIME ACTIVITIES)
PHYS		Adults 16+ years	Now I'm going to ask some questions about the physical activity you did in the LAST WEEK.
PAC1	Number of times walked in last week	Adults 16+ years	<p>In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places?</p> <p>[IF ASKED INCLUDE ANY WALKING FOR SELF-TRANSPORT]</p> <ol style="list-style-type: none"> 1. Number of times _____ If =0 → PAC3 <p>88888 Don't Know → PAC3 99999 Refused → PAC3</p>
PAC2 (WA3)	Minutes spent walking in last week	Adults 16+ years	<p>What do you estimate was the total time you spent walking in this way in the last week? (In hours and or minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>
PAC7	Number of times exercised vigorously in last week	Adults 16+ years	<p>The next question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming)</p> <p>Number of times _____ If=0 → PAC9 88888 Don't know → PAC9 99999 Refused → PAC9</p>
PAC8a (PA3)	Minutes spent exercising vigorously in last week	Adults 16+ years	<p>What do you estimate was the total time you spent doing this vigorous physical activity in the last week? (In hours and/or minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>

Question Code	Question Name	Age Groups	Question
PAC9	Number of times spent exercising moderately in last week	Adults 16+ years	<p>This next question does not include household chores or gardening. In the last week, how many times did you do any other more moderate physical activity that you haven't already mentioned? (eg: lawn bowls, golf, tai chi, and sailing)</p> <p>Number of times _____ If =0→ HUN1 88888 Don't know → HUN1 99999 Refused→ HUN1</p>
PAC10a (MA3)	Minutes spent exercising moderately in last week	Adults 16+ years	<p>What do you estimate was the total time that you spent doing these activities in the last week? (In hours and /or minutes)</p> <p>Number of hours _____ Number of minutes _____ 88888 Don't Know 99999 Refused</p>
			IF AREA HEALTH SERVICE NOT HUNTER →CSAA
HUN1	Hunter Area Health Service – Participated in organised exercise in last week	Adults 16+ years Hunter AHS	<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 → STER1 R Refused → STER1</p>
HUN2	Hunter Area Health Service – Type of organised exercise participated in last week	Adults 16+ years Hunter AHS	<p>What type of activity did you participate in? [MULTIPLE RESPONSE]</p> <p>1. Exercise Classes 2. Yoga 3. Tai Chi 4. Swimming Groups 5. Aqua aerobics 6. Walking groups 7. Active over 50's 8. Heart moves 9. Dancing Groups 10. Team sports 11. Other [SPECIFY] _____ 12. Don't know 13. Refused → SKP STER1</p>
HUN3	Hunter Area Health Service – reason did not participate in organised exercise in last week	Adults 16+ years Hunter AHS	<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>

Question Code	Question Name	Age Groups	Question
			ACTIVE TRANSPORT
			IF AREA HEALTH SERVICE NOT CENTRAL →SOC
CSAA		Adults 16+ years	I am now going to ask you some questions about the types of transport you use since this relates to physical activity and the environment.
CSA1	Own a bike	Adults 16+	Do you own a bicycle? [INTERVIEWERS NOTE: THIS DOES NOT INCLUDE EXERCISE BIKES] 1. Yes 2. No X Don't know R Refused
CSA2	Frequency of bicycle riding in last month	Adults 16+	In the last month how often have you ridden a bicycle on the road or footpath? [INTERVIEWER NOTE: DOES NOT INCLUDE RECREATIONAL CYCLING – ONLY CYCLING FOR SELF TRANSPORT] _____ Times 88888 Don't Know 99999 Refused
CSA3	Adults legally riding a bicycle on footpath with child under 12 years	Adults 16+	From your knowledge of the Australian Road Rules, can adults legally ride a bicycle on the footpath if riding with a child under 12 years old? 1. Yes 2. No X Don't know R Refused
CSA4	Own or have access to a car	Adults 16+	Do you own or have access to a car? [PROMPT:DOES NOT INCLUDE ACCESS TO CAR AS A PASSENGER] 1. Yes 2. No → CSA7 X Don't know → CSA7 R Refused→ CSA7
CSA5	Frequency of driving a car in last week	Adults 16+	In the last week, how often have you driven the car? [INTERVIEWER NOTE: DOES NOT INCLUDE USE AS A PASSENGER] _____Times 88888 Don't Know 99999 Refused

Question Code	Question Name	Age Groups	Question
CSA6	Plans for driving car in the next six months	Adults 16+	<p>How much are you planning to drive the car in the next six months? [INTERVIEWER NOTE: DOES NOT INCLUDE USE AS A PASSENGER] [READ OUT]</p> <p>1. More than now 2. Same as now 3. Less than now X Don't know R Refused</p>
CSA7	Legally stop or park cars on footpath	Adults 16+	<p>From your knowledge of the Australian Road Rules, can drivers legally stop or park cars on a nature strip or footpath?</p> <p>1. Yes 2. No X Don't know R Refused</p>
			SOCIAL CAPITAL (SAFETY, TRUST, RECIPROCITY & PARTICIPATION)
SOC		All	The next questions are about your involvement in your local community and neighbourhood.
SOC1	Participation – community groups in the past 3 months	All	<p>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]</p> <p>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</p>
SOC2	Participation – community events in the past 6 months	All	<p>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]</p> <p>1. Three times or more 2. Twice 3. Once 4. Never X Don't Know R Refused</p>
SOC3	Participation – active member of sporting or social club	All	<p>Are you an active member of a local organisation, church or club, such as a sport, craft, or social club? [READ OUT]</p> <p>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</p>

Question Code	Question Name	Age Groups	Question
SOC4	Safety – walking in street after dark	All	<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>I feel safe walking down my street after dark. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree <p>X Don't Know R Refused</p>
SOC5	Trust – people can be trusted	All	<p>Most people can be trusted Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree <p>X Don't Know R Refused</p>
SOC6	Safety – local area is a safe place	All	<p>My area has a reputation for being a safe place. Do you agree or disagree?</p> <p>[PROBE FOR LEVEL OF AGREEMENT]</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree <p>X Don't Know R Refused</p>
SOC7	Reciprocity - neighbour would care for your child	All	<p>If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help? [READ OUT]</p> <ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, possibly 3. No, probably not 4. No, definitely not <p>X Don't Know R Refused</p>
SOC8	Social Engagement - frequency of visiting neighbours in past week	All	<p>How often have you visited someone in your neighbourhood in the past week? [READ OUT]</p> <ol style="list-style-type: none"> 1. Frequently 2. A few times 3. At least once 4. Never (in the last week) <p>X Don't Know R Refused</p>

Question Code	Question Name	Age Groups	Question
SOC9	Social Engagement - frequency of meeting friends in local area	All	<p>When you go shopping in your local area how often are you likely to run into friends and acquaintances? [READ OUT]</p> <p>1. Nearly always 2. Most of the time 3. Some of the time 4. Rarely or never X Don't Know R Refused</p>
SOC10	Social Engagement – sad to leave neighbourhood	All	<p>Would you be sad if you had to leave this neighbourhood?</p> <p>1. Yes 2. No X Don't Know R Refused</p>
CHLA		Adults 16 - 39	<p>The NSW Health Department has recently completed a health campaign on Chlamydia.</p> <p>I would like you to tell me whether you think the following statements are true or false.</p>
CHLA1	Knowledge about chlamydia	Adults 16 - 39	<p>Chlamydia is a sexually transmitted infection</p> <p>1 True 2 False X Don't know R Refused</p>
CHLA2	Spread by unprotected sex	Adults 16 - 39	<p>Chlamydia is spread by unprotected sex</p> <p>1 True 2 False X Don't know R Refused</p>
CHLA3	Don't show symptoms	Adults 16 - 39	<p>Many people with Chlamydia don't show any symptoms</p> <p>1 True 2 False X Don't know R Refused</p>
CHLA4	Lead to infertility in women	Adults 16 - 39	<p>Chlamydia can lead to infertility in women</p> <p>1 True 2 False X Don't know R Refused</p>
CHLA5	Affects only women	Adults 16 - 39	<p>Chlamydia affects only women</p> <p>1 True 2 False X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
CHLA6	Easily diagnosed	Adults 16 - 39	Chlamydia is easily diagnosed 1 True 2 False X Don't know R Refused
CHLA7	Simple and effective	Adults 16 - 39	Treatment for Chlamydia is simple and effective 1 True 2 False X Don't know R Refused
CHLA8	Chlamydia campaign awareness	Adults 16 - 39	In the last 6 months did you see any advertising about Chlamydia? 1 Yes 2 No → SMK X Don't know → SMK R Refused → SMK
CHLA9	Where did you see it	Adults 16 - 39	Did you see it [READ OUT] [MULTIPLE RESPONSE] (PAUSE AFTER EACH RESPONSE FOR ANSWER) 1. At the cinema 2. In a magazine 3. In a doctors surgery 4. On the radio 5. In a nightclub 6. Somewhere else (please state) X Don't know R Refused
CHLA10	Description of campaign	Adults 16 - 39	Could you please describe the campaign to me Description: _____
SNK			SMOKING 3 (POLICY)
SMK26	Where smoking should be allowed in bars and pubs	16 plus	In hotels, bars and pubs do you think smoking should be allowed... [READ OUT] 1 Anywhere 2 Only in special areas 3 Nowhere X Don't know R Refused
SMK25	Where smoking should be allowed in registered clubs	16 plus	In registered clubs such as league clubs and bowling clubs do you think smoking should be allowed... [READ OUT] 1 Anywhere 2 Only in special areas 3 Nowhere X Don't know R Refused

Question Code	Question Name	Age Groups	Question
SMK20	Change in frequenting hotels and licensed bars if ban on smoking	16 plus	If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there... [READ OUT] 1 More often 2 Less often 3 It would make no difference X Don't Know R Refused
			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 → HUNTER SKIP HUN6 ELSE →SMK3 2. I smoke occasionally → HUNTER SKIP HUN6 ELSE →SMK3 3. I don't smoke now, but I used to →SMK2 4. I've tried it a few times but never smoked regularly → SMK2 5. I've never smoked → SMK2 X Don't know → SMK2 R Refused → SMK2
			IF AREA HEALTH SERVICE NOT HUNTER SKIP TO SMK2 IF HUNTER AND SMK1=1,2 ASK HUN6 & HUN7 ELSE SKIP TO SMK3
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) 1. Working 2. Primary School 3. Secondary School 4. Tertiary Institution (Uni, Tafe) 5. Unemployed (neither school or working) 6. Other [SPECIFY]_____ 88888 Don't Know 99999 Refused
SMK3	Intention to quit smoking	Adult 16+ years	Which of the following best describes how you feel about your smoking? [READ OUT] 1. I am not planning on quitting within the next six months 2. I am planning on quitting within the next six months... 3. I am planning on quitting within the next month 4. I have not smoked in the past 24 hours but was smoking six months ago 5. I have not been smoking in the past six months X Don't Know R Refused

Question Code	Question Name	Age Groups	Question
SMKSW	Doctor discussing quitting smoking	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
			ENVIRONMENTAL TOBACCO SMOKE
SMK2	Home smoking status	All	Which of the following best describes your home situation? [READ OUT] 1. My home is smoke free (includes smoking is allowed outside only) 2. People occasionally smoke in the house 3. People frequently smoke in the house X Don't Know R Refused
SMK5	Forbidden child from smoking	Children 8-15 years	Have you ever clearly told [child] not to smoke or forbidden [him/her] from smoking? 1. Yes 2. No X Don't Know R Refused
SMK16	Smoking in cars	16 plus	Are people allowed to smoke in your car? Yes No Don't have a car Don't know Refused
			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? 1. Yes – more than 100 2. Yes – less than 100 3. No 4. 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? 1. Yes 2. No 3. Don't know R Refused
CSPG3	Smoking quitting status during pregnancy	0-11 months	When you were pregnant with [child], did you? (READ OUT OPTIONS 1-3; MULTIPLE RESPONSE) 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
			SUN PROTECTION 2 (SEASONAL VARIATION)

Question Code	Question Name	Age Groups	Question
SPSV1	Sun Protection Second Introduction	All	The next few questions are about occasions in the last four weeks when you [child] were outside in the sun for at least fifteen minutes. Please think about actions you usually took for sun protection on these occasions.
SPSV2	Frequency of Exposure to Sun for 15min or more between 11am and 3pm last 4 weeks.	All	In the last 4 weeks, how often did you [child] go out in the sun for more than 15 minutes between 11am and 3pm? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never in the sun for more than 15 minutes. X Don't know R Refused
SPSV3	Frequency of Wearing Hat when Exposed to Sun between 11am and 3pm in the last 4 weeks.	All	In the last 4 weeks, when you [child] was out in the sun for more than 15 minutes, how often did you [he/she] wear a broad brimmed hat or cap with a back flap? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused
SPSV4	Frequency of Wearing Sunscreen (15+) when Exposed to Sun between 11am and 3pm in the last 4 weeks.	All	Still thinking about the last 4 weeks, how often did you apply a broad-spectrum sunscreen with an SPF of 15 or more to your [his/her] exposed skin? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused
SPSV5	Frequency of Wearing Protective Clothing when Exposed to Sun between 11am and 3pm in the last 4 weeks	All	Still thinking about the last 4 weeks, how often were you/ was [child] deliberately dressed in clothing to protect you [him/her] from the sun? [READ OUT] 1 Always 2 Often 3 Sometimes 4 Rarely/Never X Don't know R Refused
SPSV6	Frequency of sunburn	All	Still thinking about the last 4 weeks, how often did you [child] get sunburnt, so your [their] skin was still sore or tender the next day? [READ OUT] 1 Not at all 2 Once 3 Twice 4 3 or 4 times 5 5 or more times X Don't know or don't recall R Refused
			CHILDCARE & SCHOOL ATTENDANCE
CHC			Now I have a few questions about playgroups and childcare

Question Code	Question Name	Age Groups	Question
CAQ1	Ever attended organised early childhood program or activity	Children 0-5 years	<p>Has child ever attended any play group or other early childhood program or activity?</p> <p>Please do not include child care programs or time spent in preschool.</p> <p>1. Yes 2. No → CHC1 X Don't Know → CHC1 R Refused → CHC1</p>
CAQ2	Currently attends other organised early childhood programs or activities	Children 0-5 years	<p>Does child currently attend any play group or other early childhood program or activity?</p> <p>Please do not include childcare programs or time spent in preschool.</p> <p>1. Yes 2. No X Don't Know R Refused</p>
CHC1	Ever attended regular child care	Children 0-5 years	<p>Have you ever used any childcare for [child] on a regular basis? PROMPT: Regular basis means at least half a day a week</p> <p>1. Yes 2. No → BOO X Don't know → BOO R Refused → BOO</p>
CHC3	Age of first regular childcare	Children 0-5 years	<p>How old was [child] when he/she first started childcare for half a day or longer?</p> <p>Age in years _____ and months _____ X Don't know R Refused</p>
CHC2	Currently attends childcare	Children 0-5 years	<p>Is [child] currently having any type of childcare on a regular basis?</p> <p>1. Yes 2. No → BOO X Don't know → BOO R Refused → BOO</p>
CHC5	Type of childcare	Children 0-5 years	<p>What type of childcare does [child] have? [MULTIPLE RESPONSE]</p> <p>1. Long Day Care 2. Occasional Care 3. Friend(s) 4. Grandparent(s) 5. Nanny 6. Baby sitter(s) 7. Relative or family other than Grandparent(s) 8. Family Day Care 9. Other [SPECIFY] _____ 10. Don't Know → BOO 11. Refused → BOO</p>

Question Code	Question Name	Age Groups	Question
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
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
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
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
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
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
CHC13	Hours currently cared for by other relatives per week	Children 0-5 years	In total, how many hours per week is [child] usually cared for by other relatives? _____Record Hours 88888 Don't Know 99999 Refused
CHC14	Hours currently cared for in family day care per week	Children 0-5 years	In total, how many hours per week is [child] usually cared for in family daycare? _____Record Hours 88888 Don't Know 99999 Refused

Question Code	Question Name	Age Groups	Question
CHC15	Hours currently cared for in other care per week	Children 0-5 years	In total, how many hours per week is [child] usually cared for in other care? _____Record Hours 88888 Don't Know 99999 Refused
BOO		Children 0-5 years	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]? 1 Yes 2 No → SC1 X Don't know → SC1 R Refused → SC1
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]? 1 Every Day 2 At least once a week 3 At least once a month 4 Rarely X Don't know R Refused
BKAG	Age of Child Being Read To	Children 0-5 years	How old was _____ when you or another member of your family started reading to _____ ? 1 Less than 6 months 2 6 months-1 year 3 1-2 years 4 2-3 years 5 3 years and over X Don't know R Refused
SC1	Current preschool/school attendance	Children 2-15 2-4 Preschool 4-6 Preschool /school 7-15 school 16+ school or a tertiary institution	Does child [Do you] go to preschool/school/tertiary institution? 1. Pre-School→DEMA 2. School 3. Neither →DEMA 4. Tertiary Institution (TAFE,Uni) →DEMA 5. Other educational institution →DEMA X Don't know →DEMA R Refused →DEMA
SC2	Child's Year at School	Children 2-15 years	What year is child in at school? 1. _____year 2. Kindergarten 3. Ungraded Class X Don't Know R Refused

Question Code	Question Name	Age Groups	Question
SC3	Type of school currently attending	Children 2-15 years	What type of school does child currently attend? 1. Public school 2. Catholic school 3. Independent school (Private, NOT Catholic) 4. Special education school 5. School of the Air 6. Any other school [SPECIFY] _____ 88888 Don't know 99999 Refusal
INJ19	Fire education program participation	5-12 years	Has [child] participated in the fire education program in schools? 1 Yes 2 No → HSINT X Don't know → HSINT
INJ20	Components of fire program	5-12 years	Did [child] tell you about any of the following? [READ OUT MULTIPLE RESPONSE] 1. Get down low & go go go 2. Home evacuation plan 3. Stop drop and roll 4. Install smoke alarms 5. Knotted rope 6. None of the above → ILL6 R Refused → ILL6
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
			IF AREA HEALTH SERVICE IS NOT ILLAWARRA → DEMA
ILL6	Illawarra – Bullied in school this term	Children 5-15 years Illawarra AHS	Has [child] been bullied in school this term? 1. Haven't been bullied 2. Once or twice 3. Sometimes 4. About once a week 5. Several times a week 6. Child doesn't attend school X Don't know R Refused
ILLA7	Illawarra – Nutritious food at school canteen	Children 5-15 years Illawarra AHS	Do you think that the food being offered at your child's school canteen has good nutritional value? 1. Yes 2. No X Don't know R Refused
			DEMOGRAPHICS (RESPONDENT & CHILD PROXY)
DEMA		All	Now we are coming to the last section of the survey. I am going to ask some routine questions about your background 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. Remember that all your answers remain confidential.

Question Code	Question Name	Age Groups	Question
RLHP	Household structure	All	<p>IF 16+: Besides yourself, who else lives in your household? IF 0-15 years: IF FEMALE: Besides yourself who else does [child] live with such as brothers and sisters, father or stepfather, step brothers and step sisters? IF MALE: Besides yourself, who else does [child] live with such as brothers and sisters, mother or stepmother, step brothers and step sisters? (DO NOT ENTER RESPONDENTS RELATIONSHIP TO CHILD, PROBE FOR RELATIONSHIP – PARTNER VS HUSBAND/WIFE) [MULTIPLE RESPONSE]</p> <ol style="list-style-type: none"> 1. No one (lives alone) – ONLY FOR AGES 16+ 2. Mother 3. Father 4. Respondent's partner 5. Step-mother 6. Step-father 7. Grandparents 8. Sons/Daughters 9. Brothers and sisters 10. Step brothers/sisters 11. Other relatives 12. Non-family members 13. No one else besides respondent – ONLY FOR AGES 0-15 YEARS 14. Other [SPECIFY] _____ 15. Don't know 16. Refused
MSTP	Formal marital status	All	<p>What is your formal current marital status? Are you... NB: MARRIED REFERS TO REGISTERED MARRIAGES [READ OUT]</p> <ol style="list-style-type: none"> 1. Married 2. Widowed 3. Separated but not divorced we 4. Divorced 5. Never married <p>X Don't know R Refused</p>
BPLP	Country of birth	All	<p>In which country were you/was [child] born?</p> <ol style="list-style-type: none"> 1. Australia – (Adult 16+→LANPa) (Child 0 –15 → BPMP) 2. Other _____ COUNTRY (Adult 16+→YARP) (Child 0-15→ BPMP) <p>X Don't know → (Adult 16+→LANPa) (Child 0 –15 → BPMP) R Refused → (Adult 16+→LANPa) (Child 0 –15 → BPMP)</p>
BPMP	Mothers country of birth	All	<p>IF MOTHER IS RESPONDENT: In which country were you born? ANYONE BUT MOTHER IS RESPONDENT: In which country was your[child]'s natural mother born?</p> <ol style="list-style-type: none"> 1. Australia 2. Other _____ COUNTRY <p>X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
BFPF	Fathers country of birth	All	<p>ANYONE BUT FATHER IS RESPONDENT:: In which country was your [child]'s natural father born? IF FATHER IS RESPONDENT: In which country were you born?</p> <p>1. Australia 2. Other _____ COUNTRY X Don't know R Refused</p>
YARP	Year arrived in Australia	Adults 16+ years	<p>When did you first arrive in Australia to live here for one year or more?</p> <p>_____ Year X Don't know R Refused LOGIC CHECK: AGE IS GREATER THAN YEARS IN AUSTRALIA</p>
LANPa	Speak a language other than English at home	All	<p>Do you usually speak a language other than English at home?</p> <p>1. Yes 2. No → INGP X Don't know → INGP R Refused → INGP</p>
LANPa1	Language spoken at home	All	<p>What language do you usually speak at home?</p> <p>Language [SPECIFY] _____ X Don't know R Refused</p>
INGP	Aboriginal or Torres Strait origin	All ages	<p>Are you /is [child] of Aboriginal or Torres Strait Islander origin?</p> <p>1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin X Don't Know R Refused</p>
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]</p> <p>1. Never attended school → QALLm 2. Currently still at school 3. Year 8 or below 4. Year 9 or equivalent 5. Year 10 or equivalent (Intermediate) 6. Year 11 or equivalent 7. Year 12 or equivalent (Matriculation/Leaving) X Don't know R Refused</p>

Question Code	Question Name	Age Groups	Question
QALLP	Highest qualification completed	Adults 16+ years	<p>What is the level of the highest qualification you have completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>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?</p> <p>IF RESPONDENT IS ANYONE BUT MOTHER What is the level of the highest qualification [child]'s mother/stepmother has completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>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?</p> <p>IF RESPONDENT IS FATHER/STEPFATHER What is the level of the highest qualification you have completed?</p> <ol style="list-style-type: none"> 1. Completed School Certificate/ Intermediate/ Year 10/4th Form.... 2. Completed HSC/Leaving/Year 12/ 6th Form 3. TAFE Certificate or Diploma 4. University, CAE or some other tertiary institute degree or higher 5. Other [SPECIFY]_____ 6. Completed Primary School 7. Completed years 7-9 <p>88888 Don't Know 99999 Refused</p>

Question Code	Question Name	Age Groups	Question
LFSP	Current employment status	Adults 16+ years	<p>In the last week, which of the following best describes your employment status? [READ OUT 1-5]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit → LF 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down→ LF 3. Unpaid work in a family business→ LF 4. Other unpaid work 5. Did not work 6. Did not have a job <p>X Don't know/Not sure R Refused</p>
LFS	Actively looking for work	Adults 16+ years	<p>Were you actively looking for work in the last week?</p> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work <p>X Don't Know R Refused</p> <p>→Dem11</p>
LF	Main job	Adults 16+ years	<p>In the main job held in the last week, were you: [READ OUT]</p> <ol style="list-style-type: none"> 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business without employees 4. A helper not receiving wages <p>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	Adults 16+ years	<p>How do you usually get to work? [MULTIPLE RESPONSE]</p> <ol style="list-style-type: none"> 1. Train 2. Bus 3. Ferry 4. Tram (including light rail) 5. Taxi 6. Car – as driver 7. Car- as passenger 8. Truck 9. Motorbike or motor scooter 10. Bicycle 11. Walk only 12. Work at home 13. Other 14. Don't know 15. Refused

Question Code	Question Name	Age Groups	Question
CSA8	Frequency of public transport in the last week	Adults 16+ years	<p>In the last week how many times have you used different forms of public transport? [PROMPT: Public transport includes any transport that is available for use by the general public. The number of different forms of public transport are counted for each time the person travels. Two trains and a bus to work are counted as two forms, and if the person takes the same transport home, it is counted again. One bus, one ferry and one train includes three forms etc.]</p> <p>[INTERVIEWER NOTE: Public transport includes buses, trains, ferries,buses, inter-campus buses, monorail]</p> <p>_____Times 88888 Don't Know 99999 Refused</p> <p>IF LFSP =4,5,X,R →CSA11</p>
CSA9	Distance from home to work	Adults 16+ years	<p>What is the approximate distance from your home to your main workplace?</p> <p>[METRES = 0 – 999 metres Km = 1 – 500km]</p> <p>_____Metres _____Kilometres X Don't Know R Refused</p>
CS10	Distance from home to nearest public transport	Adults 16+ years	<p>What is the approximate distance from your home to the nearest public transport to your main workplace?</p> <p>[INTERVIEWER NOTE: INCLUDES KILOMETRES TO NEAREST TRAIN OR BUS STOP DEPENDING ON WHAT IS CLOSEST etc]</p> <p>[METRES = 0 – 999 metres Km = 1 – 500km]</p> <p>_____Metres _____Kilometres X Don't Know R Refused</p>
CSA11	Convenience of public transport	Adults 16+ years	<p>In general, how convenient would you say public transport is for you? [READ OUT]</p> <p>Very convenient Convenient Inconvenient Very Inconvenient X Don't Know R Refused → DEM11</p>

Question Code	Question Name	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]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit → LFm 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down → LFm 3. Unpaid work in a family business → LFm 4. Other unpaid work 5. Did not have a job <p>X Don't know/Not sure R Refused</p>
LFSm	Mother actively looking for work	Children 0-15 years	<p>Was [child]'s mother/stepmother actively looking for work in the last week?</p> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work <p>X Don't Know R Refused</p> <p>→ 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]</p> <ol style="list-style-type: none"> 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business without employees 4. A helper not receiving wages <p>X Don't know R Refused</p>
LFSPf	Father's employment status	Children 0-15 years Child 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]</p> <ol style="list-style-type: none"> 1. Worked for payment or profit→LFf 2. Worked for payment/profit but absent on paid leave, holidays, on strike/stood down→LFf 3. Unpaid work in a family business →LFf 4. Other unpaid work 5. Did not have a job <p>X Don't know/Not sure R Refused</p>

Question Code	Question Name	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> <ol style="list-style-type: none"> 1. Yes – Looked for Full-time work 2. Yes – Looked for Part-time work 3. No – Did not look for work X Don't Know R Refused <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]</p> <ol style="list-style-type: none"> 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business with employees 4. Conducting own business without employees 5. A helper not receiving wages X Don't know R Refused
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]</p> <ol style="list-style-type: none"> 1. Yes 2. No X Don't know R Refused
TEND	Home ownership	All	<p>I would like to ask some questions about your housing arrangements. Are you: [READ OUT]</p> <ol style="list-style-type: none"> 1. Paying rent or board 2. Paying off this dwelling 3. Outright owner/Fully owned 4. Living rent free 5. purchasing under a rent/buy scheme 6. occupying your dwelling under a life tenure scheme 7. Other X Don't know R Refused
STRD	Building type	All	<p>What type of accommodation do you live in? [PROMPT IF NECESSARY]</p> <ol style="list-style-type: none"> 1. Separate house 2. Semi-detached/town house/terraced house/villa 3. Unit, flat or apartment/granny flat 4. Caravan, cabin, houseboat, 5. Improvised home, tent, sleeper out 6. House/flat attached to a shop, office 7. Other SPECIFY (eg. hostel, retirement village)_____ X Don't know R Refused

Question Code	Question Name	Age Groups	Question
INC2	Household income	All	<p>I would now like to ask you about your household's income. What is your annual household income before tax? Would it be:</p> <p>[READ OUT]</p> <ol style="list-style-type: none"> 1. Less than \$10,000 2. \$10,000-\$20,000 3. \$20,000-\$40,000 4. \$40,000-\$60,000 5. \$60,000-\$80,000 6. More than \$80,000 <p>Don't know Refused</p>
DEM36	Years lived in local area	All	<p>How long have you/ has [child] lived in your local area?</p> <p>___ Years X Don't Know R Refused</p>
DEM18	Local shire	All	<p>What is the name of your local Council or Shire?</p> <p>_____ Council</p> <p>X Don't Know R Refused</p>
DEM17	Suburb/Town	All	<p>What is the name of the suburb or town where you live?</p> <p>_____</p> <p>Don't know Refused</p>
DEM16	Postcode	All	<p>Could you tell me your postcode?</p> <p>_____ POSTCODE</p> <p>X Don't Know R Refused</p>
DEM19	More than one residential telephone number	All	<p>Do you have more than one telephone number in your household?</p> <ol style="list-style-type: none"> 1. Yes 2. No → REC1 <p>X Don't Know R Refused</p>
DEM20	Number of residential telephone numbers	All	<p>How many residential telephone numbers do you have? Do not include mobile phone numbers, dedicated FAX numbers or modems.</p> <p>_____ (number of residential telephone numbers)</p> <p>88888 Don't know 99999 Refused</p>