

Survey of Disability, Ageing and Carers

Establishment Component Questionnaire

In correspondence, please quote this number ▼

Please correct
any errors

Purpose of Collection

The Survey of Disability, Ageing and Carers collects information about the health conditions of occupants in health care and aged care establishments. The information gathered by the survey will assist both public and private sector decision-makers in planning for the future provision of health and aged care services.

Collection Authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Your cooperation is sought in completing and returning this form by the due date. The Act provides me with the power, if needed, to direct you to provide the information sought.

Confidentiality

Your completed form and personal information remain confidential to the Australian Bureau of Statistics.

Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by **5 July 2018**.

Help Available

If you have problems in completing this form, or feel that you may have difficulties meeting the due date, please contact the Australian Bureau of Statistics.

Help available

Telephone: **1800 221 077**
 Freecall (excluding mobile phones)

Mail: Australian Bureau of Statistics
 Reply Paid 91263
 Dandenong South
 VIC 3175



Australian Statistician

Person we should contact if any queries arise regarding this form

Name	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	Telephone	<input type="text"/>		
Email	<input type="text"/>				

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **only black ball point pen** when completing this form.
- Keep each number, letter or tick within the data entry boxes provided, for example

	2	8	5
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 or

✓

- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes, or if not enough space is left, write next to the relevant item.
- The items listed under *Including* and *Excluding* are examples and should not be taken as a complete list of items to be included or excluded.
- You will need to report an estimate of time taken when you have completed this form.

Notes

- The term 'occupant' refers to the person selected from your health establishment, for whom you are filling in this form.
- Only current long-term health conditions should be recorded. Long-term health conditions are conditions which have lasted, or are likely to last, for 6 months or more.
- Where people suffer attacks or relapses at irregular intervals (e.g. asthma, epilepsy, schizophrenia), record the conditions if these attacks or relapses have occurred within the last 12 months.
- If the condition has not occurred within the last 12 months because it has been controlled by medication, it should still be recorded.
- If the cause of the problem is due to ageing, the condition which caused the problem should be recorded (e.g. osteoporosis, dementia).
- Specify the medical name of the long-term health condition, and where relevant, state the part of the body affected (e.g. lung cancer, paralysis of the arm).
- When asked to provide the main condition, if unsure whether or not the condition fits into a listed category, please select 'Other' and specify the condition.

Restriction in everyday activities

- Where a person is less able, or unable, to engage in an everyday activity compared to a healthy individual of the same age. Restrictions may be physical, psychological or cognitive. Everyday activities include but are not limited to eating, bathing, dressing, toileting, communicating, and mobility.

Help/assistance

- Includes help that is being received, as well as help that may be needed but not being received.

Supervision

- Being watched over or directed during a task.

Part 1 – Details of the occupant

1 Identification of occupant

Note

- Please transcribe the identifier you provided in Table 1 of the Selection Form.

ID

2 What is the occupant’s sex?

Male

Female

3 What is the occupant’s date of birth?

Note

- Please provide the occupant’s date of birth. If date of birth is not known, please leave blank and provide the occupant’s age in years instead.

Date of birth ... ^{dd} / ^{mm} / ^{yyyy}

Age at last birthday ... years

4 What is the occupant’s present marital status?

Note

- Married refers to registered marriages.

Tick **one** box only

(a) Never married... ..

(b) Widowed

(c) Divorced

(d) Separated but not divorced

(e) Married... ..

(f) Don’t know

5 In which country was the occupant born?

Tick **one** box only

(a) Australia

(b) England... ..

(c) New Zealand

(d) India... ..

(e) Philippines

(f) Vietnam

(g) Italy

(h) South Africa

(i) Malaysia

(j) Scotland

(k) Don’t know

(l) Other

(Please specify in BLOCK letters)

Part 2 – Health conditions

Note

- Unless otherwise stated, you should provide only one response in each question.
- Long-term health conditions must have lasted, or be likely to last, for 6 months or more.
- If the occupant has a periodic or episodic condition, then an attack or relapse must have happened in the last 12 months for it to be included.
- In each question where the name of a condition is required, please give the medical name or other cause (e.g. injury to arm) of the condition.

6 Does the occupant have any loss of sight?

No Go to Q10

Yes

7 Can the occupant see normally wearing glasses or contact lenses?

No

Yes Go to Q10

8 Does the occupant have total loss of sight?

No

Yes

9 What is the main condition that causes this loss of sight?

Tick one box only

(a) Cataracts

(b) Glaucoma

(c) Retinal disorder

(d) Retinal defect

(e) Macular degeneration

(f) Other

(Please specify in BLOCK letters)

10 Does the occupant have any loss of hearing?

(a) No, not at all ... Go to Q16

(b) Yes, partial ...

(c) Yes, total ...

11 What is the main condition that causes this loss of hearing?

Tick one box only

(a) Noise induced hearing loss...

(b) Congenital hearing loss ...

(c) Hearing loss due to accident ...

(d) Stroke

(e) Dementia

(f) Other

(Please specify in BLOCK letters)

12 Does the occupant use a hearing aid to assist with hearing?

No

Yes

13 Does the occupant have a cochlear implant?

No

Yes

14 Does the occupant use other aids, such as hearing dogs, light signals or a TTY phone, to help compensate for hearing loss?

No

Yes

Part 2 – Health conditions – (continued)

15 Does the occupant’s hearing loss make it difficult for them to communicate with others?

- (a) No
- (b) Yes
- (c) Don’t know ...

16 Does the occupant have any speech difficulties?

- (a) No, not at all ... **Go to Q18**
- (b) Yes, has some difficulty
- (c) Yes, cannot speak at all

17 What is the main condition that causes this speech difficulty?

Tick one box only

- (a) Stroke
- (b) Dementia
- (c) Alzheimer’s disease
- (d) Parkinson’s disease
- (e) Dyslexia/reading disorder
- (f) Dyslalia... ..
- (g) Other

(Please specify in BLOCK letters)

18 Does the occupant have shortness of breath or difficulty breathing?

- No **Go to Q21**
- Yes

19 Is the occupant restricted in everyday activities because of the breathing difficulty?

- No
- Yes

20 What is the main condition that causes the breathing difficulty?

Tick one box only

- (a) Asthma
- (b) Cardiovascular disease
- (c) Chronic Obstructive Pulmonary Disease
- (d) Dyspnea/dyspnoea (shortness of breath)
- (e) Emphysema
- (f) Other

(Please specify in BLOCK letters)

Part 2 – Health conditions – (continued)

21 Does the occupant have chronic or recurrent pain or discomfort?

No Go to **Q24**

Yes

22 Is the occupant restricted in everyday activities because of the pain or discomfort?

No

Yes

23 What is the main condition that causes the chronic or recurrent pain or discomfort?

Tick one box only

(a) Arthritis ...

(b) Osteoporosis ...

(c) Back problems (dorsopathies) ...

(d) Stroke ...

(e) Leg/knee/foot/hip damage from injury/accident ...

(f) Other ...
(Please specify in BLOCK letters)

24 Does the occupant have blackouts, seizures or loss of consciousness?

No Go to **Q26**

Yes

25 What is the main condition that causes the blackouts, seizures or loss of consciousness?

Tick one box only

(a) Epilepsy ...

(b) Trans Ischaemic Attacks (TIAs) ...

(c) Diabetes ...

(d) Stroke ...

(e) Hypotension (low blood pressure) ...

(f) Hypertension (high blood pressure) ...

(g) Other ...
(Please specify in BLOCK letters)

26 Does the occupant have difficulty learning or understanding things?

No Go to **Q28**

Yes

27 What is the main condition that causes this difficulty in learning or understanding things?

Tick one box only

(a) Dementia ...

(b) Alzheimer's disease ...

(c) Stroke ...

(d) Brain damage or acquired brain injury ...

(e) Schizophrenia ...

(f) Other ...
(Please specify in BLOCK letters)

Part 2 – Health conditions – (continued)

28 Does the occupant have full use of his/her arms and fingers?

Note

- If occupant is missing arm(s) or finger(s), please answer 'No'.

No

Yes Go to Q30

29 What is the main condition that prevents full use of his/her arms and fingers?

Tick one box only

- (a) Arthritis
- (b) Stroke
- (c) Dementia
- (d) Parkinson's disease
- (e) Osteoporosis
- (f) Other

(Please specify in BLOCK letters)

.....

.....

30 Does the occupant have difficulty gripping or holding things?

No Go to Q32

Yes

31 What is the main condition that causes this difficulty in gripping or holding things?

Tick one box only

- (a) Arthritis
- (b) Stroke
- (c) Dementia
- (d) Parkinson's disease
- (e) Osteoporosis
- (f) Other

(Please specify in BLOCK letters)

.....
.....

32 Does the occupant have full use of his/her feet and legs?

Note

- If occupant is missing foot/feet or leg(s), please answer 'No'.

No

Yes Go to Q34

33 What is the main condition that prevents full use of his/her feet and legs?

Tick one box only

- (a) Arthritis
- (b) Stroke
- (c) Dementia
- (d) Parkinson's disease
- (e) Leg/knee/foot/hip damage from injury/accident
- (f) Other

(Please specify in BLOCK letters)

.....
.....

Part 2 – Health conditions – (continued)

34 Does the occupant have a nervous or emotional condition?

Including

- Long-term or episodic conditions such as depression, psychotic disorder or phobias

Excluding

- Short-term conditions such as nerves before an exam, emotional distress over a recent accident and distress, frustration or irritability from physical condition(s)

No Go to Q38

Yes

35 Is the occupant having treatment for this condition?

Note

- If more than one condition, answer for the main one.

No

Yes

36 Is the occupant restricted in everyday activities because of this nervous or emotional condition?

No

Yes

37 What is the name of this nervous or emotional condition?

Tick one box only

- (a) Depression (excluding postnatal)
- (b) Bi-polar disorder ...
- (c) Anxiety disorder ...
- (d) Dementia ...
- (e) Schizophrenia ...
- (f) Other ...

(Please specify in BLOCK letters)

Grid for specifying condition name

Grid for specifying condition name

38 Is the occupant restricted in doing everyday physical activity or physical work?

No Go to Q40

Yes

39 What is the main condition causing this restriction in physical activity or physical work?

Tick one box only

- (a) Dementia ...
- (b) Arthritis ...
- (c) Stroke ...
- (d) Parkinson's disease ...
- (e) Alzheimer's disease ...
- (f) Other ...

(Please specify in BLOCK letters)

Grid for specifying condition name

Grid for specifying condition name

40 Does the occupant have a disfigurement or deformity?

No Go to Q43

Yes

41 Is the occupant restricted in everyday activities because of this disfigurement or deformity?

No

Yes

42 What is the main condition that causes this disfigurement or deformity?

Tick one box only

- (a) Arthritis ...
- (b) Stroke ...
- (c) Back problems (dorsopathies) ...
- (d) Amputation of toe/foot/leg ...
- (e) Osteoporosis ...
- (f) Other ...

(Please specify in BLOCK letters)

Grid for specifying condition name

Grid for specifying condition name

Part 2 – Health conditions – (continued)

43 Does the occupant need to be **helped or supervised** in doing things because of a mental illness or condition?

Including

- Long-term or episodic conditions such as autism, bi-polar disorder or schizophrenia

No Go to **Q45**

Yes

44 What is the name of this mental illness or condition?

Note

- If more than one condition, answer for the **main** one.

Tick **one** box only

- (a) Dementia
- (b) Depression (excluding postnatal)
- (c) Bi-polar disorder
- (d) Alzheimer’s disease
- (e) Schizophrenia
- (f) Other

(Please specify in BLOCK letters)

45 Does the occupant have memory problems or periods of confusion?

Including

- Long term or episodic conditions such as epilepsy, psychotic disorder, dementia

Excluding

- Short term conditions such as temporary delirium, emotional distress over a recent accident or occasional forgetfulness

No Go to **Q48**

Yes

46 Is the occupant restricted in **everyday activities** because of the memory problems or periods of confusion?

No

Yes

47 What is the **main** condition that causes the memory problems or periods of confusion?

Tick **one** box only

- (a) Epilepsy
- (b) Alzheimer’s disease
- (c) Dementia
- (d) Stroke
- (e) Head injury
- (f) Schizophrenia
- (g) Drug overdose
- (h) Substance abuse (e.g. alcohol, drugs)
- (i) Depression (excluding postnatal)
- (j) Bi-polar disorder
- (k) Other

(Please specify in BLOCK letters)

48 Does the occupant have social or behavioural difficulties?

Including

- Long term or episodic conditions such as depression, psychotic disorder, dementia

Excluding

- Tantrums or aggression not related to a medical condition
- Distress, frustration or irritability from physical condition(s)

No Go to **Q51**

Yes

Part 2 – Health conditions – (continued)

49 Is the occupant restricted in everyday activities because of the social or behavioural difficulties?

No

Yes

50 What is the main condition that causes the social or behavioural difficulties?

Tick one box only

- (a) Autism (all forms - including Asperger's Syndrome) ...
- (b) Anxiety disorder ...
- (c) Down's Syndrome ...
- (d) Intellectual disability ...
- (e) Head injury ...
- (f) Schizophrenia ...
- (g) Depression (excluding postnatal) ...
- (h) Bi-polar disorder ...
- (i) Other ...

(Please specify in BLOCK letters)

51 Has the occupant ever had a head injury?

(a) No ... Go to Q54

(b) Yes ...

(c) Don't know ... Go to Q54

52 Does the occupant have any long-term effects as a result of the head injury that interfere with him/her doing everyday activities?

No Go to Q54

Yes

53 What are the long-term effects that the head injury has caused?

Tick all that apply

- (a) Loss of sight ...
- (b) Loss of hearing ...
- (c) Speech difficulties ...
- (d) Breathing difficulties ...
- (e) Chronic or recurring pain or discomfort ...
- (f) Blackouts, seizures or loss of consciousness ...
- (g) Learning or understanding difficulties ...
- (h) Incomplete use of arms or fingers
- (i) Difficulty gripping or holding things ...
- (j) Incomplete use of feet or legs ...
- (k) Nervous or emotional conditions
- (l) Restriction in physical activities or work ...
- (m) Disfigurement or deformity ...
- (n) Mental illness or condition ...
- (o) Memory problems or periods of confusion ...
- (p) Social or behavioural difficulties
- (q) Other ...

(Please specify in BLOCK letters)

54 Has the occupant ever had a stroke?

No Go to Q57

Yes

55 Does the occupant have any long-term effects as a result of the stroke that interfere with him/her doing everyday activities?

No Go to Q57

Yes

Part 2 – Health conditions – (continued)

56 What are the long-term effects that the stroke has caused?

Tick all that apply

- (a) Loss of sight ...
 - (b) Loss of hearing ...
 - (c) Speech difficulties ...
 - (d) Breathing difficulties ...
 - (e) Chronic or recurring pain or discomfort ...
 - (f) Blackouts, seizures or loss of consciousness ...
 - (g) Learning or understanding difficulties ...
 - (h) Incomplete use of arms or fingers
 - (i) Difficulty gripping or holding things ...
 - (j) Incomplete use of feet or legs ...
 - (k) Nervous or emotional conditions
 - (l) Restriction in physical activities or work ...
 - (m) Disfigurement or deformity ...
 - (n) Mental illness or condition...
 - (o) Memory problems or periods of confusion ...
 - (p) Social or behavioural difficulties
 - (q) Other ...
- (Please specify in BLOCK letters)

57 Has the occupant ever had any other kind of brain damage or acquired brain injury?

- No Go to Q61
- Yes

58 Does the occupant have any long-term effects as a result of this brain damage or acquired brain injury that interfere with him/her doing everyday activities?

- No Go to Q60
- Yes

59 What are the long-term effects that this brain damage or acquired brain injury has caused?

Tick all that apply

- (a) Loss of sight ...
 - (b) Loss of hearing ...
 - (c) Speech difficulties ...
 - (d) Breathing difficulties ...
 - (e) Chronic or recurring pain or discomfort ...
 - (f) Blackouts, seizures or loss of consciousness ...
 - (g) Learning or understanding difficulties ...
 - (h) Incomplete use of arms or fingers
 - (i) Difficulty gripping or holding things ...
 - (j) Incomplete use of feet or legs ...
 - (k) Nervous or emotional conditions
 - (l) Restriction in physical activities or work ...
 - (m) Disfigurement or deformity ...
 - (n) Mental illness or condition...
 - (o) Memory problems or periods of confusion ...
 - (p) Social or behavioural difficulties
 - (q) Other ...
- (Please specify in BLOCK letters)

Part 2 – Health conditions – (continued)

60 What was the main cause of this brain damage or acquired brain injury?

Tick one box only

- (a) Present at birth ...
- (b) Just came on/old age ...
- (c) Illness (e.g. meningitis, encephalitis) ...
- (d) Accident ...
- (e) Substance abuse (e.g. alcohol, drugs) ...
- (f) Poisoning ...
- (g) Drug overdose ...
- (h) Oxygen loss (e.g. drowning) ...
- (i) Other ...

(Please specify in BLOCK letters)

Grid for specifying other cause

Grid for specifying other cause

61 Is the occupant receiving treatment or medication for any long-term conditions or ailments?

No Go to Q64

Yes

62 What conditions is the occupant receiving treatment or medication for?

Note

- If more than one condition, please list each condition separately alongside each number.
- If more than five conditions, please list only the five which cause the most restriction.
- Please specify in BLOCK letters.

1.

Grid for condition 1

2.

Grid for condition 2

3.

Grid for condition 3

4.

Grid for condition 4

5.

Grid for condition 5

63 Is the occupant restricted in everyday activities even though he/she is receiving treatment or medication for this/these long-term condition(s) you have reported in Question 62?

No

Yes

64 Does the occupant have any other health conditions that have lasted or are likely to last for 6 months or more, that you have not yet mentioned?

No Go to Q67

Yes

Part 3 – Mobility

Note

- The following questions relate to the effects of the occupant’s long-term health conditions, including old age, on their mobility.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.
- If any assistance is used the task cannot be done easily or without difficulty.

71 Does the occupant ever need help or supervision:

(a) when going to or getting around, a place away from the health establishment?

Including

- All activities related to mobility outside the health establishment (e.g. walking to and from bus stops, getting into cars and buses)

Excluding

- Any difficulties that the person has communicating outside the health establishment
- The need to be driven

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision
- (v) Does not leave health establishment

(b) to move about the health establishment?

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision
- (v) Does not move about health establishment

71 Does the occupant ever need help or supervision: – (continued)

(c) to get in or out of a bed or chair?

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision
- (v) Does not get out of bed

72 How often does he/she need help with mobility?

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Question 71.

Tick **one** box only

- (a) 6 or more times a day
- (b) 3 to 5 times a day
- (c) Twice a day
- (d) Once a day
- (e) 2 to 6 times a week
- (f) Once a week
- (g) 1 to 3 times a month
- (h) Less than once a month, but at least once a year
- (i) Less than once a year
- (j) Does not need help

Part 3 – Mobility – (continued)

73 Can the occupant walk 200 metres?

Tick **one** box only

- (a) No, not at all
- (b) Yes, but would take longer than most people of the same age ...
- (c) Yes, easily
- (d) Does not leave the health establishment
- (e) Don't know

74 Can the occupant walk up and down stairs without a hand rail?

Tick **one** box only

- (a) No, not at all
- (b) Yes, with difficulty
- (c) Yes, easily
- (d) Does not move about the health establishment
- (e) Don't know

75 Can the occupant easily bend and pick up an object from the floor without any assistance?

- (a) No
- (b) Yes
- (c) Don't know ...

Part 4 – Personal care

Note

- The following questions relate to the effects of the occupant's long-term health conditions, including old age, on personal care.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

76 Does the occupant ever need help or supervision:

(a) to shower or bathe him/herself?

Including

- Being helped in or out of the shower or bath
- Washing or drying
- Bed baths

Excluding

- Dressing or undressing before or after showering or bathing

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision

(b) to dress him/herself?

Including

- Selecting and laying out clothes
- Doing up buttons or zips
- Putting on socks or shoes
- Dressing or undressing when showering or bathing
- Tying up shoe laces, etc.

Excluding

- Adjusting clothes after toileting
- Fitting own prosthesis

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision

Part 4 – Personal care – (continued)

76 Does the occupant ever need help or supervision: – (continued)

(c) when eating a meal?

Including

- Serving food
- Cutting food into pieces, etc.

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision

(d) using the toilet?

Including

- Taking the occupant into or out of the toilet
- Adjusting the occupant's clothes
- Washing hands after toileting
- Assisting with bedpans or commodes or bottles
- Inserting enemas

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision
- (v) Does not use toilet

76 Does the occupant ever need help or supervision: – (continued)

(e) with controlling his/her bladder or bowel?

Including

- Occupants who are unable to control their bladder or bowel and who rely on the use of incontinence aids (e.g. catheters, uridome, pads, colostomy bags)

Excluding

- Inserting enemas

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty
- (ii) No, does not need help or supervision, but has difficulty
- (iii) Yes, sometimes needs help or supervision
- (iv) Yes, always needs help or supervision

77 How often does he/she need help with personal care?

Note

- Record the average number of times the occupant needs help or supervision with any of the personal care tasks listed in Question 76.
- If the occupant does not need help with any of the personal care tasks in Question 76 tick option '(j) Does not need help'.

Tick **one** box only

- (a) 6 or more times a day
- (b) 3 to 5 times a day
- (c) Twice a day
- (d) Once a day
- (e) 2 to 6 times a week
- (f) Once a week
- (g) 1 to 3 times a month
- (h) Less than once a month, but at least once a year
- (i) Less than once a year
- (j) Does not need help

Part 5 – Vocal communication

Note

- The following questions relate to the effects of the occupant’s long-term health conditions, including old age, on vocal communication **in the occupant’s preferred language**.
- People who communicate in writing or by sign language should be considered as not being able to understand and/or make themselves understood vocally.
- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.

78 Does the occupant have any difficulty understanding someone he/she does not know?

- (a) No **Go to Q80**
- (b) Yes, but can still understand them some what
- (c) Yes, cannot understand them at all **Go to Q80**

79 Does he/she ever need help with this?

- (a) No, not at all ...
- (b) Yes, sometimes
- (c) Yes, always ...

80 Does the occupant have any difficulty understanding family or friends?

- (a) No **Go to Q82**
- (b) Yes, but can still understand them some what
- (c) Yes, cannot understand them at all **Go to Q82**

81 Does he/she ever need help with this?

- (a) No, not at all ...
- (b) Yes, sometimes
- (c) Yes, always ...

82 Does the occupant have any difficulty being understood by someone he/she does not know?

- (a) No **Go to Q84**
- (b) Yes, but can be understood some what
- (c) Yes, cannot be understood at all **Go to Q84**

83 Does he/she ever need help with this?

- (a) No, not at all ...
- (b) Yes, sometimes
- (c) Yes, always ...

84 Does the occupant have any difficulty being understood by family or friends?

- (a) No **Go to Q86**
- (b) Yes, but can be understood some what
- (c) Yes, cannot be understood at all **Go to Q86**

85 Does he/she ever need help with this?

- (a) No, not at all ...
- (b) Yes, sometimes
- (c) Yes, always ...

86 How often does he/she need help to communicate with others?

Note

- Record the average number of times the occupant needs help or assistance with any of the communication tasks reported in Questions 78 to 85.
- If the occupant does not need help with any of the communication tasks in Questions 78 to 85 tick option ‘(j) Does not need help’.

Tick **one** box only

- (a) 6 or more times a day
- (b) 3 to 5 times a day
- (c) Twice a day
- (d) Once a day
- (e) 2 to 6 times a week
- (f) Once a week
- (g) 1 to 3 times a month
- (h) Less than once a month, but at least once a year
- (i) Less than once a year
- (j) Does not need help

Part 6 – Use of aids

Excluding

- Medicines, tablets and drugs
- Easily portable instruments for administering medicines or drugs (e.g. syringes, puffers)
- Aids used for a temporary condition lasting less than six months (e.g. crutches for a broken leg)

87 Does the occupant use an aid to help with any of these tasks?

Tick all that apply

- (a) Showering/bathing
- (b) Toileting ...
- (c) Managing incontinence ...
- (d) Dressing ...
- (e) Eating ...
- (f) None of these ...

88 Does the occupant use an aid to help with any of these tasks?

Tick all that apply

- (a) Getting into or out of bed/chair ...
- (b) Moving around the health establishment
- (c) Moving around places away from the health establishment ...
- (d) None of these ... **Go to Q90**

89 What type of aids does the occupant use to help them move around?

Tick all that apply

- (a) Canes (sonar canes, etc.) ...
- (b) Crutches ...
- (c) Walking frames ...
- (d) Walking sticks ...
- (e) Wheelchair (manual) ...
- (f) Wheelchair (electric) ...
- (g) Scooter/gopher ...
- (h) Specially modified car or car aid(s)
- (i) Braces/belts/corsets ...
- (j) Guide dogs or other assistance animals ...
- (k) Built-up shoe(s) ...
- (l) Orthoses or orthotics (not including built-up shoe(s))
- (m) Electric operated lounge chairs and/or specialised seating ...
- (n) Lifting machine/hoist ...
- (o) Other mobility chair(s) ...
- (p) Disability specific mobile app ...
- (q) Any other aid for mobility ...
(Please specify in BLOCK letters)

Part 6 – Use of aids – (continued)

90 Does the occupant use an aid to help him/her communicate with others?

No Go to Q95

Yes

91 Does the occupant use any non-electronic aids to assist with reading or writing (e.g. picture or symbol boards, large print books)?

No

Yes

92 Does the occupant use any electronic aids to assist with reading or writing (e.g. a talking word processor, special computer software and printout system, or app on a mobile device)?

No

Yes

93 Does the occupant use any non-electronic aids, to assist with speaking (e.g. picture boards, symbol boards, letter or word boards)?

No

Yes

94 Does the occupant use any electronic aids to assist with speaking (e.g. digitised or synthesised speech output systems, or apps on mobile devices)?

No

Yes

95 Does the occupant use any of these non-spoken forms of communication to communicate more easily?

Tick all that apply

- (a) Sign language ...
- (b) Picture cards/boards ...
- (c) Handwriting ...
- (d) Assistive communication apps on mobile devices ...
- (e) Other typed/computer messages
- (f) Other non-spoken communication
- (g) None of these ...

96 Does the occupant use any medical aids to help manage his/her condition(s)?

Including

- Ventilator or respirator
- Parenteral or enteral feeding device
- Oxygen concentrator
- Heart pump
- Suction pump
- Apnoea monitor
- Nebuliser
- Positive airways pressure device
- Insulin pump
- Phototherapy equipment
- Blood glucose monitor
- Blood pressure monitor

No Go to Part 7

Yes

97 Which medical aids does the occupant use?

Tick all that apply

- (a) Ventilator or respirator ...
- (b) Parenteral or enteral feeding device
- (c) Oxygen concentrator ...
- (d) Heart pump ...
- (e) Suction pump ...
- (f) Apnoea monitor ...
- (g) Nebuliser ...
- (h) Positive airways pressure device
- (i) Insulin pump ...
- (j) Phototherapy equipment ...
- (k) Blood glucose monitor ...
- (l) Blood pressure monitor ...
- (m) Other medical aid(s) ...

(Please specify in BLOCK letters)

[Grid for specifying medical aid(s)]

[Grid for specifying medical aid(s)]

[Grid for specifying medical aid(s)]

Part 7 – Other assistance provided

Note

- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.
- If no conditions have been recorded in Questions 6 to 65, please answer '(a) No, does not need help or supervision and has no difficulty' in the applicable questions below.

98 Because of his/her condition(s), does the occupant ever need help or supervision with health care tasks?

Including

- Taking medication, including injections
- Dressing wounds
- Manipulating or exercising muscles or limbs
- Therapeutic massage
- Use of medical aids (e.g. connection to machines, pumps)
- Skin care
- Prevention of pressure sores

Excluding

- Foot care
- Irregular help
- Help for a period of less than six months

Tick one box only

- (a) No, does not need help or supervision and has no difficulty
- (b) No, does not need help or supervision, but has difficulty ...
- (c) Yes, sometimes needs help or supervision ...
- (d) Yes, always needs help or supervision ...

99 Does the occupant ever need help with caring for his/her feet?

Tick one box only

- (a) No, does not need help or supervision and has no difficulty
- (b) No, does not need help or supervision, but has difficulty ...
- (c) Yes, sometimes needs help or supervision ...
- (d) Yes, always needs help or supervision ...
- (e) Does not have feet ...

100 How often does he/she need help with health care or foot care?

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Questions 98 and 99.

Tick one box only

- (a) 6 or more times a day ...
- (b) 3 to 5 times a day ...
- (c) Twice a day ...
- (d) Once a day ...
- (e) 2 to 6 times a week ...
- (f) Once a week ...
- (g) 1 to 3 times a month ...
- (h) Less than once a month, but at least once a year ...
- (i) Less than once a year ...
- (j) Does not need help ...

101 Because of his/her condition(s) does the occupant ever need help with making friendships, interacting with others, or maintaining relationships?

Tick one box only

- (a) No, does not need help or supervision and has no difficulty
- (b) No, does not need help or supervision, but has difficulty ...
- (c) Yes, sometimes needs help or supervision ...
- (d) Yes, always needs help or supervision ...
- (e) Don't know ...

102 Because of his/her condition(s) does the occupant ever need help coping with his/her feelings or emotions?

Tick one box only

- (a) No, does not need help and has no difficulty ...
- (b) No, does not need help, but has difficulty ...
- (c) Yes, sometimes needs help ...
- (d) Yes, always needs help ...
- (e) Don't know ...

103 Because of his/her condition(s) does the occupant ever need help or supervision managing his/her behaviour?

Tick one box only

- (a) No, does not need help and has no difficulty ...
- (b) No, does not need help, but has difficulty ...
- (c) Yes, sometimes needs help ...
- (d) Yes, always needs help ...
- (e) Don't know ...

104 Because of his/her condition(s) does the occupant ever need help with making decisions or thinking through problems?

Tick one box only

- (a) No, does not need help and has no difficulty ...
- (b) No, does not need help, but has difficulty ...
- (c) Yes, sometimes needs help ...
- (d) Yes, always needs help ...
- (e) Don't know ...

105 How often does he/she need help with relationships, managing emotions or behaviour, or making decisions?

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Questions 101 to 104.

Tick one box only

- (a) 6 or more times a day ...
- (b) 3 to 5 times a day ...
- (c) Twice a day ...
- (d) Once a day ...
- (e) 2 to 6 times a week ...
- (f) Once a week ...
- (g) 1 to 3 times a month ...
- (h) Less than once a month, but at least once a year ...
- (i) Less than once a year ...
- (j) Does not need help ...

106 Is the occupant aged 15 years or more?

- No Go to **Part 8**
- Yes

107 Because of his/her age or condition(s) does the occupant need help with reading and writing tasks such as, checking bills or bank statements, writing letters or filling in forms?

Tick one box only

- (a) No, does not need help and has no difficulty ... Go to **Part 8**
- (b) No, does not need help, but has difficulty ... Go to **Part 8**
- (c) Yes, sometimes needs help ...
- (d) Yes, always needs help ...

108 How often does he/she need help with reading and writing tasks?

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Question 107.

Tick one box only

- (a) 6 or more times a day ...
- (b) 3 to 5 times a day ...
- (c) Twice a day ...
- (d) Once a day ...
- (e) 2 to 6 times a week ...
- (f) Once a week ...
- (g) 1 to 3 times a month ...
- (h) Less than once a month, but at least once a year ...
- (i) Less than once a year ...
- (j) Does not need help ...

Part 8 – Comments and time taken

109 Please provide comments

- on any information you have supplied on this form (e.g. related to unusual situations or other factors, such as a recent change in name of your establishment or operating under more than one name)

(Please use BLOCK letters)

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- on any difficulties you had in providing the requested information, or suggested improvements to this form

(Please use BLOCK letters)

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110 Please provide an estimate of the time taken to complete this form

Including

- The time actually spent reading the instructions, working on the questions and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

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Thank you for completing this form

Sample only

Sample only