

2018 ACT General Health Survey Questionnaire

Contents

*INTRODUCTION.....	2
*DEMOGRAPHICS (AGE AND SEX).....	4
*SELF-RATED HEALTH STATUS AND DISABILITY	5
*ALCOHOL FREQUENCY AND CONSUMPTION.....	6
*HEIGHT AND WEIGHT (BMI).....	6
*NUTRITION.....	7
*ORAL HEALTH	8
*PHYSICAL ACTIVITY ADULT	9
*PHYSICAL ACTIVITY CHILD	10
*SEDENTARY BEHAVIOUR - ADULTS.....	11
*SEDENTARY BEHAVIOUR - CHILDREN	12
*SLEEP.....	13
*KESSLER PSYCHOLOGICAL DISTRESS SCALE.....	13
*MENTAL HEALTH.....	14
*SMOKING	15
*ELECTRONIC CIGARETTES	15
*SOCIAL CAPITAL (Safety, Trust, Reciprocity and Participation)	16
*USUAL TRANSPORT TO WORK/SCHOOL.....	17
*CONCLUDING DEMOGRAPHICS	18

*INTRODUCTION

Good afternoon/evening my name is _____ and I'm calling on behalf of ACT Health from...

We are conducting an important study on the health and wellbeing of people in the ACT and we would like to interview (you/someone in your household).

IN1 Can I just confirm that you are at least 16 years old?

(If respondent is not 16, ask to speak with member of household who is 16 or over.)

IN10 Firstly can I just confirm that you live in ACT?

1. Yes
2. No
- X Don't know
- R Refused

IN10a In which state or territory do you live?

1. NSW
2. Victoria
3. Queensland
4. South Australia
5. Western Australia
6. Tasmania
7. Northern Territory
8. Overseas locality
- X Don't know
- R Refused

INT1a Your phone number has been chosen at random from all possible telephone numbers in your area. We would like to make a random selection of a person in your household to interview. If a child under 16 years of age is selected we would interview the parent or main carer of that child. So that we can randomly select one person from your household can you please tell me, how many people, including yourself, live in your household?

Record number of people
99999 Refused

INT1f And how many of the people living in the household are children 0-15 years of age?

Record number of children under 16
99999 Refused

POS Now can you tell me if you are the oldest, second oldest,...xth oldest person living in your household?

1. Oldest
2. Second oldest
3. Third oldest
4. Fourth oldest
5. Fifth oldest
6. Sixth oldest
7. Seventh oldest
8. Eighth oldest
9. Ninth oldest
10. Tenth oldest
11. Eleventh oldest
12. Twelfth oldest
13. Thirteenth oldest
14. Fourteenth oldest

15. Fifteenth oldest
16. Sixteenth oldest
- R Refused

INT1c We have done the random selection and we would like to interview the <nth> oldest person in your household.

1. Yes, that's me
2. Yes, another person but not available now
3. Yes, I'll get the person
4. Yes, my son/daughter (or other person under 16)
5. Selected respondent does not speak English (INTERVIEW PROXY RESPONDENT)
6. Selected respondent unable to participate (INTERVIEW PROXY RESPONDENT)
- R Refused

(CHILD UNDER 16 SELECTED)

INT1g Because we will conduct this survey about a child who is under 16 years of age, we need to speak with the person who knows most about that child's health. Are you that child's main carer?

1. Yes (continue with current respondent)
2. No (child's main carer not available now)
3. No (reintroduce survey to child's main carer)
- R Refused to pass over to main carer of child

(SELECTED RESPONDENT UNABLE TO PARTICIPATE)

AIN14 Would you please tell me why that person is not able to take part in the study?

1. Temporary illness (very sick in bed, in hospital)
2. Too confused (has dementia, Alzheimer's)
3. Deaf
4. Had stroke
5. Speaks a language other than English
6. Other (SPECIFY)
7. Unavailable for duration of the study
- R Refused (to provide reason)

IN7 Because we will conduct this survey about a person who is unable to do the interview themselves, we need to speak with someone who knows most about that person's health. Would that be you?

1. Yes, (continue with current respondent)
2. Main carer not available now
3. Reintroduce to main carer
- R. Refused

(INTERVIEWING SELECTED ADULT BY PROXY / INTERVIEWING ADULT ABOUT CHILD)

INT2 Could I please have (the given name of the person (who is not able to do the interview) / the given name of this child?

(We are only collecting this information so that we can refer to the (person / child) by name throughout the survey.

You can provide an initial or nickname if you prefer.)

1. RECORD GIVEN NAME OR INITIAL (Specify)
2. Refused (use 'the selected child')
3. Refused (use 'the selected adult')

*(ALL)

INT5 Your help with this survey would be voluntary.
The interview takes around 15 to 20 minutes (ADULT 16+)
The interview takes around 10 minutes (CHILD)

You do not have to answer any question if you do not feel comfortable doing so, and you can stop the interview at any time.

During the interview, my supervisor may listen in for quality control purposes only. Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law.

The information from this survey will be used to help improve health services for people in your area and across the Territory, so your help is very important to us.

***DEMOGRAPHICS (AGE AND SEX)**

*(CHILD)

DEM2 Could you please tell me how old <CHILD'S NAME> is 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. We will not be able to conduct the survey unless we know your child's age.)

1. Age in months and weeks
2. Age in years
- X Don't know
- R Refused

*(ADULT 16+)

DEM2d Could you please tell me how old you are today?

SPECIFY YEARS
99999 Refused

*(CHILD)

DEM3 Can I please confirm <CHILD'S NAME>'s gender?

(This is a question we do ask of everyone.)

1. Female
2. Male
- R. Refused

*(ADULTS 16+)

DEM4 Can I please confirm your gender?

1. Female
2. Male
- R. Refused

*(CHILD)

CDM6 What is your relationship to <CHILD'S NAME>? For example are you <CHILD'S NAME>'s (father/mother), (stepfather/stepmother) or other relation?

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Grandmother
6. Grandfather
7. Legal guardian/Foster Parent
8. Other (not specified)
- X Don't know
- R Refused

DEM16m Could you please tell me your postcode?

(In order to use this data to inform local health service planning, we need to ask where people live.)

1. Postcode in sample correct
2. Postcode given
- 88888 Don't know
- 99999 Refused

DEM17m What is the name of the suburb or town where you live?

(In order to use this data to inform local health service planning, we need to ask where people live.)

SELECT LOCALITY FROM LOCALITIES SPECIFIC TO SELECTED POSTCODE

- 88888 Don't know
99999 Refused

***SELF-RATED HEALTH STATUS AND DISABILITY**

*(ALL 5+ YEARS)

HSDZ Now I am going to ask a general question about health.....

*(ALL 5+ YEARS)

HSD4 Overall, how would you rate <your/CHILD'S NAME>'s health during the past 4 weeks?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor
- X (Don't know)
- R (Refused)

*(ALL 5+ YEARS)

HMH1 Overall, how would you rate <your/CHILD'S NAME>'s mental health during the past 4 weeks?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor
- X (Don't know)
- R (Refused)

*(ALL 16+ YEARS)

HMH2 How <do you feel about your life as a whole?

1. Delightful
2. Pleased
3. Mostly satisfied
4. Mixed
5. Mostly dissatisfied
6. Unhappy
7. Terrible
- X (Don't know)
- R (Refused)

*ALCOHOL FREQUENCY AND CONSUMPTION

*(ADULT 16+)

ALC Now I would like to ask you some questions about alcohol.

*(ADULT 16+)

ALC1 How often do you usually drink alcohol?

1. Record in days per week
4. Record in days per month
2. Less than once per month
3. Don't drink alcohol
- X Don't know
- R Refused

*(ADULT 16+ EXCEPT 'DON'T DRINK ALCOHOL)

ALC2 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?

1. Record number of drinks per day
- X Don't know
- R Refused

*(ADULT 16+ EXCEPT DON'T DRINK ALCOHOL)

ALC3x In the past four weeks have you had more than 2 standard drinks in a day?

1. Yes
2. No
- X Don't know
- R Refused

*(ADULT 16+ EXCEPT DON'T DRINK ALCOHOL)

ALC3ax In the past four weeks have you had more than 4 standard drinks on one occasion?

1. Yes
2. No
- X Don't know
- R Refused

*HEIGHT AND WEIGHT (BMI)

*(ALL 2+)

HWT3x Now a few questions about <your/CHILD'S NAME's> height and weight. How would you describe <your/CHILD'S NAME's> weight?

- 1 Underweight
- 2 Healthy weight
- 3 Overweight
- 4 Very overweight
- 5 Very overweight
- X Don't know
- R Refused

*(ALL 2+)

HWT1 How tall <are you>/is CHILD'S NAME> without shoes?

1. Response given in centimetres
2. Response given in feet and inches
- X Don't know
- R Refused

HWT2 How much <do you/does CHILD'S NAME> weigh without clothes or shoes?

1. Response given in kilograms
2. Response given in stones and pounds
3. Response given in pounds only
- X (Don't know)
- R (Refused)

*NUTRITION

(ALL 2+)

NUT The next few questions are about food....

*(ALL 2+)

NUT1 How many serves of vegetables <do you/does CHILD'S NAME> usually eat each day?
One serve is half a cup of cooked or 1 cup of salad vegetables.

(This includes fresh, canned or frozen vegetables.)

1. Answer in serves per day
2. Answer in serves per week
3. Don't eat vegetables
- X Don't know
- R Refused

*(ALL 2+)

NUT2 How many serves of fruit <do you/does CHILD'S NAME> usually eat each day?
A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.

1. Answer in serves per day
2. Answer in serves per week
3. Don't eat fruit
- X Don't know
- R Refused

*(ALL 2+)

CNF115 How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade <do you/does CHILD'S NAME> usually drink in a day?
1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups.

(Sugar sweetened tea and coffee should not be included.)

1. Cups per day
2. Cups per week
3. Cups per month
4. Doesn't drink soft drink
- X Don't know
- R Refused

*(ALL 2+)

NUT13 How often <do you/does CHILD'S NAME> have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

1. Times per day
2. Times per week
3. Times per month
4. Rarely/Never
- X Don't know
- R Refused

*(ALL 2+)

CNF16 How many cups of fruit juice, <do you/does CHILD'S NAME> usually drink in a day?
1 cup=250ml, a household tea cup or large popper

1. Cups per day
2. Cups per week
3. Cups per month
4. Doesn't drink juice
- X Don't know
- R Refused

*ORAL HEALTH

*(ALL)

ORAL The next questions are about <your/CHILD'S NAME's> teeth and dental health.

*(ADULTS 16+)

OHE1 Are any of your natural teeth missing?

(Includes wisdom teeth).

1. Yes – have some natural teeth missing
2. Yes – have all natural teeth missing
3. No – have no natural teeth missing
- X Don't know
- R Refused

*(ADULTS 16+)

OHE2 Do you have dentures or false teeth?

- 1 Yes
- 2 No
- X Don't know
- R Refused

*(5+ years)

OHE9 Does the condition of <your/CHILD'S NAME's> teeth or dentures affect the type of food <you/they> can eat?

- 1 Yes
- 2 No
- X Don't know
- R Refused

*(ALL)

OHE6 When did <you/CHILD'S NAME> last visit a dental professional about <your/his/her> teeth, dentures or gums?

(A dental professional includes dentist, dental specialist, dental hygienist, dental therapist or oral health therapist.)

1. Less than 12 months ago
2. 1 year to less than 2 years ago
3. 2 to less than 5 years ago
4. 5 to less than 10 years ago
5. 10 years ago or more
6. Never
- X Don't know
- R Refused

*(DID NOT GO TO DENTIST IN LAST 12 MONTHS)

*OHE8 Are there any reasons <you/CHILD'S NAME> did not visit a dentist in the last 12 months?

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 </CHILD'S NAME> like/s
 6. Too expensive
 7. Too far to go
 8. Long waiting lists
 9. Dentist has moved or retired
 10. Other (SPECIFY)
- X Don't know
R Refused

*PHYSICAL ACTIVITY ADULT

*(ADULTS 16+)

PHYS Now I'm going to ask some questions about your level of physical activity.

*(ADULTS 16+)

PHY1 How would you rate your physical activity?

- 1 Very active
 - 2 Active
 - 3 Moderately active
 - 4 Not very active
 - 5 Not at all active
- X Don't know
R Refused

*(ADULTS 16+)

PHY10 Over a typical week, how many days are you physically active for a total of at least 60 minutes per day?

(Some more examples of physical activity include active household chores, running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.)

1. Record days
- X Don't know
R Refused

PAC1 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?

(Include any walking for self-transport.)

1. Number of times given
 2. None
- 88888 Don't know
99999 Refused

*(WALKED ONE OR MORE TIMES)

PAC2 What do you estimate was the total time you spent walking in this way in the last week?

Time given in hours
Time given in minutes
88888 Don't know
99999 Refused

*(ADULTS 16+)

PAC7 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? (e.g.: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming).

1. Number of times given
 2. None
- 88888 Don't know
99999 Refused

*(DID VIGOROUS PHYSICAL ACTIVITY ONE OR MORE TIMES)

PAC8a What do you estimate was the total time you spent doing this vigorous physical activity in the last week?

Time given in hours
Time given in minutes
88888 Don't know
99999 Refused

*(ADULTS 16+)

PAC9 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? (e.g.: lawn bowls, golf, tai chi, and sailing).

1. Number of times given
 2. None
- 88888 Don't know
99999 Refused

*(DID MODERATE PHYSICAL ACTIVITY ONE OR MORE TIMES)

PAC10a What do you estimate was the total time that you spent doing these activities in the last week?

Time given in hours
Time given in minutes
88888 Don't know
99999 Refused

*PHYSICAL ACTIVITY CHILD

*(CHILD 5 TO 15 YEARS)

CPINT The next few questions are about <CHILD'S NAME>'s physical activity.....

*(CHILD 5 TO 15 YEARS)

CPHY How would you rate <CHILD'S NAME's> physical activity?

- 1 Very active
 - 2 Active
 - 3 Moderately active
 - 4 Not very active
 - 5 Not at all active
- X Don't know
R Refused

*(CHILD 5 TO 15 YEARS)

CPHYACT

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

[Some more examples of physical activity include active household chores, running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.]

Over the past 7 days, on how many days was <CHILD'S NAME> physically active for a total of at least 60 minutes per day?

- 1. Record days
- X Don't know
- R Refused

*(CHILD 5 TO 15 YEARS)

CPHY1 On about how many days during the school week does <CHILD'S NAME> usually do physical activity **outside** of school hours?

NOTE: This includes before and after school sports.

- 2. Record days
- 3. None
- X Don't know
- R Refused

*(DOES PHYSICAL ACTIVITY OUTSIDE SCHOOL HOURS ON 1 OR MORE DAYS PER WEEK)

CPHY2 On those days, about how many hours does <CHILD'S NAME> usually do physical activity?

(We are looking to record how many hours the child spends doing that activity, on a typical day when they engage in that activity [not an average across all days].)

- 1. Record hours and minutes
- X Don't know
- R Refused

*(CHILD 5 TO 15 YEARS)

CPHY3 On about how many **weekend** days does <CHILD'S NAME> usually do physical activity?

- 1. Record days
- 2. None
- X Don't know
- R Refused

*(DOES PHYSICAL ACTIVITY AT THE WEEKEND ON 1 OR MORE DAYS)

CPHY4 On a typical **weekend day**, about how many hours does <CHILD'S NAME> usually do physical activity?

- 1. Record hours and minutes
- 2. Does not do exercise on weekend
- X Don't know
- R Refused

*SEDENTARY BEHAVIOUR - ADULTS

*(ADULTS 16+)

SED1 How do you usually spend most of your day?

(Refer to a usual working day.)

- 1 mostly sitting
- 2 mostly standing
- 3 mostly walking
- 4 mostly doing heavy labour or physically demanding work
- X Don't know
- R Refused

*(ADULTS 16+)

SED2 Excluding work time, how many hours per week do you spend watching TV or DVDs or using the computer, iPad or tablet device (for the internet, to play games etc.)

Time given in hours
Time given in minutes
88888 Don't know
99999 Refused

*SEDENTARY BEHAVIOUR - CHILDREN

*(CHILD 5 TO 15 YEARS)

CPIA1 On about how many days **during the school week**, does <CHILD'S NAME> usually watch TV, videos or DVDs at home?

1. Record days
2. None
3. No TV/video in home
- X Don't know
- R Refused

*(CHILD WATCHES TV, VIDEOS OR DVD ON 1 OR MORE DAYS DURING THE SCHOOL WEEK)

CPIA2 On those days, about how many hours does <CHILD'S NAME> usually spend watching TV, videos or DVDs? That is, how many hours on a typical weekday when TV is watched?

(Looking for how many hours on a typical weekday when TV, videos, DVDs are watched. NOT average across all days.)

1. Record hours and minutes
- X Don't know
- R Refused

*(NOT SAID NO TV IN HOME)

CPIA3 On about how many **weekend days** does <CHILD'S NAME> usually watch TV, videos or DVDs at home?

1. Record days
2. None
3. No TV/video in home
- X Don't know
- R Refused

*(CHILD WATCHES TV, VIDEOS OR DVD ON 1 OR MORE DAYS ON THE WEEKEND)

CPIA4 On a typical weekend day, about how many hours does <CHILD'S NAME> usually spend watching TV, videos or DVDs?

1. Record hours and minutes
- X Don't know
- R Refused

*(CHILD 5 TO 15 YEARS)

CPIA5 On about how many days during the school week does <CHILD'S NAME> usually play electronic or computer games, surf the internet or go to social networking sites such as Facebook?

1. Record days
2. None
3. No electronic / computer games
- X Don't know
- R Refused

*(CHILD PLAYS VIDEO OR COMPUTER GAMES ON 1 OR MORE DAYS DURING THE SCHOOL WEEK)

CPIA6 On those days, about how many hours does he/she usually spend playing electronic or computer games, surf the internet or go to social networking sites such as Facebook?

(How many hours on a typical weekday when electronic/computer games are played.)

- 1. Record hours and minutes
- X Don't know
- R Refused

*(NOT SAID NO VIDEO / COMPUTER GAMES IN HOME)

CPIA7 On about how many weekend days does <CHILD'S NAME> usually play electronic or computer games, surf the internet or go to social networking sites such as Facebook?

- 1. Record days
- 2. None
- 3. No electronic / computer games
- X Don't know
- R Refused

*(CHILD PLAYS VIDEO OR COMPUTER GAMES ON 1 OR MORE DAYS ON THE WEEKEND)

CPIA8 On a typical **weekend day**, about how many hours does he/she usually spend playing electronic or computer games, surf the internet or go to social networking sites as Facebook?

- 1. Record hours and minutes
- X Don't know
- R Refused

***SLEEP**

*(ALL)

TSTHRS On a usual night, how many hours sleep <do you/does CHILD'S NAME> get?

(Question is about sleep at night. Do not include naps during the day.)

- Time given in hours
- Time given in minutes
- 88888 Don't know
- 99999 Refused

***KESSLER PSYCHOLOGICAL DISTRESS SCALE**

*(ADULTS 16+)

AMHINT

The next questions are about how you have been feeling in the past 4 weeks, that is, since about this time last month. If you feel uncomfortable with any question, just tell me and I will move onto the next question.

*(ADULTS 16+)

AMH2 In the past 4 weeks, about how often did you feel nervous?

- 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

*(ADULTS 16+)

AMH4 In the past 4 weeks, about how often did you feel hopeless?

- 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

*(ADULTS 16+)

AMH5 In the past 4 weeks, about how often did you feel restless or fidgety?

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

*(ADULTS 16+)

AMH8 In the past 4 weeks, about how often did you feel that everything was an effort?

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

*(ADULTS 16+)

AMH9 In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?

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

*(ADULTS 16+)

AMH10 In the past 4 weeks, about how often did you feel worthless?

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

AMHSUPPORT I have phone numbers I can provide to you if you'd like to receive some help with how you have been feeling?

Lifeline: 13 11 14
Beyond blue: 1300 22 4636
Nurse on call: 1300 606 024

*MENTAL HEALTH

*(ALL 5+ YEARS)

MTL20 In the last 12 months <have you/has CHILD'S NAME> been told by a doctor that <you have /CHILD'S NAME has> any of the following conditions?

1. Anxiety
2. Depression

- 3. A stress-related problem
- 4. Other mental health issue
- 5. None of these
- X Don't know
- R Refused

*(TOLD HAD MENTAL HEALTH ISSUE)

MTL21 <Do you/Does CHILD'S NAME> still have this/these condition(s)?

- 1 Yes
- 2 No
- X Don't know
- R Refused

*(STILL HAS CONDITIONS)

MTL22 <Are you/Is CHILD'S NAME> currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem?

(Includes phone treatment.)

- 1 Yes
- 2 No
- X Don't know
- R Refused

If at any time <you / CHILD'S NAME> are experiencing personal distress and would like crisis support <you/they> can call Lifeline on 13 11 14.

*SMOKING

*(ADULTS 16+)

SMK The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes. Please note that this does not include electronic cigarettes.

*(ADULTS 16+)

SMK1 Which of the following best describes your smoking status?

- 1. Smoke daily
- 2. Smoke occasionally
- 3. Don't smoke now, but used to
- 4. Tried it a few times but never smoked regularly
- 5. Never smoked
- X (Don't know)
- R (Refused)

*(SMOKER)

SMO3 On average how many cigarettes do you smoke per day or each week?

- 1 Answer in cigarettes per day
- 2 Answer in cigarettes per week
- 3 Answer in cigarettes per month
- X Don't know
- R Refused

*ELECTRONIC CIGARETTES

(ADULTS 16+)

ECIGZ1 Which of the following best describes how often you uses electronic cigarettes?

(Electronic cigarettes are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens.)

1. Never used electronic cigarettes
 2. Tried electronic cigarettes a few times but never used them regularly
 3. Don't use electronic cigarettes now, but used to
 4. Use electronic cigarettes occasionally
 5. Use electronic cigarettes daily
- X (Don't know)
R (Refused)

***SOCIAL CAPITAL (Safety, Trust, Reciprocity and Participation)**

*(ADULTS 16+)

SOC The next questions are about your involvement in your local community and neighbourhood.

*(ADULTS 16+)

SOC3 Are you an active member of a local organisation, church or club, such as a sport, craft, or social club?

- 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

*(ADULTS 16+)

SOC8 How often have you visited someone in your neighbourhood in the past week?

- 1 Frequently
 - 2 A few times
 - 3 At least once
 - 4 Never (in the last week)
- X Don't Know
R Refused

*(ADULTS 16+)

SOC5 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?

Most people can be trusted. Do you agree or disagree?

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- X Don't Know
R Refused

*(ADULTS 16+)

SOC4 I feel safe walking down my street after dark.

Do you agree or disagree?

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- X Don't Know
R Refused

***USUAL TRANSPORT TO WORK/SCHOOL**

*(ALL 4+ YEARS)

MTWP2 How <do you/does CHILD'S NAME> usually get to work/school?

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 / home schooled
13. Walk part of the way
14. Other
15. Ride part of the way
16. Use scooter or skateboard
17. Don't work or study
- X Don't know
- R Refused

*(CHILD 5 TO 15 YEARS)

MTWP3b How many hours and minutes per week does <CHILD'S NAME> spend travelling to and from school in a **bus**?

Time given in hours
Time given in minutes
77777 Not applicable
88888 Don't know
99999 Refused

*(CHILD 5 TO 15 YEARS)

MTWP3c How many hours and minutes per week does <CHILD'S NAME> spend **walking** to and from school?

Time given in hours
Time given in minutes
77777 Not applicable
88888 Don't know
99999 Refused

*(CHILD 5 TO 15 YEARS)

MTWP3f How many hours and minutes per week does <CHILD'S NAME> spend travelling to and from school by **bike, scooter or skateboard**?

Time given in hours
Time given in minutes
77777 Not applicable
88888 Don't know
99999 Refused

*CONCLUDING DEMOGRAPHICS

*(ALL)

DEMAZ

Now we are coming to the last section of the survey. I am going to ask some routine questions about <your/CHILD'S NAME's> background. Remember that all your answers remain confidential.

(We ask these questions so that we can get an idea of the health concerns of different groups of people such as men and women, city people and country people.)

*(ADULT 16+)

INT1am

Can you please tell me, how many people, including yourself, live in your household?

(Knowing the number of householders is vital to providing accurate data.)

Number of people in household given

88888 Don't know

99999 Refused

*(ADULT 16+)

INT1fm

And how many of the people living in the household are children under 16 years of age?

(Knowing the number of householders under 16 is vital to providing accurate data.)

Number of children under 16 in household given

88888 Don't know

99999 Refused

*(MORE THAN 1 PERSON LIVING IN HOUSEHOLD)

RLHP

Besides yourself, who else do you live with in your household, such as brothers and sisters, mother or stepmother.

1. No one (lives alone)
2. Mother
3. Father
4. Respondent's partner
5. Step-mother
6. Step-father
7. Grandparents
8. Son(s)/Daughter(s)
9. Brothers and sisters
10. Step brothers/sisters
11. Other relatives
12. Non-family members
14. Other (SPECIFY)
15. Don't know
16. Refused

*(ALL)

MSTP

What is your current formal marital status? Are you...

1. Married (this includes registered and de facto couples)
2. Widowed
3. Separated but not divorced
4. Divorced
5. Never married
- X (Don't know)
- R (Refused)

*(ALL)

BPLPa

In which country <were you/was CHILD'S NAME> born?

1. Australia

- 2. Other
- X Don't know
- R Refused

*(COUNTRY BORN=OTHER)

BPLPa1 In which country <were you/ was CHILD'S NAME> born?

- 1 Argentina
- 2 Austria
- 3 Canada
- 4 Chile
- 5 China
- 6 Cook Islands
- 7 Croatia
- 8 Cyprus
- 9 Czechoslovakia (NFD)
- 10 Denmark
- 11 Egypt
- 12 England
- 13 Fiji
- 14 Finland
- 15 Former Yugoslavia.(NFD)
- 16 France
- 17 Germany
- 18 Greece
- 19 Hong Kong
- 20 Hungary
- 21 India
- 22 Indonesia
- 23 Iran
- 24 Iraq
- 25 Ireland
- 26 Italy
- 27 Japan
- 28 Lebanon
- 29 Malaysia
- 30 Malta
- 31 Mauritius
- 32 Netherlands
- 33 New Caledonia
- 34 New Zealand
- 35 Nthn Ireland
- 36 Pakistan
- 37 Papua New Guinea
- 38 Philippines
- 39 Poland
- 40 Portugal
- 41 Russian Federation (NFD)
- 42 Samoa (American)
- 43 Samoa (Western)
- 44 Scotland
- 45 Serbia
- 46 Singapore
- 47 Solomon Islands
- 48 South Africa
- 49 South Korea
- 50 Spain
- 51 Sri Lanka
- 52 Sweden
- 53 Switzerland
- 54 Syria

- 55 Taiwan
- 56 Thailand
- 57 Turkey
- 58 UK (NFD)
- 59 United States of America
- 60 Vanuatu
- 61 Vietnam
- 62 Wales
- 63 Other
- 88 Don't know
- 99 Refused

*(ALL)

BPMP In which country <was your mother/was CHILD'S NAME's natural mother> born?

- 1 Australia
- 2 Other [SPECIFY]
- X Don't know
- R Refused

*(COUNTRY MOTHER BORN=OTHER)

BPMP1 In which country <was your mother/was CHILD'S NAME's natural mother> born?

- 1 Argentina
- 2 Austria
- 3 Canada
- 4 Chile
- 5 China
- 6 Cook Islands
- 7 Croatia
- 8 Cyprus
- 9 Czechoslovakia (NFD)
- 10 Denmark
- 11 Egypt
- 12 England
- 13 Fiji
- 14 Finland
- 15 Former Yugoslavia.(NFD)
- 16 France
- 17 Germany
- 18 Greece
- 19 Hong Kong
- 20 Hungary
- 21 India
- 22 Indonesia
- 23 Iran
- 24 Iraq
- 25 Ireland
- 26 Italy
- 27 Japan
- 28 Lebanon
- 29 Malaysia
- 30 Malta
- 31 Mauritius
- 32 Netherlands
- 33 New Caledonia
- 34 New Zealand
- 35 Nthn Ireland
- 36 Pakistan
- 37 Papua New Guinea
- 38 Philippines

- 39 Poland
- 40 Portugal
- 41 Russian Federation (NFD)
- 42 Samoa (American)
- 43 Samoa (Western)
- 44 Scotland
- 45 Serbia
- 46 Singapore
- 47 Solomon Islands
- 48 South Africa
- 49 South Korea
- 50 Spain
- 51 Sri Lanka
- 52 Sweden
- 53 Switzerland
- 54 Syria
- 55 Taiwan
- 56 Thailand
- 57 Turkey
- 58 UK (NFD)
- 59 United States of America
- 60 Vanuatu
- 61 Vietnam
- 62 Wales
- 63 Other
- 88 Don't know
- 99 Refused

*(ALL)

BPFP In which country was your <was your father/was CHILD'S NAME's natural father> born?

- 1 Australia
- 2 Other [SPECIFY]
- X Don't know
- R Refused

*(COUNTRY FATHER BORN=OTHER)

BPFP1 In which country <was your father/was CHILD'S NAME's natural father> born?

- 1 Argentina
- 2 Austria
- 3 Canada
- 4 Chile
- 5 China
- 6 Cook Islands
- 7 Croatia
- 8 Cyprus
- 9 Czechoslovakia (NFD)
- 10 Denmark
- 11 Egypt
- 12 England
- 13 Fiji
- 14 Finland
- 15 Former Yugoslavia.(NFD)
- 16 France
- 17 Germany
- 18 Greece
- 19 Hong Kong
- 20 Hungary
- 21 India
- 22 Indonesia

- 23 Iran
- 24 Iraq
- 25 Ireland
- 26 Italy
- 27 Japan
- 28 Lebanon
- 29 Malaysia
- 30 Malta
- 31 Mauritius
- 32 Netherlands
- 33 New Caledonia
- 34 New Zealand
- 35 Nthn Ireland
- 36 Pakistan
- 37 Papua New Guinea
- 38 Philippines
- 39 Poland
- 40 Portugal
- 41 Russian Federation (NFD)
- 42 Samoa (American)
- 43 Samoa (Western)
- 44 Scotland
- 45 Serbia
- 46 Singapore
- 47 Solomon Islands
- 48 South Africa
- 49 South Korea
- 50 Spain
- 51 Sri Lanka
- 52 Sweden
- 53 Switzerland
- 54 Syria
- 55 Taiwan
- 56 Thailand
- 57 Turkey
- 58 UK (NFD)
- 59 United States of America
- 60 Vanuatu
- 61 Vietnam
- 62 Wales
- 63 Other
- 88 Don't know
- 99 Refused

*(ALL)

LANPa <Do you/Does CHILD'S NAME> usually speak a language other than English at home?

- 1. Yes
- 2. No
- X Don't know
- R Refused

*(SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME)

LANPa1 What language <do you/does CHILD'S NAME> usually speak at home?

- 1 Arabic
- 2 Armenian
- 3 Assyrian
- 4 Australian Aboriginal Lang
- 5 Bengali
- 6 Burmese
- 7 Cantonese

- 8 Chinese (NFD)
- 9 Croatian
- 10 Czech
- 11 Danish
- 12 Dutch/Flemish
- 13 Estonian
- 14 Fijian
- 15 Filipino/Tagalog
- 16 Finnish
- 17 French
- 18 German
- 19 Greek
- 20 Hebrew
- 21 Hindi
- 22 Hokkien
- 23 Hungarian
- 24 Indonesian/Bahasa
- 25 Iranian/Persian/Farsi
- 26 Italian
- 27 Japanese
- 28 Khmer/Cambodian
- 29 Korean
- 30 Lao
- 31 Latvian
- 32 Lebanese
- 33 Macedonian
- 34 Malay
- 35 Maltese
- 36 Mandarin
- 37 Maori Languages
- 38 Pakistani/Urdu
- 39 Polish
- 40 Portuguese
- 41 Punjabi
- 42 Romanian
- 43 Russian
- 44 Samoan
- 45 Serbian
- 46 Serbo-Croatian
- 47 Sign Language
- 48 Sinhalese/Sri Lankan
- 49 Slovak
- 50 Slovenian
- 51 Spanish
- 52 Swedish
- 53 Tamil
- 54 Thai
- 55 Tongan
- 56 Turkish
- 57 Ukrainian
- 58 Vietnamese
- 59 Other
- 88 Don't know
- 99 Refused

*(ALL)

INGP <Are you/Is CHILD'S NAME> of Aboriginal or Torres Strait Islander origin?

- 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

*(ALL)

HSCP What is the highest level of primary or secondary schooling <you have/CHILD'S NAME has> completed?

1. Never attended school
 2. Currently still at school
 3. Year 8 or below
 4. Year 9 or equivalent
 5. Year 10 or equivalent (intermediate certificate)
 6. Year 11 or equivalent
 7. Year 12 or equivalent (matriculation/leaving certificate)
- X Don't know
 - R Refused

*(ADULT 16+)

QALLP What is the level of the highest qualification you have completed?

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
- X Don't know
 - R Refused

*(ADULT 16+)

LFSPa Which of these best describes your current employment status? Are you

1. Self employed
 2. Employed for wages, salary or payment in kind
 3. Unemployed
 4. Engaged in home duties
 5. A student
 6. Retired, or
 7. Unable to work
 8. Other (Specify)
- X (Don't know)
 - R (Refused)

LFS Were you actively looking for work in the last week?

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

HRSP In the last week, how many hours did you work in all jobs?

Number of hours worked
888 Don't know
999 Refused

LFSPm In the last week, which of the following best describes the employment status of <CHILD'S NAME>'s mother/step-mother?

1. A salary or wage earner or self-employed
 2. A salary or wage earner or self-employed but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down
 3. Unpaid work in a family business
 4. Other unpaid work (engaged in home duties, volunteer)
 5. Did not have a job (unemployed, unable to work, retired, a student)
- X (Don't know/Not sure)
R (Refused)

LFSm <Was <CHILD'S NAME>'s mother/step-mother> actively looking for work in the last week?

1. Yes - Looked for Full-time work
 2. Yes - Looked for Part-time work
 3. No - Did not look for work
- X Don't know
R Refused

LFSPf In the last week, which of the following best describes the employment status of <CHILD'S NAME>'s father/step-father?

1. A salary or wage earner or self-employed
 2. A salary or wage earner or self-employed but absent on paid leave (incl unpaid maternity), holidays, on strike/stood down
 3. Unpaid work in a family business
 4. Other unpaid work (engaged in home duties, volunteer)
 5. Did not have a job (unemployed, unable to work, retired, a student)
- X (Don't know/Not sure)
R (Refused)

LFSf <Was <CHILD'S NAME>'s father/step-father> actively looking for work in the last week?

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

*(ALL)

DEM11 <Do you / does CHILD'S NAME> currently receive a government pension, allowance or benefit?

- 1 Yes
 - 2 No
- X Don't know
R Refused

*(ALL)

DEM13 Apart from Medicare, <are you/is CHILD'S NAME> currently covered by private health insurance?

1. Yes
 2. No
- X Don't know
R Refused

*(ALL)

STRD What type of accommodation <do you/does CHILD'S NAME> live in?

- 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 (e.g. hostel, retirement village)
- X Don't know
- R Refused

DWL The next question is about this dwelling. Do you...

- 1 Own it or are purchasing it
- 2 Rent it from the Government
- 3 Rent it privately
- 4 Live rent-free
- 5 Other [Specify]
- X Don't know
- R Refused

*(ALL)

INC2 I would now like to ask you about <your/CHILD'S NAME's> HOUSEHOLD'S income. We are interested in how income relates to health, lifestyle and access to health services. Before tax is taken out, which of the following ranges best describes <your/CHILD'S NAME's> HOUSEHOLD income, from all sources, over the past 12 months?

- 1 less than \$20,000
- 2 \$20,000- less than \$40,000
- 3 \$40,000- less than \$60,000
- 4 \$60,000- less than \$80,000
- 5 \$80,000 - less than \$100,000
- 6 \$100,000- less than \$120,000
- 7 \$120,000- less than \$140,000
- 8 \$140,000- less than \$160,000
- 10 more than \$160,000
- X Don't know
- R Refused

*(ALL)

AFF Which best describe <your/CHILD'S NAME's> household's money situation?

- 1 We /They are spending more money than we /they get
- 2 We /They have just enough money to get we /they through to the next pay day
- 3 There's some money left over each week but we /they just spend it
- 4 We /They can save a bit every now and then
- 5 We /They can save a lot
- X Don't know
- R Refused

DEM20 How many residential telephone numbers do you have?

Do not include mobile phone numbers or dedicated FAX numbers or modems.

- 1. Number of residential phone numbers given
- 2. None
- 88888 Don't know
- 99999 Refused

*(ALL)

DEM20b How many mobile phone numbers <do you/does CHILD'S NAME> personally have?

(Do not include business mobile phone numbers.)

- 1. Number of mobile phone numbers given
- 2. None
- 88888 Don't know
- 99999 Refused

*(ALL)

THANKS

That completes the survey. Thank you for taking the time to help us. The information will be used to help improve health services in the ACT. If any of the questions we have asked today have made you think about <your /CHILD'S NAME's> health and wellbeing, please consult your GP. Just in case you missed it, my name is (...) and this survey was conducted by... on behalf of ACT Health.