Health and Wellbeing Surveillance System

2018 Questionnaire

Health Survey Unit
Epidemiology Branch
health.wa.gov.au
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Hello, my name is______, I am calling from ECU Survey Research Centre on behalf of the WA Department of Health regarding a health survey. The Department would like you to take part in this important initiative to ensure that up-to-date information on the health and wellbeing of Western Australians is available to plan and develop health services.

(Answering machine script) Hello, my name is___, I am calling on behalf of the WA Dept of Health regarding a health survey. You may have received a letter and brochure explaining about the survey from us recently. Sorry to have missed you we will call again later or if you would like to make an appointment for us to call, please telephone 1800 etc.

Additional information about silent numbers (if this issue is raised by the respondent). We obtained your number from the electronic version of the white pages. This probably means that prior to you getting the number, the number was not a silent one. If you are concerned about this, we suggest that you contact your telephone service provider.

LET1 Have you recently received a letter from us about the survey? Letter (Single Response) C Y A O
0. No
1. Yes
998 Unsure/Don't know/Can't remember

[If No] The letter invites your household to take part in a telephone survey being conducted by the Department of Health.

[All] I can assure you that information given will remain confidential. The answers from all people interviewed will be gathered together and no individual answers will be published or passed on. Your responses will form part of a picture of your local community. On average the survey takes 20 minutes, and participation is voluntary. You may withdraw from the survey at any time and may refuse to answer any questions as you wish.

[All] Is there anyone in your household in the age group...? (If more than one person in the household within the selected age category, ask to speak to/about the person last to have a birthday. If the answer is yes, ask to do interview with the selected age group. If the answer is no and option 1 had been asked, then ask option 2. If the answer is no and option 2 had been asked, then ask option 1. If answer is no and options 3 or 4 were asked, ask for person with the most recent birthday).

1. Under 16 years - surveys for this group need to be completed by an adult that knows the child best (Asked 58 times out of 100 calls)
2. 16-24 (Asked 40 times out of 100 calls)
3. 25-64 (Asked 1 time out of 100 calls)
4. 65 or older (Asked 1 time out of 100 calls)

REPEAT INTRODUCTION IF DIFFERENT PERSON SELECTED FROM WHO ANSWERED THE PHONE

DEM1 What was your age last birthday? age (Single Response. IF REFUSED, TERMINATE INTERVIEW) Y A O
Enter age_____

DEM2 As some of the questions relate to certain groups of children only, we need to know how old your child is. C

(Single Response Code Refused as 999 and 0 in any field that has no other response e.g.0 yrs 9mths 3days. IF REFUSED TERMINATE INTERVIEW)

1. Enter age in years _____ ageyrs
2. Enter age in months _____ agemths
3. Enter age in weeks _____ agewks
4. Enter age in days _____ agedays
DEM4 Because we are going to ask lots of questions about your child, would you mind telling me your child’s first name so that we can use this during the interview? childname

(Single Response)
Enter name __________

USE FIRST NAME OF CHILD THROUGHOUT THE QUESTIONNAIRE WHERE “[CHILD]” appears

C

RECORD THE SEX

C Y A O

DEM5 Sex (DO NOT ASK. If unsure at end of interview, delete interview) sex

C Y A O

DEM5 [CHILD]’s gender? (If unsure from name, ask: Is [CHILD] a boy or girl?) sex

0. Female
1. Male

C

DEM6 What is your relationship to [CHILD]? relation

(Single Response)

1. Mother
2. Father
3. Other relative
4. Other

GENERAL HEALTH (Module GEN)

These first few questions ask about your health.

These first few questions ask about [CHILD]’s health.

C

GEN1 In general, how would you say your health is: SF1gen

C Y A O

GEN1 In general, how would you say [CHILD]’s health is: SF1gen

C

(Read Options. Single Response)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
999 Refused

GEN11a Do you or does anyone in your family have any disability, long term illness or pain that puts a burden on you or the family as a whole? disableadult

(Single Response. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999)

0. No Go to COM1
1. Yes, me
2. Yes, other member of my family
998 Unsure/Don’t know/Can’t remember Go to COM1
999 Refused Go to COM1

GEN11b Does [CHILD] have any disability, long term illness or pain that puts a burden on you or the family as a whole? disablechild

(Single Response. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999)

0. No Go to COM1
1. Yes
998 Unsure/Don’t know/Can’t remember Go to COM1
999 Refused Go to COM1

GEN12 How much of a burden is this, would you say it’s: burden

(Read Options. Single Response)

C Y A O

1. Not much of a burden at all
2. A little burden
3. A fairly big burden
4. A big burden
5. A very big burden
998 Unsure/Don’t know/Can’t remember
999 Refused

SEQUENCE: Only ask GEN13 if GEN11a = 2 (‘Yes, other member of my family’) OR GEN11b =1 (‘Yes’).

GEN13 Are you the principal carer of this family member? carer

C Y A O

GEN13 Are you the principal carer of [CHILD]? carer

C

0. No
1. Yes
997. Family member does not need a carer
998 Unsure/Don’t know/Can’t remember
999 Refused

**CO-MORBIDITY (Module COM)**

Now I’m going to ask you about health conditions that some people have.
Now I’m going to ask you about health conditions that some children have.

Has a doctor ever told you that you have:

Has a doctor ever told you that [CHILD] has:

**COM1** [Ask if Age is 2+ years only] Attention Deficit Hyperactivity Disorder  **adhd**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM5** A problem with coordination, clumsiness, deformity, stiffness or developmental delay  **devlprob**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM6** Arthritis  **arthrit**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM7** Heart disease  **heart**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM8** Stroke  **stroke**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM10** Osteoporosis  **osteopor**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM9** Skin Cancer  **skincancer**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**COM9A** Excluding skin cancer, any other form of cancer  **cancer**

(Complete Response)

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused
COM11 When did you last have your cholesterol level measured?  
(Single Response. Record in days, weeks, months or years. Code Never measured as 997 (and go to COM15), code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 IN THE FIRST FIELD ONLY – PROGRAM SO THAT OTHER FIELDS DO NOT ACCEPT THESE NUMBERS)

Days _____ choldays
Weeks _____ cholwks
Months _____ cholmths
Years _____ cholyrs

COM12 Has a doctor ever told you that you had high Cholesterol?  
(Single Response)  
0. No Go to COM15  
1. Yes 998 Unsure/Don’t know/Can’t remember Go to COM15  
999 Refused Go to COM15

COM13 Do you still have high cholesterol?  
(Single Response)  
0. No  
1. Yes 998 Unsure/Don’t know/Can’t remember  
999 Refused

COM14 Do you take any medication for high cholesterol?  
(Single Response)  
0. No  
1. Yes 998 Unsure/Don’t know/Can’t remember  
999 Refused

COM15 When did you last have your blood pressure measured?  
(Single Response. Record in days, weeks, months or years. Code Never measured as 997 (and go to COM21), code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 IN THE FIRST FIELD ONLY – PROGRAM SO THAT OTHER FIELDS DO NOT ACCEPT THESE NUMBERS)

Days _____ hibpdays
Weeks _____ hibpwks
Months _____ hibpmths
Years _____ hibpyrs

COM16 Has a doctor ever told you that you had high blood pressure?  
(Single Response)  
0. No Go to COM21  
1. Yes 998 Unsure/Don’t know/Can’t remember. Go to COM21  
999 Refused Go to COM21

COM17 Do you still have high blood pressure?  
(Single Response)  
0. No  
1. Yes 998 Unsure/Don’t know/Can’t remember  
999 Refused

COM18 Do you take any medication for high blood pressure?  
(Single Response)  
0. No  
1. Yes 998 Unsure/Don’t know/Can’t remember  
999 Refused

COM21 Has a doctor ever told you that you had diabetes?  
(Single Response)  
0. No Go to COM25  
1. Yes If Male or Age <16 Go to COM24  
998 Unsure/Don’t know/Can’t remember. Go to COM25  
999 Refused Go to COM25

COM22 Were you pregnant when you were first told you had diabetes?  
(Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t know/Can’t remember  
999 Refused
(Single Response)
0. No Go to COM24
1. Yes
998 Unsure/Don’t Know/Can’t remember. Go to COM24
999 Refused Go to COM24

COM23 Other than when you were pregnant, have you ever been told that you have diabetes? diabnotp

(Single Response)
0. No Go to COM25
1. Yes
998 Unsure/Don’t Know/Can’t remember. Go to COM25
999 Refused Go to COM25

COM24 What type of diabetes were you told you had? diabtype

(Single Response)
1. Type 1 – Insulin dependent, Juvenile onset
2. Type 2 – Non-insulin dependent, Mature onset
997. Other
998 Unsure/Don’t Know/Can’t remember
999 Refused

COM36 How old were you when you were diagnosed with diabetes? diabage

COM36 How old was [CHILD] when the diabetes was diagnosed? diabage

Enter age______ (Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999. For children less than 1 years enter 0)

COM25 Has a doctor ever told you that you have asthma? asthma

COM25 Has a doctor ever told you that [CHILD] has asthma asthma

(Single Response)
0. No Go to COM19
1. Yes
998 Unsure/Don’t Know/Can’t remember. Go to COM19
999 Refused Go to COM19

COM26 Have you had symptoms of asthma or taken treatment for asthma in the last 12 months? asthsymtrt

COM26 Has [CHILD] had symptoms of asthma or taken treatment for asthma in the last 12 months? asthsymtrt

(Single Response. Interviewer note: symptoms include breathlessness, wheezing or a dry cough)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

COM37 Do you have a written asthma action plan, that is, written instructions of what to do if your asthma is worse or out of control? asthplan

COM37 Do you have a written asthma action plan for [CHILD], that is, written instructions of what to do if the asthma is worse or out of control? asthplan

(Single Response)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

COM38 During the last 4 weeks how often did your asthma interfere with daily activities? asthinter

COM38 During the last 4 weeks how often did asthma interfere with [CHILD]’s daily activities? asthinter

(Single Response. Read Options)
1. All of the time
2. Most of the time
3. Some of the time
4. None of the time
998. Unsure/Don’t know/Can’t remember
999. Refused
COM19 Other than asthma, has a doctor ever told you that you had a respiratory problem such as Chronic Bronchitis, Emphysema, Chronic Lung Disease (COPD) that has lasted 6 months or more? resp6mo

(Y A O)  
(Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t Know/Can’t remember  
999 Refused  

COM20 Do you still have this respiratory problem? respallstil

(Y A O)  
(Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t Know/Can’t remember  
999 Refused  

COM28 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone? equip

(Y A O)  
(Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t know/Can’t remember  
999 Refused  

COM29 In the past 12 months how many injuries have you had that required treatment from a health professional? injury

(Y A O)  
(Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t know/Can’t remember  
999 Refused  

COM29a In the past 12 months, how many injuries did [CHILD] have that required treatment from a health professional? injury

(Single Response. Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to SER1. Interviewer note: The Royal Flying Doctors is included as a health). Enter number _____________

COM35 How many of these injuries were falls? falls

(C Y A O)  
(Single Response. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999) Enter number _____________

HEALTH SERVICE UTILISATION (Module SER)

How many times in the past 12 months, have you used these health services? primary

(C Y A O)  
(Single Response)  
0. No  
1. Yes  
998 Unsure  
999 Refused  

SER2 Hospital based services e.g. overnight stay, accident & emergency department or outpatients hospbase

(C Y A O)  
Enter number _____________

SER3 Allied health services e.g. optician, physiotherapist, chiropractor, podiatrist, dietitian, nutritionist, occupational therapist, diabetes/other health educator allied

(C Y A O)  
Enter number _____________

SER4 Dental services e.g. dentist, dental hygienist dental

(C Y A O)  
Enter number _____________
Enter number _______

SER5 A mental health service e.g. psychiatrist, psychologist or counsellor mental
Enter number _______

SER6 Alternative health services e.g. acupuncturist, naturopath, homeopath or any other alternative health service althealth
Enter number _______

CHILD DEVELOPMENT (Module DEV)

Now I would like to ask you some more general questions about [CHILD]'s development.

DEV3 [Ask if age is less than 5 years only] If [CHILD] was breastfed, how long was s/he breastfed for?
(Single Response. Code didn't breastfeed/child was never breastfed as 995. Code Unsure/Don't know/Can't remember as 998 and Refused as 999 in brstdays and Go to DEV7. If the child is still breastfeeding code as 997 in brstdays.)

______ days brstdays _______ weeks brstwks _______ months brstmths

SEQUENCE: If DEV3 is 998 or 999 skip DEV4, DEV5, DEV9 and DEV6 - go to DEV7)

( Interviewer note: If DEV3 is 995 when asking DEV4, DEV5, DEV9 and DEV6 if respondent answers "from birth" code as 1 in days field and 0 in wks and 0 mths fields)

DEV4 [Ask if age is less than 5 years only] At what age did you first introduce water to [CHILD]?
(Single Response. Code Unsure/Don't know/Can't remember as 998 and refused as 999. If the child hasn’t had any water, code as 0 in all three fields and go to DEV5)

______ days watdays _______ weeks watwks _______ months watmths

DEV5 [Ask if age is less than 5 years only] At what age did you first introduce liquids other than water and formula to [CHILD]?
(Single Response. Code Unsure/Don't know/Can't remember as 998 and Refused as 999. If the child hasn’t had any liquids, code as 0 in all three fields and go to DEV9)

______ days liqdays _______ weeks liqwks _______ months liqmths

DEV9 [Ask if age is less than 5 years only] At what age did you first introduce infant formula to [CHILD]?
(Single Response. Code Unsure/Don’t know/Can't remember as 998 and Refused as 999. If the child hasn’t had any infant formula, code as 0 in all three fields and go to DEV6)

______ days formdays _______ weeks formwks _______ months formmths

DEV6 [Ask if age is less than 5 years only] At what age did you first introduce foods other than liquids to [CHILD]?
(Single Response. Code Unsure/Don't know/Can't remember as 998 and Refused as 999. If the child hasn’t had any solid food, code as 0 in all three fields)

______ days soldays _______ weeks solwks _______ months solmths

DEV7 [Ask if age is 2+ years only] Do you think [CHILD] was late in starting to talk? latetalk
(Single Response)
0. No
1. Yes
998 Unsure
999 Refused

DEV8v2 [Ask if age is 2+ years only] Do you think [CHILD] needed professional help (speech therapy) with his/her speech? helptalkv2
(Single Response) (v2)
0. No Go to PHY1
1. Yes
998 Unsure Go to PHY1
999 Refused Go to PHY1

DEV10 [Ask if age is 2+ years only] Did [CHILD] receive any professional help with his/her speech? rechelp
(Single Response)
0. No
1. Yes
998 Unsure
999 Refused
KESSLER PSYCHOLOGICAL DISTRESS SCALE (Module KES)

The next questions are about how you have been feeling in the past 4 weeks.

(Interviewer note: The following 10 questions are part of the K10, a standardised instrument that measures psychological distress. It is different from the SF8, which asks about physical as well as mental functioning. If asked, please use this explanation to let respondents know that even though some of the questions in the K10 and SF8 are similar, they are actually used to measure different things)

KES1 In the past four weeks, about how often did you feel tired out for no good reason?  
(Read Options. Single Response)
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

KES2 In the past four weeks, about how often did you feel nervous?  
(Read Options. Single Response)
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

KES3 In the past four weeks, about how often did you feel so nervous that nothing could calm you down?
(Read Options. Single Response)
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

KES4 In the past four weeks, about how often did you feel hopeless?  
(Read Options. Single Response)
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

KES5 In the past four weeks, about how often did you feel restless or fidgety?  
(Read Options. Single Response)
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

KES6 In the past four weeks, about how often did you feel so restless you could not sit still?  
(Read Options. Single Response)
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

KES7 In the past four weeks, about how often did you feel depressed?  
(Read Options. Single Response)
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

KES8 In the past four weeks, about how often did you feel everything was an effort?  
(Read Options. Single Response)
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

KES9 In the past four weeks, about how often did you feel so sad that nothing could cheer you up? K9
(Read Options. Single Response)
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

KES10 In the past four weeks, about how often did you feel worthless? K10
(Read Options. Single Response)
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

SEQUENCE: IF KES1 and KES2 and KES4 and KES5 and KES7 and KES8 and KES9 and KES10 = 'None of the time' then go to PHY1 else continue to KES11.

KES11 In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings? K11
(Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999).
____ (Number of days)

KES12 [Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings? K12
(Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999).
____ (Number of days)

KES13 In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? K13
(Code None as 0, Unsure/Don’t know/Can’t Remember as 998 and Refused as 999).
____ (Number of consultations)

KES14 In the last 4 weeks, how often have physical health problems been the main cause of these feelings? K14
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

LIFESTYLE – PHYSICAL ACTIVITY (Module PHY)
The next few questions are about your level of physical activity.

PHY1 How would you rate your physical activity level? parate
(Read Options. Single Response)
1. Very active
2. Active
3. Moderately active
4. Not very active
5. Not at all active
998 Unsure/Don’t know/Can’t remember
999 Refused

PHY11 Over the last week, how many days were you physically active for a total of at least 60 minutes per day?
(Single Response. Enter number of times. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
Number of days ______ lastwk
PHY10 Over a typical week, how many days were you physically active for a total of at least 60 minutes per day?  
(Single Response. Enter number of times. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999)  
Number of days ____ typicalwk

PHY2b [Ask if age is 5+ only] On how many of the past 7 days did [CHILD] exercise or participate in physical activity for at least 20 minutes that made [CHILD] sweat and breathe hard, such as basketball, netball, soccer, football, running, fast bike riding, aerobics?  
(Single response. Code didn’t do any of these activities as 0, code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to PHY3)  
Number of Days ____ vigkidsB

PHY2a [Ask if age is 5+ only] What do you estimate was the total time that [CHILD] spent doing this vigorous physical activity in the past week?  
(Single Response. Enter number of hours AND/OR minutes. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 in the FIRST field. )  
Hours ____ vigkidhrs Minutes ____ vigkidmins

PHY3b [Ask if age is 5+ only] On how many of the past 7 days did [CHILD] participate in physical activity for at least 30 minutes that did not make them sweat or breathe hard, such as fast walking, slow bike riding, rollerblading or skate boarding?  
(Single Response. Code didn’t do any of these activities as 0, code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to the next module).  
Number of Days ____ modkidsB

PHY3a [Ask if age is 5+ only] What do you estimate was the total time that [CHILD] spent doing this moderate-intensity physical activity in the past week?  
(Single Response. Enter number of hours AND/OR minutes. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 in the FIRST field. )  
Hours ____ modkidhrs Minutes ____ modkidmins

PHY3c [Ask if age 5+ only] How many days in the past week has [CHILD] done any vigorous or moderate physical activity for a total of at least 60 minutes?  
(Single response. Code didn’t do any of these activities as 0, code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to the next module - sedentary)  
Number of Days ____ padaykidsA

PHY4 In the past week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?  
(timeswlk  
(Single Response. Enter number of times. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to PHY6.)  
Number of times ____

PHY5 What do you estimate was the total time that you spent walking in this way in the past week?  
(Single Response. Enter number of hours AND/OR minutes. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 in the FIRST field. )  
Hours ____ walkhrs Minutes ____ walkmins

PHY6 This question excludes household chores or gardening. In the past week, how many times did you do any vigorous physical activity that made you breathe harder or puff and pant? (e.g. tennis, jogging, cycling, keep fit exercises).  
(timesvig  
(Single Response. Enter number of times. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and go to PHY8. )  
Number of times ____

PHY7 What do you estimate was the total time that you spent doing this vigorous physical activity in the past week?  
(Single Response. Enter number of hours AND/OR minutes. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999. )  
Hours ____ vighrs Minutes ____ vigmins

PHY8 This question excludes household chores or gardening. In the past week how many times did you do any other more moderate physical activities that you have not already mentioned (e.g. lawn bowls, golf, gentle swimming, etc)?  
(timesmod
**LIFESTYLE – SEDENTARY ACTIVITY (Module SED)**

**SED1** How do you usually spend most of your day?  
1. Mostly sitting  
2. Mostly standing  
3. Mostly walking  
4. Mostly doing heavy labour or physically demanding work  
998 Unsure/don't know/Can't remember  
999 Refused

**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)?

**SED3** On a usual night how many hours sleep do you get?

**LIFESTYLE - BODY MEASUREMENTS (Module BOD)**

**BOD1** What is your height without shoes?

**BOD2** How much do you weigh without clothes or shoes?

**BOD4** Do you consider yourself to be...? (Read Options. Single Response.)

*Single Response. Enter number of times. Code None as 0, Unsure/Don't know/Can't remember as 998 and Refused as 999 and go to SED1*

Number of times __ __

PHY9 What do you estimate was the total time that you spent doing these activities in the past week?

*(Single Response. Enter number of hours AND/OR minutes. Code Unsure/Don't know/Can't remember as 998 and refused as 999 in the first field.)*

Hours __ __ modhrs  Minutes __ __ modmins

*(Read Options. Single Response. Interviewer note: if asked, refer to a usual working day)*

1. Mostly sitting  
2. Mostly standing  
3. Mostly walking  
4. Mostly doing heavy labour or physically demanding work  
998 Unsure/don't know/Can't remember  
999 Refused

**BOD1 [Ask age 5+ only]** What is [CHILD]'s height without shoes?  
*(Single Response. Code Unsure/Don't know/Can't remember as 998 and Refused as 999 in FIRST field.)*

Centimetres ___ hghtcm  
OR  
Feet ___ hghtft  Inches ___ hghtin

**BOD2 [Ask age 5+ only]** How much does [CHILD] weigh without clothes or shoes?  
*(Single Response. Code Unsure/Don't know/Can't remember as 998 and Refused as 999 in FIRST field.)*

Kilograms (Kg) ____ wghtkg  
OR  
Stones ____ wghtst  Pounds ____ wghtlb

**BOD4 [Ask if age is 5+ only]** Do you consider [CHILD] to be...?  
*(Read Options. Single Response.)*

1. Underweight  
2. Normal weight  
3. Overweight  
4. Very overweight  
998 Unsure/don't know/Can't remember  
999 Refused
BOD5  Which of the following are you trying to do about your weight?  wghtchange
(Read Options. Single Response.)
1. Lose weight
2. Gain weight
3. Stay the same weight
4. I am not trying to do anything about my weight
998 Unsure/Don't know/Can't remember
999 Refused

BOD5  [Ask if age is 5+ only] Which of the following are you trying to do about [CHILD]'s weight?  C
wghtchange
(Read Options. Single Response.)
1. Help them to lose weight
2. Help them to gain weight
3. Help them to stay the same weight
4. I am not trying to do anything about my child's weight
998 Unsure/Don't know/Can't remember
999 Refused

LIFESTYLE – SUN PROTECTION (Module SUN)
SUN1 How many times did [CHILD] get sunburned in the past 12 months (even just their nose or shoulders?)  sunburn
(Single Response. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 in first field)
Enter number of times __________

SUN2 Do you check to see if [CHILD] is adequately protected before going out into the sunlight? That is, does [CHILD] wear a hat, use sunscreen and keep covered? Would you say  sunprot
(Single Response)
1. Always
2. Most of the time
3. Sometimes
4. Rarely
5. Never
998 Unsure/Don’t know/Can’t remember
999 Refused

LIFESTYLE – ALCOHOL (Module ALC)
Now we are going to ask some questions about your lifestyle.

ALC1 In a typical week, how often do you usually drink alcohol?  daysdrk
(Y A O)
(Single Response. Code Do not drink as 0 and go to NEXT MODULE. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999 and less than once a week as 991)
Number of days _____

ALC2 A standard drink is equivalent to a schooner of low strength or midi of full strength beer, a glass of wine or a nip of spirits. On a day when you drink alcohol, how many standard drinks do you usually have?  numbdrk
(Y A O)
(Single Response. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999. Minimum response is 1.)
Number of drinks ______

ALC3 In the past 4 weeks how often have you had (7-10 if MALE) (5-6 if FEMALE) drinks in a day?  hiriskdrknum
(Y A O)
(Single Response. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999. Code less than once a month as 0)
Number of times ______

ALC4 In the past 4 weeks how often have you had (5-6 if MALE) (3-4 if FEMALE) drinks in a day?  riskydrknum
(Y A O)
(Single Response. Code None as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999. Code less than once a month as 0)
Number of times ______

ALC5 Does alcohol cause problems in [CHILD]'s household?  alcohol
(Single Response)
0 No
1 Yes
998 Unsure
999 Refused
LIFESTYLE – TOBACCO SMOKING (Module SMO)

The following questions are about tobacco smoking.

SMO1 Which of the following best describes your home situation? 

Single Response. Read options. Interviewer note: If child spends time in two households and one has smoking, record the answer for that household

1. The home is smoke free (includes smoking is allowed outside only)
2. People occasionally smoke in the house
3. People frequently smoke in the house
998 Unsure/don’t know/Can’t remember
999 Refused

SMO2 Which of the following best describes your smoking status? This includes cigarettes, cigars and pipes. 

Single Response. Read Options. Interviewer note: if asked this does not include electronic cigarettes

1. I smoke daily Go to SMO4
2. I smoke occasionally Go to SMO4
3. I don’t smoke now but I used to
4. I’ve tried it a few times but never smoked regularly
5. I’ve never smoked Go to SMO4
998 Unsure/Don’t know/Can’t remember Go to SMO4
999 Refused Go to SMO4

SMO2a Over your lifetime, would you have smoked at least 100 cigarettes or a similar amount of tobacco?

Single Response

0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

SMO4 Have you ever tried an electronic cigarette or e-cigarette? This includes all e-cigarettes and similar products such as electronic-shisha, electronic-hookah, personal vapourisers, and vape pens, where you inhale vapour instead of smoke. Using these products is often called vaping. Some contain nicotine, others do not.

Single Response. Read Options

0. No Go to NUT1
1. Yes Go to NUT1
2. I have never heard of electronic or e-cigarettes Go to NUT1
998 Unsure/Don’t know/Can’t remember Go to NUT1
999 Refused Go to NUT1

SMO5 Have you tried an electronic cigarette or e-cigarette in the past 12 months?

Single Response

0. No Go to NUT1
1. Yes
998 Unsure/Don’t know/Can’t remember Go to NUT1
999 Refused Go to NUT1

SMO6 How often do you use electronic cigarettes or e-cigarettes?

Single Response. Read options

1. Daily
2. Less than daily but at least once a week
3. Less than weekly but at least once a month
4. Less than once a month, but occasionally
5. Not at all
998 Unsure/Don’t know/Can’t remember
999 Refused

SMO3 When you/your partner were pregnant with [CHILD], did you/your partner smoke?

Single Response. Question wording to change based on respondent’s relationship with the child. For example, if the respondent is the father of the child, we will only ask “When your partner was pregnant”.

1. Neither smoked
2. Child's mother smoked only
3. Child's father smoked only
4. Both parents smoked
998 Unsure/Don't know/Can't remember
999 Refused

**LIFESTYLE – NUTRITION (Module NUT)**

Now to some questions about food.

**NUT1** How many serves of vegetables do you usually eat each day? A serve of vegetables is equal to half a cup of cooked vegetables or 1 cup of salad. 

(C Single Response. Code NONE as 0 and less than one serve a day as 991. Code Unsure/Don't know/Can't remember as 998 and Refused as 999.)

Enter number of serves _____

**NUT2** How many serves of fruit do you usually eat each day? A serve of fruit is equal to one medium piece, two small pieces of fruit or one cup of diced fruit.

(C Single Response. Code NONE as 0 and less than one serve a day as 991. Responses between 5 and 20 for adults is a prompt for clarification. Code Unsure/Don't Know/Can't remember as 998 and Refused as 999.)

Enter number of serves ______

**NUT3** What type of milk do you usually consume?

(C Single Response. Prompt if necessary)

1. Full fat or whole milk of any kind, including soya
2. Low / reduced fat milk of any kind, including soya
3. Skim milk, that is milk with no fat content at all
4. Other
5. Don't use milk
998 Unsure/Don't Know/Can't remember
999 Refused

**NUT5** How many times a week on average, do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut or Red Rooster?

(C Single Response. Code NONE as 0 and less than once a week as 991. Code Unsure/Don't Know/Can't remember as 998 and Refused as 999.)

Number of times _____

**NUT7** Does the condition of your teeth or dentures affect the types of food you can eat?

(C Single Response)

0. No
1. Yes
998 Can't Remember/Unsure/Don't Know
999 Refused

**PSYCHOSOCIAL AND MENTAL HEALTH**

The next questions are about your social and emotional wellbeing.

The next few questions are about [CHILD]'s social and emotional wellbeing

**PERCEIVED LACK OF CONTROL (Module LAC)**

LAC1 During the past four weeks how much of the time did you feel a lack of control over your life in general?

(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

LAC3 During the past four weeks how much of the time did you feel a lack of control over your personal life: lackpers
(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

LAC6 During the past four weeks how much of the time did you feel a lack of control over your health: lackhlth
(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

PSYCHOSOCIAL EVENTS (Module PSE)

Interviewer note: These questions relate to events that have either happened directly to the respondent or have happened to other people but have had an effect on the respondent

In the past 12 months how many times have you personally been affected by any of the following? (Code never as 0)

PSE1 Moved house moved Number of times ______
PSE2 Robbed or home burgled robbed Number of times ______
PSE3 Death of somebody close to you death Number of times ______
PSE4 Marriage/relationship breakdown marsplit Number of times ______
PSE5 Serious injury serinj Number of times ______
PSE6 Serious illness serill Number of times ______
PSE7 Loss of driver's license lossdr Number of times ______
PSE8 Financial hardship findiff Number of times ______
PSE9 Any other major events othmaj Number of times ______

MENTAL HEALTH CONDITIONS (Module MEN)

MEN1 In the last 12 months have you been told by a doctor that you had an anxiety problem? anxiety
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know /Can’t remember
999 Refused

MEN2 In the last 12 months have you been told by a doctor that you are depressed? depress
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know /Can’t remember
999 Refused

MEN3 In the last 12 months have you been told by a doctor that you had a stress-related problem stress
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know /Can’t remember
999 Refused
MEN4 In the last 12 months have you been told by a doctor that you had any other mental health problem (Single Response) 
0. No 
1. Yes 
998 Unsure/Don’t Know/Can’t remember 
999 Refused

MEN5 Are you currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem? (Single Response. Interviewer note: includes phone treatment) 
0. No 
1. Yes Go to CAP1 
998 Unsure/Don’t Know/Can’t Remember 
999 Refused

SEQUENCE: If MEN1 OR MEN2 OR MEN3 OR MEN4 = YES (1) GO TO MEN6, OTHERWISE GO TO CAP1

MEN6 Do you still have any of these conditions? (Single Response) 
0. No 
1. Yes 
998 Unsure/Don’t Know/Can’t Remember 
999 Refused

MEN7 [Ask if age is 1+ years only] Overall, does [CHILD] have trouble with emotions, concentration, behaviour or getting on with people? Would you say... (Read Options. Single Response) 
1. No Go to MEN9 
2. Only a little 
3. Quite a lot 
4. Very much 
998 Unsure/Can’t remember Go to MEN9 
999 Refused Go to MEN9

MEN8 [Ask if age is 1+ only] Do you think [CHILD] needs special help for this? (Single Response) 
0. No 
1. Yes 
998 Unsure/Can’t remember 
999 Refused

MEN9 [Ask if age is 1+ years only] Has [CHILD] ever been treated for an emotional or mental health problem? (Single Response) 
0. No 
1. Yes 
998 Unsure/Can’t remember 
999 Refused

SOCIAL CAPITAL (Module CAP)
CAP1 How many groups/associations do you belong to? Include church groups, social groups, sporting groups, political groups, professional groups etc... (Code None as 0. Code Unsure/Don’t know/Can’t remember as 998, refused as 999) Enter number _________

SCHOOL CONNECTEDNESS (Module SCH)
SH1 [Ask if age is 5+ years only] Thinking about the previous 12 months, not counting official school holidays, can you tell me about how many days [CHILD] has been away from school for any reason? (Single Response. Code no days as 0. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999. If [CHILD] doesn’t attend school code as 995 and go to SCH4) Enter number of days _________

SCH2 [Ask if age 5+ years only] Based on your knowledge of [CHILD]’s school work, including school reports, how is [CHILD] doing in school overall? Would you say it was... (Single Response. Code Unsure/Don’t know/Can’t remember as 998 and refused as 999) 
1. Very Well 
2. Well
3. Average
4. Poorly
5. Very Poorly
998 Unsure/Don’t know/Can’t remember
999 Refused

SCH3 [Ask if age 5+ years only] Does [CHILD] look forward to going to school each day? Would you say...

lookfwd (Single Response. Code Unsure/Don’t know/Can’t remember as 998 and refused as 999)
1. Almost Never
2. Rarely
3. Sometimes
4. Often
5. Almost Always
998 Unsure/Don’t know/Can’t remember
999 Refused

The next questions are about bullying. Bullying is when someone is picked on, hit, kicked, threatened or ignored by other children.

SCH4 [Ask if age 5+ years only] In the past 12 months has [CHILD] been bullied? cbullied

0. No
1. Yes
998 Unsure/Can’t remember
999 Refused

SCH5 [Ask if age 5+ years only] In the past 12 months has [CHILD] bullied other kids? cbullies

0. No
1. Yes
998 Unsure/Can’t remember
999 Refused

SCH6 [Ask if age 5+ years only] Does [CHILD] have a special friend or a really close mate? mate

0. No
1. Yes
998 Unsure/Can’t remember
999 Refused

SCH7 [Ask if age 5+ years only] Does [CHILD] have a group of friends to play with or hang around with? friends

0. No
1. Yes
998 Unsure/Can’t remember
999 Refused

FAMILY FUNCTIONING (Module FAM)
These questions are about your family. By having a better description of how families’ function and the nature of their social circumstances, improvements can be made in a variety of health and community services. This information will also allow a better understanding of how families and communities change over time.

Here are statements about families and family relationships. Please rate how much you agree or disagree with the following statements.

FAM3 We usually don’t get on well together. famrel1
(Read Options. Single Response)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
999 Refused

FAM4 Planning family activities is usually difficult. famrel2
(Read Options. Single Response. Interviewer note: this can include either disagreements or disharmony)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
999 Refused
FAM5 We usually avoid discussing our fears and concerns openly with each other.  
(Read Options. Single Response)  
1. Strongly agree  
2. Agree  
3. Disagree  
4. Strongly disagree  
999 Refused

FAM6 Making decisions is usually a problem in our family because we misunderstand each other.  
(Read Options. Single Response)  
1. Strongly agree  
2. Agree  
3. Disagree  
4. Strongly disagree  
999 Refused

SOCIAL CHARACTERISTICS (Module CHA)  
Now some more general questions.  
Now to finish off with some general questions. The first two questions are about your child.  

CHA1 Were you born in Australia?  
(Read Options. Single Response)  
0. No  
1. Yes  
998 Unsure/Don’t know/Can’t remember  
999 Refused

CHA2 Are you of Aboriginal or Torres Strait Islander origin?  
(Read Options. Single Response)  
0. No  
1. Yes, Aboriginal  
2. Yes, TSI  
3. Yes, both Aboriginal and TSI  
998 Unsure/Don’t know/Can’t remember  
999 Refused

SEQUENCE: CHA3 is only asked of those not born in Australia (CHA1 = 0).

CHA3 Which geographic area were you born in?  
(Read Options. Single Response)  
1. Eire and UK including Wales, Scotland and Northern Ireland  
2. New Zealand  
3. North America  
4. Central and South America  
5. Africa  
6. Europe  
7. Middle East  
8. ASEAN Country (These include Burma, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam)  
9. China  
10. India  
11. Other  
998 Unsure/Don’t know/Can’t remember  
999 Refused

CHA26 What is the highest level of primary or high school that you have completed?  
(Single Response.  Interviewer note: Prompt if necessary)  
1. Never attended school  
2. Currently still at school  
3. Year 8 or below  
4. Year 9 or equivalent  
5. Year 10 or equivalent  
6. Year 11 or equivalent
7. Year 12 or equivalent (matriculation/leaving)
   998 Unsure/Don’t Know/Can’t Remember
   999 Refused

CHA27 Have you completed any qualifications (since leaving school)? otherquals
    (Single Response)
    0. No Go to CHA7
    1. Yes
       998 Unsure/Don’t know/Can’t remember Go to CHA7
       999 Refused Go to CHA7

CHA28 What is the highest qualification you have completed? whatquals
    (Single Response. Interviewer note: Prompt if necessary)
    1. Bachelor degree or higher
    2. Diploma or certificate taking more than 12 months full time
    3. Diploma or certificate taking less than 12 months full time
    4. Trade / apprenticeship
       998 Unsure/Don’t know/Can’t remember
       999 Refused

CHA7 Which ONE of the following best describes your current employment status? Are you: empstat
    (Read Options. Single Response. Interviewer note: This question relates to MAIN occupation. A full-time student who works part-time is coded as a student)
    1. Self employed Go to CHA25
    2. Employed for wages, salary or payment-in-kind Go to CHA25
    3. Unemployed for less than one year Go to CHA9
    4. Unemployed for more than one year Go to CHA9
    5. Engaged in home duties Go to CHA12 if <65 years and to CHA11 if >64
    6. Retired Go to CHA12 if <65 years and to CHA11 if >64
    7. Unable to work Go to CHA12 if <65 years and to CHA11 if >64
    8. A student Go to CHA12 if <65 years and to CHA11 if >64
    9. Other Go to CHA12 if <65 years and to CHA11 if >64
       998 Unsure/Don’t know/Can’t remember Go to CHA12 if <65 years and to CHA11 if >64
       999 Refused Go to CHA12 if <65 years and to CHA11 if >64

CHA9 Are you looking for employment? lookemp
    (Single Response)
    0. No Go to CHA12 if <65 years and to CHA11 if >64
    1. Yes Go to CHA12 if <65 years and to CHA11 if >64
       998 Unsure/Don’t know/Can’t remember Go to CHA12 if <65 years and to CHA11 if >64
       999 Refused Go to CHA12 if <65 years and to CHA11 if >64

CHA25 Do you work fly-in fly-out or do some form of work that takes you away from home for a set period each week or month? awaywork
    (Single Response)
    0. No Go to CHA30
    1. Yes Go to CHA30
       998 Unsure/Don’t know/Can’t remember
       999 Refused

CHA29 Are you a shift worker? shiftwork
    (Single Response)
    0. No Go to CHA24
    1. Yes
       998 Unsure/Don’t know/Can’t remember Go to CHA24
       999 Refused Go to CHA24

SEQUENCE: CHA30 is only asked of those who reported working FIFO or Shift (CHA25 = 1 or CHA29 = 1).

CHA30 What is your pattern of working each week or month?
    (Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
    ___ days on dayson ___ days off daysoff
    ___ weeks on weekson ___ weeks off weeksoff

CHA31 When on, how many hours per shift/day do you work?
    (Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
___days on shift hrs Go to CHA12 if <65 years and to CHA11 if >64

CHA24 How many hours per week do you work in paid employment? hrs wrk Y A O
(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999. Interviewer note: if asked, it is the total number of hours put in rather than the hours paid for.) Hours per week ______

CHA11 Do you currently work as a volunteer volnteer O
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

CHA12 How would you best describe your family structure? Please listen to the options and then tell me which one is the closest to your family situation. famstruc Y A
(Read Options. Single Response)
1. A family with a child or children living with both biological or adoptive parents
2. A step or blended family
3. A sole parent family
4. A couple with no dependent children
5. A single person with no dependent children
6. Other family structure
998 Unsure/Don’t Know/Can’t Remember
999 Refused

CHA12 How would you best describe [CHILD]’s family structure? Please listen to the options and then tell me which one is the closest to [CHILD]’s family situation. famstruc (Read Options. Single Response) C
1. A family with a child or children living with both biological or adoptive parents Go to CHA14
2. A step or blended family
3. A sole parent family
4. A couple with no dependent children
6. Other family structure Go to CHA14
998 Unsure/Don’t Know/Can’t Remember Go to CHA14
999 Refused Go to CHA14

CHA13 How often would [CHILD] see their other biological parent during a usual month? othpar C
(Single response. Code as 0 for never, code as 444 if child doesn’t have another parent (or parent dead), code as 991 if child sees other parent less frequently than once a month. Code Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
Enter number of days per month ______

CHA14 What best describes your current living arrangements? livearr Y A O
(Read Options. Single Response)
1. Living with my parent(s)
2. Living with other family members
3. Living with friends
4. Living with a partner and children
5. Living with a partner but no children
6. Living alone
7. Living in a nursing home
8. Living in a retirement village
9. Other living arrangements
998 Unsure/Don’t Know/Can’t Remember
999 Refused

CHA15 What is your marital status? marstat Y A O
(Read Options. Single Response)
1. Married
2. Living with a partner/Defacto
3. Widowed
4. Divorced
5. Separated
6. Never Married
998 Unsure/Don’t Know/Can’t Remember
999 Refused

CHA16 Is the place where you are currently living...? curr liv Y A O
(Read Options. Single Response)
1. Rented from the government or from a public authority
2. Rented privately
3. Being paid off by you/your partner
4. Fully Owned/Outright owner
5. Other
998 Unsure/Don't Know/Can't Remember
999 Refused

CHA17 Which best describes your household money situation? spend

CHA17 Which best describes the money situation of the household [CHILD] lives in? spend

(Read Options. Single Response)
1. I am / we are spending more money than I / we get
2. I / we have just enough money to get us through to the next pay day
3. There's some money left over but I / we just spend it
4. I / we can save a bit every now and then
5. I / we can save regularly
6. I / we can save a lot
998 Unsure/Don't know/Can't remember
999 Refused

CHA18 I would now like to ask you about your 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 household's income, from all sources, over the past 12 months? income

(Read Options. Single Response)
1. Under $20,000
2. $20,000 - $40,000
3. $40,000 - $60,000
4. $60,000 - $80,000
5. $80,000 - $100,000
6. $100,000 - $120,000
7. $120,000 - $140,000
8. $140,000 - $160,000
9. More than $160,000
10. Unsure/Don't know/Can't remember
999 Refused

CHA20 Do you receive a government pension? pension

(Single Response. Interviewer note: Includes old age pension, disability pension, carer allowance, family pension etc)
0. No
1. Yes
998 Unsure/Don't know/Can't remember
999 Refused

CHA21 Do you have a health care card, that is a card that entitles you to discounted prescriptions and bulk billing? hlthcard

(Single Response)
0. No
1. Yes
998 Unsure/Don't know/Can't remember
999 Refused

CHA22 Do you have private health insurance? privins

CHA22 Is [CHILD] covered by private health insurance? privins

(Single Response. Interviewer note: this includes people who have ancillaries only)
0. No
1. Hospital only
2. Ancillary only
3. Both hospital & ancillary
998 Unsure/Don't know/Can't remember
999 Refused

CHILD RESPONDENT – SOCIAL & PSYCHOSOCIAL (Module RES)
Now some questions about you.

RES1 Were you born in Australia? cobp1

(Single Response)
0. No Go To RES3
1. Yes
998 Unsure/Don’t know/Can’t remember Go To RES4
999 Refused Go To RES4

RES2 Are you of Aboriginal or Torres Strait Islander origin? tsiaborp1
(Single Response)
0. No
1. Yes, Aboriginal
2. Yes, TSI
3. Yes, both Aboriginal and TSI
998 Unsure/Don’t know/Can’t remember/Unsure/Can’t Remember
999 Refused

SEQUENCE: RES3 is only asked of those not born in Australia (RES1 = 0).

RES3 Which geographic area were you born in? birthcobl1
(Single Response)
1. Eire and UK including Wales, Scotland and Northern Ireland
2. New Zealand
3. North America
4. Central and South America
5. Africa
6. Europe
7. Middle East
8. ASEAN Country (These include Burma, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam)
9. China
10. India
11. Other
998 Unsure/Don’t know/Can’t remember
999 Refused

RES4 In general, how would you say your health is: SF1genp1
(Read Options. Single Response)
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

RES5 In the last 12 months have you been told by a doctor that you had depression, anxiety, stress or any other mental health problem? mhp12 mop1
(Single Response)
0. No
1. Yes
998 Unsure/don’t know/Can’t remember
999 Refused

RES6 Are you currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem? mhptrtp1
(Single Response. Interviewer note: includes phone treatment)
0. No (If RES5 is No, Go to RES8)
1. Yes Go to RES8
998 Unsure/don’t know/Can’t remember (If RES5 is No, Go to RES8)
999 Refused (If RES5 is No, Go to RES8)

SEQUENCE: RES7 is only asked if RES5 is Yes and RES6 is No, Don’t Know or Refused

RES7 Do you still have any of these conditions? mhpstiltp1
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

RES8 During the past four weeks how much of the time did you feel a lack of control over your life in general: lackgenp1
(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

RES10 During the past four weeks how much of the time did you feel a lack of control over your personal life: lackpersp1
(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

RES13 During the past four weeks how much of the time did you feel a lack of control over your health: lackhlthp1
(Read Options. Single Response)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
998 Unsure/Don’t know/Can’t remember
999 Refused

RES14A How many groups/associations do you belong to? Include church groups, social groups, sporting groups, political groups, professional groups etc... groupsp1
(Code NONE as 0, Don’t Know/Can’t Remember/Unsure as 998 and Refused as 999.)
_____ groups

RES16 What is the highest level of primary or high school that you have completed? schoolingp1
(Single Response. Interviewer note: Prompt if necessary)
1. Never attended school
2. Currently still at school
3. Year 8 or below
4. Year 9 or equivalent
5. Year 10 or equivalent
6. Year 11 or equivalent
7. Year 12 or equivalent (matriculation/leaving)
998 Unsure/Don’t Know/Can’t Remember
999 Refused

RES22 Have you completed any qualifications (since leaving school)? otherqualsp1
(Single Response. Interviewer note: prompt if necessary)
0. No Go to RES18
1. Yes
998 Unsure/Don’t know/Can’t remember Go to RES18
999 Refused Go to RES18

RES23 What is the highest qualification you have completed? whatqualsp1
(Single Response. Interviewer note: prompt if necessary)
1. Bachelor degree or higher
2. Diploma or certificate taking more than 12 months full time
3. Diploma or certificate taking less than 12 months full time
4. Trade / apprenticeship
998 Unsure/Don’t know/Can’t remember
999 Refused

RES18 Which ONE of the following best describes your current employment status? Are you: empstatp1
(Single Response. Read Options)
1. Self employed Go to RES24
2. Employed for wages, salary or payment in kind Go to RES24
3. Unemployed for less than one year Go to RES20
4. Unemployed for more than one year Go to RES20
5. Engaged in home duties Go to RES21
6. Retired Go to RES21
7. Unable to work Go to RES21
8. A student Go to RES21
9. Other Go to RES21

998 Unsure/Don’t know/Can’t remember Go to RES21
999 Refused Go to RES21

RES24 Do you work fly-in fly-out or do some form of work that takes you away from home for a set period each week or month? awayworkp1
(Single Response)
0. No
1. Yes Go to RES26
998 Unsure/Don’t know/Can’t remember
999 Refused

RES25 Are you a shift worker? shiftworkp1
(Single Response)
0. No Go to RES19
1. Yes
998 Unsure/Don’t know/Can’t remember Go to RES19
999 Refused Go to RES19

SEQUENCE: RES26 is only asked of those who reported they worked FIFO or Shift (RES24 = 1 or RES25 = 1).

RES26 What is your pattern of working each week or month?
(CODE: Don’t Know/Can’t Remember/Unsure as 998 and Refused as 999)
_____days on daysonp1 days off daysoffp1
_____weeks on weeksonp1 weeks off weeksoffp1

RES27 When on, how many hours per shift/day do you work?
(CODE: Don’t Know/Can’t Remember/Unsure as 998 and Refused as 999)
_____days on shifthrsp1 Go to RES21

SEQUENCE: If RES27 answered skip to RES21.

RES19 If you are in paid employment either for yourself or others, how many hours per week do you work? hswrkp1
(CODE: none as 0, can’t remember as 998 and refused as 999. Interviewer note: if asked, it is the total number of hours put in rather than the hours paid for.)
Enter hours per week ______ Go to RES21

SEQUENCE: RES20 is only asked of those who reported being unemployed (RES18 = 3 or 4).

RES20 Are you looking for employment? lookempp1
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember/Unsure/Can’t Remember
999 Refused

RES21 Do you a have a health care card, that is a card which entitles you to discounted prescriptions and bulk billing? hlthcardp1
(Single Response)
0. No
1. Yes
998 Can’t Remember/Unsure/Don’t know
999 Refused

PARTNER OF CHILD RESPONDENT (Module PTR)
And now a few questions about your partner, if you have one.

PTR1 So, first of all, do you share your home with a partner? partner
(Single Response)
0. No Go to FLU1
1. Yes
998 Unsure/Don’t know/Can’t remember/Unsure/Can’t Remember Go to FLU1
999 Refused Go to FLU1
PTR2 Was your partner born in Australia? cobp2
(Single Response)
0. No Go to PTR3a
1. Yes
998 Unsure/Don't know/Can't remember/Unsure/Can't Remember Go to PTR4
999 Refused Go to PTR4

PTR3 Is your partner of Aboriginal or Torres Strait Islander origin? tsiaborp2
(Single Response)
0. No
1. Yes, Aboriginal only
2. Yes, TSI only
3. Yes, both Aboriginal and TSI
998 Unsure/Don't know/Can't remember
999 Refused

SEQUENCE: PTR3a is only asked of those with a partner not born in Australia (PTR2 = 0)

PTR3a Which geographic area was your partner born in? birthcobp2
(Single Response)
1. Eire and UK including Wales, Scotland and Northern Ireland
2. New Zealand
3. North America
4. Central and South America
5. Africa
6. Europe
7. Middle East
8. ASEAN Country (These include Burma, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam)
9. China
10. India
11. Other
998 Unsure/Don't know/Can't remember
999 Refused

PTR4 Which one of the following best describes your partner’s current employment status? Is your partner: empstatp2
(Read options. Single response)
1. Self employed Go to PTR10
2. Employed for wages, salary or payment in kind Go to PTR10
3. Unemployed for less than one year Go to PTR6
4. Unemployed for more than one year Go to PTR6
5. Engaged in home duties Go to PTR7
6. Retired Go to PTR7
7. Unable to work Go to PTR7
8. A student Go to PTR7
9. Other Go to PTR7
998 Unsure/Don’t know/Can’t remember Go to PTR7
999 Refused Go to PTR7

PTR10 Does your partner work fly-in fly-out or do some form of work that takes them away from home for a set period each week or month? awayworkp2
(Single Response)
0. No
1. Yes Go to PTR12
998 Unsure/Don’t know/Can’t remember
999 Refused

PTR11 Is your partner a shift worker? shiftworkp2
(Single Response)
0. No Go to PTR5
1. Yes
998 Unsure/Don’t know/Can’t remember Go to PTR5
999 Refused Go to PTR5

SEQUENCE: PTR12 is only asked of those who reported their partner worked FIFO or Shift (PTR10 = 1 or PTR11 = 1).
PTR12 What is your partner's pattern of working each week or month?  
(Code Don't Know/Can't Remember/Unsure as 998 and Refused as 999)  
(days on days off)  
(weeks on weeks off)  

PTR13 When on, how many hours per shift/day do they work?  
(Code Don't Know/Can't Remember/Unsure as 998 and Refused as 999)  

SEQUENCE: If PTR13 IS answered skip to PTR7  

PTR5 If your partner is in paid employment, either for themselves or others, how many hours per week does s/he work?  
(hrswrkp2)  

SEQUENCE: If PTR5 answered, skip to PTR7  

PTR6 Is your partner looking for employment?  

 PTR7 What is the highest level of primary or high school that your partner has completed?  

PTR8 Has your partner completed any qualifications (since leaving school)?  

PTR9 What is the highest qualification your partner has completed?  

FLU (Module FLU)  

I have a couple of questions about vaccinations that you may have received  

I have a couple of questions about vaccinations that [CHILD] may have received  

FLU1 Did you have any vaccination against the flu since the first of March this year?  

FLU1 Did [CHILD] have any vaccination against the flu since the first of March this year?  

*Asked March onwards (In question have 'March YYYY')  

FLU2 Where did you receive the flu vaccination?  

WA Health and Wellbeing Surveillance System, 2018
1. At the general practitioners office where you receive most of your care
2. At another general practitioners office
3. At your workplace
4. At another location (besides those already mentioned)
998 Unsure/don’t know/can’t remember
999 Refused

**FLU3 Where did [CHILD] receive the flu vaccination? vacplacechild**

(Read Options. Single Response.)
1. At the general practitioners office where [CHILD] receives most of his/her care
2. At another general practitioners office
3. At the community clinic
4. At a pharmacy
5. At another location (besides those already mentioned)
998 Unsure/don’t know/can’t remember
999 Refused

**FLU4a [If DEM1 >=50 years and tsiabor = 1,2, 3] Have you had a dose of pneumonia (also known as pneumococcal) vaccine since you were 50 years old? pneum1atsi**

(Single Response)
0. No Go to FLU5
1. Yes
998 Unsure/Don’t know/Can’t remember Go to FLU5
999 Refused Go to FLU5

**FLU4b [If FLU4a = 1] Have you had a second dose of pneumonia vaccine since you were 50 years old? Pneum2atsi**

(Single Response)
0. No Go to FLU5
1. Yes
998 Unsure/Don’t know/Can’t remember Go to FLU5
999 Refused Go to FLU5

**FLU4c [If DEM1 >= 65 and tsiabor = 0, 998, 999] Have you had a dose of pneumonia (also known as pneumococcal) vaccine since you were 65 years old? pneum1**

(Single Response)
0. No Go to FLU5
1. Yes
998 Unsure/Don’t know/Can’t remember Go to FLU5
999 Refused Go to FLU5

**FLU4d [If FLU4c = 1] Have you had a second dose of pneumonia (also known as pneumococcal) vaccine since you were 65 years old? pneum2**

(Single Response)
0. No Go to FLU5
1. Yes
998 Unsure/Don’t know/Can’t remember Go to FLU5
999 Refused Go to FLU5

**FLU5 [If DEM2>=60 years] Have you received a shingles (also known as zoster) vaccine since you were 60 years old? zoster**

(Single Response)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

**WEIGHTING (Module WEI)**

Now I would like to ask you a few questions that we use to ensure that the information we collect is representative of the whole of WA.

**WEI1 Including [CHILD], how many people under 16 usually live in this household? children**

(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999).

Enter number __________

**WEI2 Including yourself, how many people between 16 and 24 usually live in this household? yadults**

(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
Enter number __________

WEI3 Including yourself, how many people between 25 and 64 usually live in this household? adults
(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
Enter number __________

WEI4 Including yourself, how many people aged 65 years and older usually live in this household? oadults
(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999)
Enter number __________

WEI5 What is the total number of people who usually live in this household (INCLUDING YOURSELF)?
numhouse
(Code NONE as 0, Unsure/Don’t know/Can’t remember as 998 and Refused as 999. Responses greater than 6 result in a prompt for clarification)
Enter number __________

WEI7 What is your suburb, town or community? locality
(Single Response. Code Unsure/Don’t know/Can’t remember as 9998 and Refused as 9999. Other is 9997, which is those suburbs that are not on the list provided by HSU)
Enter town /suburb __________
Go to WEI8 if locality provided

WEI6 [If WEI7 = 9998 or 9999] What is your postcode? postcode
(Single Response. Code Unsure/Don’t know/Can’t remember as 9998 and Refused as 9999)
Enter postcode __________

WEI8 How many listings do you have in the White Pages telephone book? listings
(Single Response. Code Unsure/ Don’t know/Can’t remember as 998 and Refused as 999)
Enter number _ _

WEI9 Is your landline currently listed in the telephone book? listedphone
(Program so that those who say yes, are re-asked WEI8 if previously said 0)
0. No
1. Yes
998 Unsure/Don’t Know/Can’t Remember
999 Refused

WEI10 Do you have a mobile phone as well as this landline? havemobile

WEI9 [Ask if age 5+ years only] Does [CHILD] have a mobile phone? havemobile
0. No
1. Yes
998 Unsure/Don’t Know/Can’t Remember
999 Refused

SUICIDE (Module SUI)
And finally, we have some personal questions. These may seem a little intrusive, but as they relate to problem areas in Australia we would like to ask you these questions. As with the rest of the survey, you may refuse to answer these questions if you wish. If you find the questions distressing and would like to talk with someone, we will be giving you a number that you can call.

SUI1 Sometimes, people feel really down and so depressed they feel they can’t cope anymore. Sometimes they might think about hurting themselves or even killing themselves. During the past 12 months have you ever seriously thought about ending your own life? tnkscide
(Single Response)
0. No Go to SUI3
1. Yes
998 Unsure/Don’t Know/Can’t Remember Go to SUI3
999 Refused Go to SUI3

SUI2 In the past 12 months have you tried to end your own life? tryscide
(Single Response)
0. No
1. Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

SUI3 In the past 12 months have any of your friends tried to end their own lives? palscide
(Single Response)
0 No
1 Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

SUI4 In the past 12 months, have any of your family tried to end their own lives? famscide
(Single Response)
0 No
1 Yes
998 Unsure/Don’t know/Can’t remember
999 Refused

Thank you for answering those questions. If you found them unsettling and would like to discuss your feelings with anyone, we can give you a number to call where you can talk to health professionals in your area. Would you like a number?
- Metro: Mental Health Emergency Response Line (MHERL) on 1300 555 788.
- Peel area (near Mandurah): (FREECALL) 1800 676 822.
- Other south west: SouthWest 24 (FREECALL) 1800 555 336.
- Rural Western Australia: Rurallink (FREECALL) 1800 552 002.

These are 24 hour-7 days a week services staffed by health professionals who are there to listen and to offer help if you need it.

We only have another couple of questions.

LIN1 The Department of Health does many surveys and research projects to guide the planning and provision of the best possible health services for Western Australians. If we need to, could we phone you at a later date to help us in some of these important initiatives? recall
(Single Response. Interviewer note: we have the child’s name already)
0 No
1 Yes (record first name) fname

LIN1a What would be the best phone number to call you on?
phoneno1
phoneno2

LIN2 (Interviewer note: if asked by respondents, tell respondent that information is provided on the brochure in more detail but briefly, the health information provided by the survey is linked to the hospital data and other health information, but individuals per se are not identified. Only patterns of health behaviours are reported and we never identify individuals. The respondent’s confidentiality is respected at all times. Respondents can call the Data Linkage Unit (92224222 and ask for DLU) or Sarah on 9222 4233 if they want further information.)

And finally, as you know the Department of Health collects information on things like hospital visits and births etc. We would like your permission to link the information from this survey with some of the health information the Department of Health has about you, such as hospital visits. The information will be put together into a report about all adults in WA and you will never be identified individually.

LIN2 (Interviewer note: if asked by respondents, tell respondent that information is provided on the brochure in more detail but briefly, the health information provided by the survey is linked to the hospital data and other health information, but individuals per se are not identified. Only patterns of health behaviours are reported and we never identify individuals. The respondent’s confidentiality is respected at all times. Respondents can call the Data Linkage Unit (92224222 and ask for DLU) or Sarah on 9222 4233 if they want further information.)

And finally, as you know the Department of Health collects information on things like hospital visits and births etc. We would like your permission to link the information from this survey with some of the health information the Department of Health has about [CHILD], such as hospital visits? The information will be put together into a report about all children in WA and [CHILID] will never be identified individually.

0 No
1 Yes (If response is Yes, record full name and date of birth.)
Enter first name ________ fname2
Enter surname ________ surname
Enter date of birth ________ dob
Enter address ________ stno

SEQUENCE: CHILDCALBACK only asked if it is a child survey and the answer to either BOD1 or BOD2 is 998 (don’t know)

CHILDCALBACK  Would it be okay if we called you back at a suitable time to further clarify some of the responses in this survey? We are particularly interested in weight/height where you may have responded Don't Know. (Interviewer note: Asked of respondents to complete height and weight variables for children)

0. No
1. Yes

THANK YOU FOR YOUR TIME AND COOPERATION

SURVEY ADMINISTRATION (Module ADM)

ADM1 Date of interview_______ intdate
ADM2 Day of week interview undertaken____ intday
ADM3 Time of day interview started____ intstart
ADM4 Time of day interview completed____ intfinish
ADM5 Length of time of interview____ inttime