



## **PROMPT CARDS**

# **SURVEY of DISABILITY, AGEING and CARERS (SDAC) 2012**

Sunday 5 August 2012 – Saturday 2 March 2013



Please shred and recycle this

document after enumeration

- 1. Never Married**
- 2. Widowed**
- 3. Divorced**
- 4. Separated**
- 5. Married (in a registered marriage)**
- 6. Other - De facto**
- 7. Other - Single/not married**

10. **Angina**
11. **Arthritis** (all forms)
12. **Back problems**
13. **Diabetes** (all forms)
14. **Hypertension** (high blood pressure)
15. **Nervous tension / stress**
16. **Asthma**
17. **Migraine**
18. **Osteoporosis**
19. **Other** (please specify)

**Mobility**

*Examples: Moving around the home, or away from home, getting into or out of a bed or chair.*

**Personal care**

*Examples: Washing, bathing, eating, dressing, toileting.*

**Communication**

*Examples: Understanding or being understood by family, friends or strangers.*

*Examples of types of cared accommodation:*

- **Hospitals**
  
- **Homes for the aged such as:**
  - **Nursing homes**
  - **Aged care hostels**
  - **Cared components of retirement villages**
  
- **Other 'homes', such as children's homes**

1. **Not at all**
2. **Slightly**
3. **Moderately**
4. **Quite a bit**
5. **Extremely**

SAMPLE ONLY

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

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

SAMPLE ONLY



## **1. Government organisation**

*Examples:*

*Department of Health and Ageing  
City Council  
Shire Council*

## **2. Private non-profit organisation**

*Examples:*

*Senior Citizens Centre  
Church Groups*

## **3. Private commercial organisation**

*Examples:*

*Medical practitioners  
Housecleaners  
Gardeners  
Tradespeople*

1. **Nurse**
2. **Home care / Support care worker**
3. **Voluntary worker**
4. **Teacher**
5. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Speech therapist**
2. **Teacher**
3. **Nurse**
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(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Sign language**
2. **Picture cards / boards**
3. **Handwriting**
4. **Typed / computer messages**
5. **Other**



**10. Showering / bathing**

**11. Toileting**

**12. Managing incontinence**

**13. Dressing**

**14. Eating**

**15. Meal preparation**

**16. Getting into or out of a bed / chair**

**17. Moving about the house**

**18. Moving around places away from home**

**19. Reading, writing or speaking with others**

10. **Canes** (sonar canes, etc.)
11. **Crutches**
12. **Walking frames**
13. **Walking sticks**
14. **Wheelchair** (Manual)
15. **Wheelchair** (Electric)
16. **Scooter**
17. **Specially modified car or car aid(s)**
18. **Braces / belts / corsets**
19. **Built-up shoe(s)**
20. **Calipers / splints**
21. **Ejector chair**
22. **Lifting machine / Hoist**
23. **Other mobility chair(s)**
24. **Other mobility aid(s)**

1. **Nebulisers**
2. **Dialysis machine** (including portable)
3. **Feeding pumps**
4. **Pacemakers**
5. **Oxygen concentrator or cylinder**
6. **Ventilators**
7. **Medical dressings**
8. **Surgical stockings**
9. **Pain management aids**
10. **Other medical aids**

10. **Showering / bathing**
11. **Toileting**
12. **Managing incontinence**
13. **Dressing**
14. **Eating**
15. **Meal preparation**
16. **Getting into or out of a bed / chair**
17. **Moving about the house**
18. **Moving around places away from home**
19. **Reading, writing or speaking with others**
20. **Health care**
21. **Household chores**
22. **Home maintenance or gardening**
23. **Other (please specify)**

1. **Dressing wounds**
2. **Taking medication**
3. **Having injections**
4. **Using medical equipment**
5. **Manipulating / exercising muscles and limbs**

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1. **Chiropodist / Podiatrist**
2. **Physiotherapist**
3. **Nurse**
4. **Doctor**
5. **Chemist**
6. **Other health worker**
7. **Home care / Support care worker**
8. **Voluntary worker**
9. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Doctor**
2. **Psychologist**
3. **Psychiatrist**
4. **Chemist**
5. **Counsellor**
6. **Other health worker**
7. **Public guardian**
8. **Teacher**
9. **Teacher's Aide / School Services Officer**
10. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Cleaner**
2. **Housekeeper**
3. **Home care / Support care worker**
4. **Nurse**
5. **Voluntary worker**
6. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Gardener**
2. **Handyperson**
3. **Tradesperson**
4. **Landlord**
5. **Unit manager**
6. **Nurse**
7. **Home care / Support care worker**
8. **Voluntary worker**
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(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Meals on wheels**
2. **Nurse**
3. **Home care / Support care worker**
4. **Food retailer**
5. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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1. **Public guardian**
2. **Accountant**
3. **Nurse**
4. **Home care / Support care worker**
5. **Voluntary worker**
6. **Financial adviser**
7. **Lawyer**
8. **Other source(s) of assistance, excluding unpaid help**  
(e.g. from partner or spouse, parents, family, friends or neighbours) (please specify)

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*Examples:*

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10. Work

11. School / Educational institution

12. General Practitioner

13. Medical specialist

14. Shopping

15. Visiting friends or relatives

16. Participation in sporting activities

17. Visiting restaurants / clubs

18. Church / place of worship

19. Other activity

1. **Quicker / easier / more convenient**
2. **More comfortable**
3. **No public transport available**
4. **Difficulty due to disability / age**
5. **Other problems with public transport**
6. **Other**

1. **Visited relatives / friends**
2. **Went to restaurant / club**
3. **Church activities**
4. **Voluntary activities**
5. **Performing Arts group activity**
6. **Art / craft group activity**
7. **Other special interest group activities**
8. **Other (please specify)**

1. **Public Library**
2. **Museum or Art Gallery**
3. **Botanic Garden, Zoo or Aquarium**
4. **Movie, concert, theatre or other performing arts event**

SAMPLE ONLY



1. **Visits from family / friends**
2. **Telephone calls with family / friends**
3. **Art / craft work**  
(for / with other people)
4. **Church / special community activities**
5. **Voluntary work**  
(including advocacy)

1. **Service clubs**
2. **Welfare organisations**
3. **Education and training**
4. **Parenting / children / youth**
5. **Health promotion and support**
6. **Emergency Services**
7. **International aid and development**
8. **Other community support groups (please specify)**

1. **Trade union, professional / technical association**  
(e.g. Australian Metal Workers Union, Law Society, Small Business Association).
2. **Political party**
3. **Civic group or organisation** (e.g. Community councils, Neighbourhood Watch)
4. **Environmental or animal welfare group**  
(e.g. Landcare, Clean Up Australia, RSPCA)
5. **Human and civil rights group** (e.g. Human Rights Watch, Amnesty International, Council for Civil Liberties)
6. **Body corporate or tenants' association**
7. **Consumer organisation** (e.g. Australian Consumer's Association, motoring associations)
8. **Other civic or political organisation** (please specify)

1. **Phone calls made online** (e.g. VoIP or Skype)
2. **Fixed telephone**
3. **Mobile phone for calls**
4. **Mobile phone for SMS**
5. **Internet** (e.g. email, Facebook or chat rooms )
6. **Mail** (inc. cards) **or fax**
7. **Other form of contact used** (please specify)

1. **A few times a day**
2. **Once a day**
3. **A few times a week**
4. **Once a week**
5. **At least once a month**
6. **At least once a quarter**

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SAMPLE ONLY

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SAMPLE ONLY

*Examples of types of crisis support:*

- **Advice on what to do**
- **Emotional support**
- **Help out when you have a serious illness or injury**
- **Help in maintaining family or work responsibilities**
- **Provide emergency money**
- **Provide emergency accommodation**
- **Provide emergency food**



1. **Friend**
2. **Neighbour**
3. **Family member**
4. **Work colleague**
5. **Community, charity or religious organisation**
6. **Local council or other government services**
7. **Health, legal or financial professional**
8. **Other**

1. **Very safe**
2. **Safe**
3. **Neither safe nor unsafe**
4. **Unsafe**
5. **Very unsafe**

SAMPLE ONLY

1. Health Care Card

Issued before Aug 2012



Issued from Aug 2012



2. Pensioner Concession Card



Issued before Aug 2012



Issued from Aug 2012

3. Commonwealth Seniors Health Card

Current card



1. **Work / business**
2. **Education / study**
3. **Volunteer / community groups**
4. **Personal / private**
5. **Other**

*Electronic lodgement of:*

- 10. Tax returns**
- 11. Applications or claims for benefits**
- 12. Applications for permits etc.**
- 13. Bill payments** (e.g. using BPAY to pay rates or car registration etc).

*Information or services relating to:*

- 14 Taxation**
- 15. Pensions or other benefits**
- 16. Employment/unemployment**
- 17. Community safety education**
- 18. Other**

10. **Real estate agent**
11. **State or Territory housing authority**
12. **Person not in the same dwelling**  
**- Parent / Other relative**
13. **Person not in the same dwelling**  
**- Other person**
14. **Person in the same dwelling**  
**- Parent / Other relative**
15. **Person in the same dwelling**  
**- Other person**
16. **Owner / Manager of caravan park**
17. **Employer - Defence Housing Authority**
18. **Employer – Government**
19. **Employer – Other**
20. **Housing co-operative, Community or Church group**
21. **Other (please specify)**

10. Stayed with relatives
11. Stayed at a friend's house
12. Stayed in a caravan
13. Stayed at a boarding house/hostel
14. Stayed in a night shelter
15. Stayed in a shelter for the homeless
16. Stayed at a refuge (e.g. women's shelter)
17. Squatted in an abandoned building
18. Slept rough (include sleeping in cars, tents etc.)
19. Stayed in detention centre
20. Other (please specify)

- |  |  |
|--|--|
| <b>10. Travelling / on holiday</b>                 | <b>20. Financial problems</b><br>(e.g. not being able to pay mortgage or rent) |
| <b>11. Work related reason</b>                     | <b>21. Mental illness</b>  |
| <b>12. House-sitting</b>                           | <b>22. Lost job</b>  |
| <b>13. Saving money</b>                            | <b>23. Gambling</b>  |
| <b>14. Just moved back / into town or city</b>     | <b>24. Eviction</b>  |
| <b>15. Building or renovating home</b>             | <b>25. Natural disaster</b>  |
| <b>16. Tight housing / rental market</b>           | <b>26. Refugee</b>   |
| <b>17. Violence / Abuse / Neglect</b>              | <b>27. Damage to house</b><br>(e.g. house fire)                                |
| <b>18. Alcohol or drug use</b>                     | <b>28. Health issues</b>   |
| <b>19. Family / Friend / Relationship problems</b> | <b>29. Other</b> (please specify)  |



1. **One time**
2. **Two times**
3. **Three times**
4. **Four times**
5. **Five times or more**

SAMPLE ONLY

1. **Less than twelve months ago**
2. **Twelve months to less than two years**
3. **Two years to less than five years**
4. **Five years to less than ten years**
5. **Ten years or more**

SAMPLE ONLY

1. **Less than one week**
2. **One week to less than two weeks**
3. **Two weeks to less than one month**
4. **One month to less than two months**
5. **Two months to less than three months**
6. **Three months to less than six months**
7. **Six months to less than one year**
8. **One year or more**

10. **Housing service providers**
11. **Crisis accommodation / supported accommodation for the homeless** (e.g. Shelter, Women's refuge etc.)
12. **Mental health service**
13. **Church or community organisation** (e.g. St Vincent de Paul, Salvation Army, Mission Australia etc.)
14. **Health service**
15. **Job service**
16. **Counselling service**
17. **Solicitor / Legal Aid**
18. **Member of Parliament**
19. **Hospital**
20. **Police**
21. **Other** (please specify)

1. **Did not know of any**
2. **Do not trust support services**
3. **Could not find one**
4. **Service was full**
5. **Refused help**
6. **Bad experience with service in the past**
7. **No need /Not required**
8. **Other (please specify)**

11. **Paid leave**
12. **Unpaid leave**
13. **Flexible working hours**
14. **Rostered day off**
15. **Working from home**
16. **Shift work**
17. **Casual work**
18. **Part time work**
19. **Informal arrangement with employer**
20. **Anything else - (please specify)**

**1. Less than 8 hours**

(less than 1 day per week)

**2. 8 hours or more**

(1 day per week or more)

SAMPLE ONLY

10. **Australian Age Pension**
11. **Service Pension from the Department of Veterans' Affairs. Exclude Defence Force superannuation benefits**
12. **Disability Support Pension from Centrelink**
13. **Newstart Allowance**
14. **Carer Payment**  
*(Carer Payment provides income support if an individual is unable to support themselves through substantial paid employment, while providing care to a person with a severe disability or severe medical condition.)*
15. **Partner Allowance**
16. **Widow Allowance from Centrelink**
17. **Wife Pension**
18. **Sickness Allowance**
19. **Special Benefit**



1. **Family Tax Benefit as a regular payment from the Family Assistance Office**
2. **Parenting Payment**
3. **Youth Allowance**
4. **Carer Allowance**  
*(Carer Allowance is a supplementary payment for individuals providing additional daily care or attention for an adult or child with a disability or medical condition, or for an adult who is frail, that can be paid in addition to wages or other income support payments such as Age Pension or Carer Payment.)*
5. **War Widow's or Widower's Pension from the Department of Veterans' Affairs, including Income Support Supplement**
6. **Disability Pension from the Department of Veterans' Affairs**
7. **Overseas government pension**
8. **Other government payment**

1. **Child Support or Maintenance**
2. **Superannuation, an annuity or private pension**
3. **Workers' Compensation**

SAMPLE ONLY

10. **Sight problems not corrected by glasses or contact lenses**
11. **Hearing problems**
12. **Speech problems**
13. **Shortness of breath or difficulty breathing**
14. **Chronic or recurrent pain or discomfort**
15. **Blackouts, seizures or loss of consciousness**
16. **Learning or understanding difficulties**
17. **Limited use of arms or fingers**
18. **Difficulty gripping or holding things**
19. **Limited use of feet or legs**
20. **Nervous / emotional conditions that restrict everyday activities**
21. **A restriction in physical activities or work**
22. **Disfigurement or deformity**
23. **Mental illness**
24. **Long-term effects of a head injury / stroke /brain damage**
25. **Having treatment / medication for a long-term condition / ailment that restricts everyday activities**
26. **Any other long-term restricting condition**

10. Bathing / showering
11. Dressing
12. Eating / feeding
13. Toileting
14. Managing incontinence
15. Moving around away from home
16. Moving about the house
17. Getting into or out of a bed / chair
18. Communicating with strangers
19. Communicating with family / friends

**1. Meal preparation****2. Laundry**

*Examples:*

*Washing  
Ironing  
Hanging out clothes*

**3. Light housework**

*Examples:*

*Vacuuming  
Washing / drying dishes  
Making beds*

**4. Heavy housework**

*Examples:*

*Moving furniture  
Cleaning windows  
Cleaning oven*

**5. Home maintenance****6. Gardening**

1. **Visited relatives / friends**
2. **Went to restaurant / club**
3. **Church activities**
4. **Voluntary activities**
5. **Performing Arts group activity**
6. **Art / craft group activity**
7. **Other special interest group activities**
8. **Other (please specify)**

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1. **Service clubs**
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3. **Education and training**
4. **Parenting / children / youth**
5. **Health promotion and support**
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2. **Once a day**
3. **A few times a week**
4. **Once a week**
5. **At least once a month**
6. **At least once a quarter**

1. **Not at all**
2. **Slightly**
3. **Moderately**
4. **Quite a bit**
5. **Extremely**

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2. **Most of the time**
3. **A good bit of the time**
4. **Some of the time**
5. **A little of the time**
6. **None of the time**

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5. None of the time