



NHS and NATSIHS (non-remote) QUESTIONNAIRE 2004/5

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SAMPLE

HOUSEHOLD FORM

What are the names of all the people who live here?

Text entry

Scope

- 1 In scope
- 2 Out - short term overseas visitor
- 3 Out - Non-Australian diplomat or non-Australian member of household/staff
- 4 Out - Non-Australian defence force member or dependent

Select person answering the questions (ARA)

Numeric entry

Relationship to household reference person

0 Household reference person

1 Husband

2 Wife

3 Partner

4 Son

5 Daughter

6 Step son

7 Step daughter

8 Father

9 Mother

10 Brother

11 Sister

12 Grandson

13 Grand-daughter

14 Nephew

15 Niece

20 Other (WHOREL)

99 Not related (NONREL)

(WHOREL)

What is [your/name of person] relationship to [name of household reference person]?

Numeric entry

(NOREL)

[Are you/Is name of person] more closely related to anyone else in the household, for example as a (husband/wife), partner or child?

1 Yes (go to WHO)

5 No

(WHO)

To whom [are you/is name of person] more closely related?

Numeric entry

(SEX)

Sex

- 1 Male
- 2 Female
- 3 Not determined (for NATSIHS only)

Age/months if under 2 years

Numeric entry

Date of Birth

Numeric entry dd/mm/yyyy

(RMARSTAT)

What is your marital status?

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

Have you ever been in a registered marriage?

- 1 Yes
- 5 No (*go to next module*)

Are you widowed, divorced or separated?

- 1 Widowed
- 2 Divorced
- 3 Separated

Are you still attending secondary school?

- 1 Yes (*go to next module*)
- 5 No

Are you currently a full time student at a TAFE, university or an educational institution?

- 1 Yes
- 5 No

Sequence Guide:

If NATSIHS go to IDENT

(COB)

Which country were you born in?

- 01 Australia (*go to ISTAT1*)
- 02 England
- 03 New Zealand
- 04 Italy
- 05 Viet Nam

- 06 Scotland
- 07 Greece
- 08 Germany
- 09 Philippines
- 10 India
- 11 Other (specify)

(YEARARRIVED)

In which year did you first arrive in Australia to live (for one year or more)?

Numeric entry

(ISTAT1)

Is anyone who usually lives here of Aboriginal or Torres Strait Islander origin?

- 1 Yes
- 5 No (*go to next module*)

(IDENT)

[Who in this household is of Aboriginal or Torres Strait Islander origin]

Person number

[Are you/is [name of other person]] of Aboriginal origin or Torres Strait Islander origin or both?

- 1 Aboriginal
- 2 Torres Strait Islander
- 3 Both Aboriginal and Torres Strait Islander

End Household Form

CHILD PROXY and HOUSEHOLD SPOKESPERSON IDENTIFIERS

[child's name] has been selected for the child's part of the survey. Of yourself and [name of other adults in the household] who would be the best person to ask about health information of behalf of [child's name]?

Numeric entry

(SPOKESPROX_Q03)

What is their relationship to [child's name]?

- 1 Mother/step mother
- 2 Father/step father
- 3 Grandparent
- 4 Other relative
- 5 Not related

Is the selected person able to answer household information questions?

- 1 Yes
- 5 No

(SPOKESPROX_Q04)

Of the adults in the household who would be the best person to ask about income and housing for this household?

State person

End module

SELECTED ADULT, CHILD and CHILD PROXY INFORMATION

Demographics

Population: Persons aged 18 years and over

The next few questions are about language, education and work.

(DEMOGRAPH_Q01)

What language do you mainly speak at home?

- 01 English (*go to EDATTA_Q01*)
- 02 Italian
- 03 Greek
- 04 Cantonese
- 05 Mandarin
- 06 Arabic
- 07 Vietnamese
- 08 German
- 09 Spanish
- 10 Tagalog (Filipino)
- 11 Other (*go to DEMOGRAPH_Q02*)

(DEMOGRAPH_Q02)

Other language spoken

Text entry

Sequence Guide:

If NATSIHS go to next module

Else go to DEMOGRAPH_Q03

(DEMOGRAPH_Q03)

Do you consider you speak English very well, well, or not well?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

End module

Education

Population: Persons aged 15 to 19 years not attending school and persons 20 years and over

(EDATTA_Q01)

What is the highest year of primary or secondary school that you have completed?

- 1 Year 12 or equivalent
- 2 Year 11 or equivalent
- 3 Year 10 or equivalent
- 4 Year 9 or equivalent
- 5 Year 8 or below
- 6 Never attended to school

The next few questions are about any educational qualifications than you have completed.

(EDATTA_Q02)

Have you completed a trade certificate, diploma, degree or any other educational qualification?

- 1 Yes
- 5 No (*go to CURSTUD_Q01*)

(EDATTA_Q03)

What was the level of the highest qualification that you have completed?

- 1 Qualification level (specify level and main field of study)
- 2 Year 12 certificate or equivalent (*go to CURSTUD_Q01*)
- 3 Statement of attainment (*go to CURSTUD_Q01*)

(EDATTA_Q04)

Qualification level

Text entry

(EDATTA_Q05)

What is the main field of study for that qualification?

Text entry

(EDATTA_Q06)

Did you complete this course before 1998?

- 1 Yes
- 5 No

(CURSTUD_Q01)

Are you currently taking any course of study for a trade certificate, diploma, degree or any other educational qualification?

- 1 Yes
- 5 No (*go to HASJOB_Q01*)

(CURSTUD_Q02)

At what type of educational institution are you currently enrolled?

- 1 Secondary school
- 2 University/other higher education
- 3 TAFE/technical college
- 4 Business college
- 5 Industry skills centre
- 6 Other

(CURSTUD_Q03)

Are you studying full-time or part-time?

- 1 Full-time
- 2 Part-time

End module

SAMPLE

Employment

Population: Persons aged 15 years and over

I would like to ask you about last week, that is, the week starting Monday the [dd/mm/] and ending [dd/mm/yyyy].

(HASJOB_Q01)

Last week did you do any work in a job, business or farm?

1 Yes (*go to HASJOB_Q04*)

5 No

6 Permanently unable to work (*go to next module*)

7 Permanently not intending to work (if aged 65 years and over) (*go to next module*)

(HASJOB_Q02)

Last week, did you do any work without pay in a family business?

1 Yes (*go to HASJOB_Q04*)

5 No

6 Permanently not intending to work (if aged 65 years an over) (*go to next module*)

(HASJOB_Q03)

Did you have a job, business or farm that you were away from because of holidays, sickness or any other reasons?

1 Yes

5 No (*go to LOOK_Q01*)

6 Permanently not intending to work (if aged 65 years and over) (*go to next module*)

(HASJOB_Q04)

Did you have more than one job or business last week?

1 Yes

5 No

(HASJOB_Q05)

Sequence Guide:

If NHS go to JOB D

If NHSI/IHS go to CDEP

(LOOK_Q01)

At any time in the last 4 weeks have you been looking for full-time work?

1 Yes (*go to LOOK_Q03*)

5 No

(LOOK_Q02)

Have you been looking for part-time work at any time in the past 4 weeks?

1 Yes

5 No (*go to next module*)

(LOOK_Q03)

At any time in the last 4 weeks have you -
Written, phoned or applied in person to an employer for work?

- 1 Yes (go to LOOK_Q10)
- 5 No

(LOOK_Q04)

Answered an advertisement for a job?

- 1 Yes (go to LOOK_Q10)
- 5 No

(LOOK_Q05)

Looked in newspapers?

- 1 Yes
- 5 No

(LOOK_Q06)

Checked factory notice boards, or used touch screens at Centrelink offices?

- 1 Yes (go to LOOK_Q10)
- 5 No

(LOOK_Q07)

Been registered with Centrelink as a job seeker?

- 1 Yes (go to LOOK_Q10)
- 5 No

(LOOK_Q08)

Checked or registered with an employment agency?

- 1 Yes (go to LOOK_Q10)
- 5 No

(LOOK_Q09)

Done anything else to find a job?

- 1 Advertised or tendered for work
- 2 Contacted friends/relatives
- 3 Other (*go to next module*)
- 4 Only looked in the newspaper (*go to next module*)
- 5 None of these (*go to next module*)

(LOOK_Q10)

If you found a full/part time job could you have started work last week?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know

(LOOK_Q11)

When did you begin looking for work?

- dd/mm/yyyy If less than 2 years ago
- mm/yyyy If 2 less than 5 years ago
- yyyy If 5 years or more ago
- 99 If did not look for work

(LOOK_Q15)

When did you last work for at least 2 weeks in a job of 35 hours or more a week?

- dd/mm/yyyy If less than 2 years ago (go to *next module*)
- mm/yyyy If 2 less than 5 years ago (go to *next module*)
- yyyy If 5 years or more ago (go to *next module*)
- 99 If never worked 35 hours or more per week (go to *next module*)

(CDEP_Q01)

Are you on CDEP (Community Development Employment Project)?

- 1 Yes (If HASJOB_Q04=1 go to CDEP_Q02)
- 5 No (If HASJOB_Q04=5 go to JOBD_Q01)

(CDEP_Q02)

The next question is about the job or business in which you usually work the most hours, that is your main job.

Is your main job part of CDEP?

- 1 Yes
- 5 No

(JOBQ_Q01)

(I would now like to ask you about the job or business in which you usually work the most hours.)

Did you work for an employer or in your own business?

- 1 Employer (go to JOBD_Q02)
- 2 Own business (go to JOBD_Q04)
- 3 Other/uncertain (go to JOBD_Q03)

(JOBQ_Q02)

Are you paid a wage or salary or some other form of payment?

- 1 Wages/salary (go to JOBD_Q06)
- 5 Other/uncertain (go to JOBD_Q03)

(JOBBD_Q03)

What are your (working/payment) arrangements?

- 10 Unpaid voluntary work (go to LOOK_Q01)
- 11 Contractor/subcontractor (go to JOBBD_Q04)
- 12 Own business/partnership (go to JOBBD_Q04)
- 13 Commission only (go to JOBBD_Q04)
- 14 Commission with retainer (go to JOBBD_Q06)
- 15 In a family business without pay (go to JOBBD_Q06)
- 16 Payment in kind (go to JOBBD_Q06)
- 17 Paid by the piece/item produced (go to JOBBD_Q06)
- 18 Wage/salary earner (go to JOBBD_Q06)
- 19 Other (go to JOBBD_Q06)

(JOBBD_Q04)

Do you have any employees (in that business)?

- 1 Yes
- 5 No

(JOBBD_Q05)

Is that business incorporated?

- 1 Yes
- 5 No

(JOBBD_Q06)

What is your occupation in your main job?

Text entry

(JOBBD_Q07)

What are your main tasks and duties?

Text entry

(JOBBD_Q08)

What type of business or service is carried out by your [place of employment]?

Text entry

(JOBBD_Q09)

What is the name of your [place of employment]?

Text entry

Ctrl R Refusal

Ctrl K Don't know

(HOURS_Q01)

How many hours do you usually work each week in all your jobs?

Numeric entry 0 to 99

Sequence Guide:

If NHS/NHSI then go to SHFT_Q02

If IHS then go to next module

(SHIFT_Q02)

In your job with [name of employer] did you do any shift work at any time during the last 4 weeks?

1 Yes

5 No (*go to next module*)

Is your shift?

(SHIFT_Q03)

A rotating shift which changes periodically?

1 Yes (*go to next module*)

5 No

(SHIFT_Q04)

A regular evening shift, night or graveyard shift?

1 Yes (*go to next module*)

5 No

(SHIFT_Q05)

A regular morning shift?

1 Yes (*go to next module*)

5 No

(SHIFT_Q06)

A regular afternoon shift?

1 Yes (*go to next module*)

5 No

(SHIFT_Q07)

What kind of shift?

1 Irregular shift (*go to next module*)

2 Split shift (*go to next module*)

3 On call (*go to next module*)

4 Other (*go to next module*)

End module

Child proxy details

Population: Persons answering on behalf of children 0 to 17 years

(PROXDET_Q01)

What language do you mainly speak at home?

- 01 English
- 02 Italian
- 03 Greek
- 04 Cantonese
- 05 Mandarin
- 06 Arabic
- 07 Vietnamese
- 08 German
- 09 Spanish
- 10 Tagalog (Filipino)
- 11 Other

Sequence Guide:

If PROXDET_Q01=1 or (PROXDET_Q01=1-10 and NATSIHS/IHS) go to PROXDET_Q03A

If PROXDET_Q01=2-10 go to PROXDET_Q04

If PROXDET_Q01=11 go to PROXDET_Q02

(PROXDET_Q02)

Other language spoken

Text entry

(PROXDET_Q03A)

Sequence Guide:

If NATSIHS/IHS go to PROXDET_Q05

If NHS/NHSI go to PROXDET_Q04

(PROXDET_Q04)

Do you consider your speak English very well, well, or not well?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

(PROXDET_Q05)

Sequence Guide:

If NATSIHS/IHS go to next module

If NHS/NHSI, aged 18 to 24 years and full-time student go to next module

If NHS/NHSI aged 25 years and over, go to PROXDET_Q06

(PROXDET_Q06)

Are you currently taking any course of study for a trade certificate, diploma, degree or any other educational qualification?

1 Yes

5 No (*go to next module*)

(PROXDET_Q07)

Are you studying full-time or part-time?

1 Full-time

2 Part-time

End module

SAMPLE

PART OF CHILD FORM

Child immunisation

Population: Persons aged less than 18 years

(KIDIMM_Q01)

Sequence Guide:

If NHS and child aged 1 to 5 years go to KIDIMM_Q34

If NHS/NATSIHS/IHS and child aged 10 to 17 years go to KIDIMM_Q36

If NHSI/NATSIHS/IHS and child and aged 6 years or less go to KIDIMM_Q02

Else go to next module

(KIDIMM_Q02)

The following questions are about childhood vaccinations.

Do you have any cards or records which would help you answer these questions?

(Could you please find them?)

- 1 Cards/records produced
- 2 Immunisation register advice
- 3 Other
- 4 Cards/records not produced

(KIDIMM_Q03)

Sequence Guide:

If aged less than one month go to KIDIMM_Q04

Else go to KIDIMM_Q05

(KIDIMM_Q04)

Was [child's name] given a separate Hepatitis B (Hep B) vaccination?

- 1 Within 7 days of birth (*go to KIDIMM_Q09*)
- 2 Anytime after 7 days of birth (*go to KIDIMM_Q09*)
- 3 Not given (*go to KIDIMM_Q07*)
- 4 Don't know (*go to next module*)

(KIDIMM_Q05)

Has [child's name] received the recommended vaccinations for [his/her], that is at [child's age]?

- 1 Yes (*go to KIDIMM_Q09*)
- 5 No
- 6 Don't know

(KIDIMM_Q06)

Has [child's name] received any (vaccinations/injections)?

- 1 Yes (*go to KIDIMM_Q08*)
- 5 No (*go to KIDIMM_Q07*)
- 6 Don't know (*If NHSI and aged 1 to 5 years go to KIDIMM_Q34 else go to next module*)

(KIDIMM_Q07)

What is the main reason [child's name] has not been immunised?

- 10 No perceived need
- 11 Opposed to immunisation
- 12 Concerned about side effects
- 13 Advised against it
- 14 Too young
- 15 Didn't know about the immunisation schedule
- 16 Haven't got around to it
- 17 Sick when due for immunisation
- 18 Forgot about older age shots
- 19 Didn't receive reminder
- 20 Other

Sequence Guide:

If NHSI and aged 1 to 5 years go to KIDIMM_Q35

Else go to next module

(KIDIMM_Q08)

What is the main reason [child's name] did not continue with the immunisation schedule?

- 10 No perceived need
- 11 Opposed to immunisation
- 12 Concerned about side effects
- 13 Advised against it
- 14 Too young
- 15 Didn't know about the immunisation schedule
- 16 Haven't got around to it
- 17 Sick when due for immunisation
- 18 Forgot about older age shots
- 19 Didn't receive reminder
- 20 Other

Sequence Guide:

If KIDIMM_Q02=1, 2 or 3 go to KIDIMM_Q11

If KIDIMM_Q02=4 go to KIDIMM_Q31

(KIDIMM_Q09)

Which of these has influenced your decision to immunise [child's name]?

{Prompt card 2}

{Multiple response}

- 1 For child's health
- 2 The right thing to do
- 3 Reminder notifications from the Register
- 4 Payment
- 5 Child must be immunised to go to child care/school
- 6 Local access to clinic or doctor
- 7 More awareness of immunisation schedule
- 8 Promotion through TV/radio/other media/clinics
- 9 Other

(KIDIMM_Q10)

Sequence Guide:

If aged less than 1 month go to next module

If aged 1 month or more and KIDIMM_Q02=4 go to KIDIMM_Q31

Else go to KIDIMM_Q11

(KIDIMM_Q11)

Was [child's name] given separate Hepatitis B (Hep B) vaccinations?

- 1 Within 7 days of birth
- 2 Anytime after 7 days of birth
- 3 Not given (*go to KIDIMM_Q13*)
- 4 Don't know (*go to KIDIMM_Q13*)

(KIDIMM_Q12)

How many separate Hepatitis B (Hep B) vaccinations has [child's name] been given in total?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q13)

Has [child's name] ever been given any DTP injections (that is diphtheria, tetanus and whooping cough vaccinations) or triple antigen injections?

- 1 Yes
- 5 No (*go to KIDIMM_Q18*)
- 6 Don't know (*go to KIDIMM_Q18*)

(KIDIMM_Q14)

Including boosters, how many vaccinations has [child's name] received against diphtheria, tetanus and whooping cough (that is TA, DTPa, DTPw or DTPa-HepB)?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 6 Don't know

(KIDIMM_Q15)

Did [child's name] include a Hepatitis B (Hep B) vaccine

- 1 Yes
- 5 No (*go to KIDIMM_Q18*)
- 6 Don't know (*go to KIDIMM_Q18*)

(KIDIMM_Q16)

Sequence Guide:

If KIDIMM_Q14=2, 3, 4 or 5 go to KIDIMM_Q17

Else go to KIDIMM_Q18

(KIDIMM_Q17)

How many of the (DTP) vaccinations included Hepatitis B (Hep B)?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q18)

(Apart from DTP) has [child's name] ever been given any combined diphtheria and tetanus injections (that is CDT)?

- 1 Yes
- 5 No (*go to KIDIMM_Q20*)
- 6 Don't know (*go to KIDIMM_Q20*)

(KIDIMM_Q19)

Including boosters, how many vaccinations has [child's name] received against diphtheria and tetanus (that is CDT)?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 6 Don't know

(KIDIMM_Q20)

Has [child's name] ever been given a polio vaccine (that is IPV) or an oral sabine (that is an OPV)?

- 1 Yes
- 5 No (*go to KIDIMM_Q22*)
- 6 Don't know (*go to KIDIMM_Q22*)

(KIDIMM_Q21)

Including boosters, how many (oral) polio vaccinations has [child's name] been given?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q22)

Has [child's name] ever been given the HIB (that is haemophilus influenzae typeB) vaccine?

- 1 Yes
- 5 No (*go to KIDIMM_Q28*)
- 6 Don't know (*go to KIDIMM_Q28*)

(KIDIMM_Q23)

What was the brand of HIB vaccine that [child's name] was given?

- 1 Pedavax HIB/PRP-OMP
- 2 HibTITER/HbOC
- 3 Other
- 4 Don't know

(KIDIMM_Q24)

Including boosters, how many (HIB/HIB-HEP B) vaccinations has [child's name] been given?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q25)

Did (HIB vaccine) include a Hepatitis B (Hep B) vaccine?

- 1 Yes
- 5 No (*go to KIDIMM_Q28*)
- 6 Don't know (*go to KIDIMM_Q28*)

(KIDIMM_Q26)

Sequence Guide:

If KIDIMM_Q24=2, 3 or 4 go to KIDIMM_Q27

Else go to KIDIMM_Q28

(KIDIMM_Q27)

How many of the (HIB) vaccinations included Hepatitis B (Hep B)?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q28)

Has [child's name] ever been given a measles, mumps and rubella combination vaccine, that is an MMR?

- 1 Yes
- 5 No (*go to KIDIMM_Q30*)
- 6 Don't know (*go to KIDIMM_Q30*)

(KIDIMM_Q29)

Including boosters, how many MMR vaccinations has [child's name] been given?

- 1 One
- 2 Two or more
- 3 Don't know

(KIDIMM_Q30)

Apart from any vaccinations you have already told me about, has [child's name] ever been given a separate tetanus vaccination?

- 1 Yes
- 5 No
- 6 Don't know

(KIDIMM_Q31)

Has [child's name] ever been given a pneumococcal vaccination?

- 1 Yes
- 5 No (*go to KIDIMM_Q33*)
- 6 Don't know (*go to KIDIMM_Q33*)

(KIDIMM_Q32)

How many pneumococcal vaccinations has [child's name] been given?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 Don't know

(KIDIMM_Q33)

Sequence Guide:

If age 1 to 5 years and NHSI go to KIDIMM_Q34

Else go to next module

(KIDIMM_Q34)

Has [child's name] ever been given a varicella (chicken pox) vaccine?

- 1 Yes
- 5 No
- 6 Don't know

(KIDIMM_Q35)

Has [child's name] ever had chicken pox?

- 1 Yes (*go to next module*)
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(KIDIMM_Q36)

Has [child's name] received any adolescent Hepatitis B vaccinations?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(KIDIMM_Q37)

Has [child's name] received the full course of adolescent Hepatitis B vaccinations, that is, received 3 doses?

1 Yes

5 No

6 Don't know

(KIDIMM_Q38)

Sequence Guide:

If NHS/NHSI go to KIDMIMM_Q39

If NATSIHS/IHS go to next module

(KIDIMM_Q39)

Where did [child's name] receive the adolescent Hepatitis B vaccinations (3 doses)?

{Multiple response}

1 School

2 General practitioner

3 Other health care provider

4 Don't know

End module

SAMPLE

Self-assessed health

Population: Persons aged 15 years and over

(SF12_Q01)

Now we have some questions about your own health.

(SF12_Q02)

In general would say that your health is excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Sequence Guide:

If NHS go to next module

If NATSIHS/IHS/NHSI go to SF12_Q04

(SF12_Q03)

Compared to one year ago how would you rate your health in general now?

- 1 Much better now than one year ago
- 2 Somewhat better now than one year ago
- 3 About the same as one year ago
- 4 Somewhat worse now than one year ago
- 5 Much worse now than one year ago

End module

Height, weight and body mass

Population: Persons aged 15 years and over

(BDYMSS_Q01)

Do you consider yourself to be an acceptable weight, underweight or overweight?

- 1 Acceptable weight
- 2 Underweight
- 3 Overweight

(BDYMSS_Q02)

How much do you weigh?

- 1 Kilograms : numeric entry (BDYMSS_Q03)
- 2 Stones/pounds : numeric entry (BDYMSS_Q04)
- 3 Pounds : numeric entry (BDYMSS_Q05)
- 4 Don't know (go to *BDYMSS_Q06*)

(BDYMSS_Q06)

How tall are you without shoes?

- 1 Centimetres : numeric entry (BDYMSS_Q07)
- 2 Feet/inches : numeric entry (BDYMSS_Q08)
- 3 Don't know (go to next module)

End module

Exercise

Population: Persons aged 15 years and over

The next few questions are about walking for sport, recreation and fitness. Please do not include any other walking that you may have done for other reasons. This will be recorded later.

(EXER_Q01)

In the last 2 weeks have you walked for sport, recreation or fitness?

1 Yes

5 No (go to EXER_Q06)

(EXER_Q02)

How many times did you walk for sport, recreation or fitness in the last 2 weeks?

Numeric entry 1 to 98

Ctrl K Don't know

(EXER_Q03)

What was the total amount of time you walked for sport, recreation or fitness in the last 2 weeks?

Time in minutes: numeric entry 1 to 998 (EXER_Q04)

Ctrl K Don't know

Time in hours : numeric entry 1 to 998 (EXER_Q05)

Ctrl K Don't know

Time in hours/minutes : numeric entry 1 to 998 (EXER_Q05M)

Ctrl K Don't know

The next few questions are about moderate and vigorous exercise apart from walking that you may have done for sport, recreation or fitness. I will ask about moderate exercise first, then about vigorous exercise.

(EXER_Q06)

In the last 2 weeks did you do any exercise which caused a moderate increase in your heart rate or breathing, that is, moderate exercise?

1 Yes

5 No (go to EXER_Q11)

(EXER_Q07)

How many times did you do any moderate exercise in the last 2 weeks?

Numeric entry 1 to 98

Ctrl K Don't know

(EXER_Q08)

What was the total amount of time you spent doing moderate exercise in the last 2 weeks?

Time in minutes : numeric entry 1 to 998 (EXER_Q09)

Ctrl K Don't know

Time in hours : numeric entry 1 to 998 (EXER_Q10)

Ctrl K Don't know

Time in hours : numeric entry 1 to 998 (EXER_Q10M)

Ctrl K Don't know

(EXER_Q11)

In the last 2 weeks did you do any other exercise which caused a large increase in your heart rate or breathing, that is, vigorous exercise?

1 Yes

5 No (*go to EXER_Q16*)

(EXER_Q12)

How many times did you do any vigorous exercise in the last 2 weeks?

Numeric entry 1 to 98

Ctrl K Don't know

(EXER_Q13)

What was the total amount of time you spent doing vigorous exercise in the last 2 weeks?

Time in minutes : numeric entry 1 to 998 (EXER_Q14)

Ctrl K Don't know

Time in hours : numeric entry 1 to 998 (EXER_Q15)

Ctrl K Don't know

Time in hours : numeric entry 1 to 998 (EXER_Q15M)

Ctrl K Don't know

The next few questions are about walking for reasons other than sport, recreation or fitness. Please only include walking you have done to get from place to place.

(EXER_Q16)

Yesterday did you do any walking to go from place to place for 10 minutes or more for reasons other than sport, recreation or fitness?

1 Yes

5 No (*go to next module*)

(EXER_Q17)

How many times did you walk for 10 minutes or more yesterday?

Numeric entry 1 to 98

Ctrl K Don't know

(EXER_Q18)

(Apart from walking you did for sport, recreation or fitness) What was the total amount of time you spent walking yesterday?

- 1 Minutes Numeric entry 1 to 1440 (EXER_Q19)
- 2 Don't know

(EXER_Q20)

Is the walking you did yesterday about the same amount of walking you do most days?

- 1 Yes (*go to next module*)
- 5 No

(EXER_Q21)

Do you usually walk more or less than you did yesterday?

- 1 More
- 2 Less

End module

SAMPLE

Smoker status

Population: Persons aged 18 years and over

I would now like to ask you some questions about smoking.

(SMOKE_Q01)

Do you currently smoke?

1 Yes

5 No (go to SMOKE_Q04)

(SMOKE_Q02)

Do you smoke regularly, that is, at least once a day?

1 Yes (go to SMOKE_Q08)

5 No

(SMOKE_Q03)

Do you smoke at least once a week?

1 Yes

5 No

(SMOKE_Q04)

Have you ever smoked regularly (that is at least once a day)?

1 Yes

5 No

(SMOKE_Q05)

Have you smoked at least 100 cigarettes in your entire life?

1 Yes (go to SMOKESG_Q07)

5 No

(SMOKE_Q06)

Have you smoked pipes, cigars or other tobacco products at least 20 times in your entire life?

1 Yes

5 No

(SMOKESG_Q07)

Sequence Guide:

If SMOKE_Q04=1 go to SMOKE_Q08

Else go to SMKHOUS_Q01

(SMOKE_Q08)

How old were you when you first started to smoke regularly (that is at least once a day)?

Numeric entry 1 to 98

(SMOKESG_Q09)

Sequence Guide:

If SMOKE_Q02=1 go to SMKHOUS_Q01

Else go to SMOKE_Q10

(SMOKE_Q10)

How old were you when you stopped smoking regularly (that is, at least once a day)?

Numeric entry 1 to 98

Population: Persons aged 18 years and over or Child Proxy in NATSIHS where no selected adult

Sequence Guide:

If single person household go to next module

Else go to SMKHOUS_Q01

(SMKHOUS_Q01)

Does anyone (else) in this household smoke regularly that is at least once a day?

1 Yes

5 No (go to SMKHOUS_Q04)

(SMKHOUS_Q02)

How many other people in this household smoke regularly?

Numeric entry 1 to 98 (go to SMKHOUS_Q03)

Ctrl K Not known (go to SMKHOUS_Q03)

(SMKHOUS_Q04)

Sequence Guide:

If SMOKE_Q02=1 go to SMKHOUS_Q03

Else go to next module

(SMKHOUS_Q03)

[Do you or does anyone else] usually smoke inside the house?

1 Yes

5 No

End module

Adult immunisation

Population: NHS - Persons aged 50 years and over: NHSI/IHS/NATSIHS - Persons aged 15 years and over

The following questions are about influenza and pneumococcal (pneumonia) vaccinations.

(ADIMM_Q01)

Have you ever had a flu injection (or flu shot)?

- 1 Yes
- 5 No (*go to ADIMM_Q06*)
- 6 Don't know (*go to ADIMM_Q06*)

(ADIMM_Q02)

Did you have this injection/shot in the last 12 months?

- 1 Yes
- 5 No (*go to ADIMM_Q06*)
- 6 Don't know (*go to ADIMM_Q06*)

(SGADIMM_Q03)

Sequence Guide:

If NHS/NHSI aged 50 years and over go to ADIMM_Q04

If NHS and less than 50 years or NATSIHS/IHS go to ADIMM_Q05

(ADIMM_Q04)

Did you have to get a prescription for this injection?

- 1 Yes
- 5 No
- 6 Don't know

(ADIMM_Q05)

Was this flu vaccine free of charge?

- 1 Yes
- 5 No
- 6 Don't know

(ADIMM_Q06)

Have you ever had pneumococcus (pneumonia) or pneumovax (vaccination/injection/shot)?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(ADIMM_Q07)

Did you have this injection in the last 5 years?

- 1 Yes
- 5 No
- 6 Don't know

End module

Mental well-being

Population: NHS/NHSI persons aged 18 years and over

(MWBSTAT_Q01)

The following questions are about your feelings in the last 4 weeks.

(MWSTAT_Q02)

In the past 4 weeks, about how often did you feel tired out for no good reason?

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q03)

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

(Prompt card 3)

- 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 (*go to MWSTAT_Q5*)
- Ctrl R Refusal

(MWSTAT_Q04)

(In the past 4 weeks) about how often did you feel so nervous that nothing could calm you down?

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q05)

(In the past 4 weeks), about how often did you feel without hope/hopeless?

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q06)

(In the past 4 weeks), about how often did you feel restless or jumpy/fidgety?

(Prompt card 3)

- 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 (*go to MWSTAT_Q08*)
- Ctrl R Refusal

(MWSTAT_Q07)

(In the past 4 weeks), about how often did you feel so restless that you could not sit still?

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q08)

(In the past 4 weeks), about how often did you feel depressed?

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q09)

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

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q10)

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

(Prompt card 3)

- 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
- Ctrl R Refusal

(MWSTAT_Q11)

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

(Prompt card 2)

- 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
- Ctrl R Refusal

End module

SAMPLE

Mental health medications

Population: NHS/NHSI persons aged 18 years and over

Some people take supplements or remedies for aspects of their mental well-being. For example to improve their concentration or reduce stress.

(MWBMED_Q01)

In the last 2 weeks, for your mental well-being, have you taken any vitamins or mineral supplements?

- 1 Yes
- 5 No

(MWBMED_Q02)

(In the last 2 weeks, for your mental well-being), have you taken any herbal or natural treatments or remedies?

- 1 Yes
- 5 No

(MWBMED_Q03)

Have you taken any of the following medications in the last 2 weeks?

(Prompt card 4)

- 1 Yes
- 5 No (*go to next module*)

(MWBMED_Q04)

Which ones?

- 1 Sleeping tablets or capsules
- 2 Tablets or capsules for anxiety or nerves
- 3 Tranquillisers
- 4 Antidepressants
- 5 Mood stabilisers
- 6 Other medications for your mental health

(MWBMED_Q05)

What are the names or brands of these medications?

Text entry - up to 5 names/brands

Sequence Guide:

If 4 medications or less go to MWBMED_Q07

If 5 or more medications go to MWBMED_Q06

(MWBMED_Q06)

Number of medications

- 1 Five
- 2 Six or more

(MWBMED_Q07)

How long have you been taking [medication name]. Is it less than 1 month, 1 to less than 3 months, 3 to less than 6 months, or 6 months or more?

(Loop for each name/brand)

- 1 Less than one month
- 2 1 month to less than 3 months
- 3 3 month to less than 6 months
- 4 6 months or more
- 5 Don't know

(MWBMED_Q08)

How often did you take this [medication name]in the last 2 weeks?

(Loop for each name/brand)

- 1 Every day and/or night
- 2 More than 3 days and/or nights a week
- 3 1 to 3 days and/or nights a week
- 4 Less than once per week
- 5 Varies as required

End module

SAMPLE

Social and emotional well-being

Population: Indigenous persons aged 18 years and over

(SEWB_Q01)

Sequence Guide:

If NHSI go to SEWB_Q08

If NATSIHS/IHS go to SEWB_Q02

If NHS go to next module

(SEWB_Q02)

The next few questions are about how you have been feeling recently. Please tell me if you don't want to answer any of these questions.

As I read each item, please tell me how often you have had these feelings - all of the time, most of the time, some of the time, a little of the time, none of the time.

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

(Prompt card 5)

- 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
- Ctrl R Refusal
Ctrl K Don't know

(SEWB_Q03)

In the past 4 weeks, about how often did you feel without hope (all of the time, most of the time, some of the time, a little of the time, none of the time)?

(Prompt card 5)

- 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
- Ctrl R Refusal
Ctrl K Don't know

(SEWB_Q05)

In the past 4 weeks, about how often did you feel restless or jumpy (all of the time, most of the time, some of the time, a little of the time, none of the time)?

(Prompt card 5)

- 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
- Ctrl R Refusal
Ctrl K Don't know

(SEWB_Q06)

In the past 4 weeks, about how often did you feel everything was an effort (all of the time, most of the time, some of the time, a little of the time, none of the time)?

(Prompt card 5)

- 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
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q07)

In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up (all of the time, most of the time, some of the time, a little of the time, none of the time)?

(Prompt card 5)

- 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
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q08)

The last few questions asked about feelings that might have occurred during the last 4 weeks.

Taking them altogether, did these feelings occur more often in the last 4 weeks than usual for you, about the same as usual, or less often than usual?

- 1 More often than usual
- 2 About the same as usual
- 3 Less often than usual
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q09)

Sequence Guide:

If NATSIHS/IHS and SEWB_Q02 to SEWB_Q07 all = 5, or all mixture of 5s, Ctrl Rs or Ctrl Ks go to SEWB_Q15

If NHSI and MWBSTAT1, 3, 5 and 7 all = 5, or all mixture of 5s or Ctrl Rs go to SEWB_Q15

Else go to SEWB_Q10

(SEWB_Q10)

The next questions are about how these feelings may have affected you in the last 4 weeks.

(In the last 4 weeks) were there any days when you were totally unable to work or carry out your normal activities because of these feelings?

1 Yes

2 No (go to SEWB_Q12)

Ctrl R Refusal (go to SEWB_Q12)

(SEWB_Q11)

How many days were like that?

Numeric entry 1 to 31

Ctrl K Don't know

(SEWB_Q12)

In the last 4 weeks did you see a doctor or health professional about these feelings?

1 Yes

2 No (go to SEWB_Q14)

Ctrl R Refusal (go to SEWB_Q14)

(SEWB_Q13)

How many times did you see a doctor or health professional?

Numeric entry 1 to 31

Ctrl K Don't know

(SEWB_Q14)

How often have physical health problems been the main cause of these feelings?

(Prompt card 5)

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

Ctrl R Refusal

Ctrl K Don't know

(SEWB_Q15)

In the last 4 weeks, about how often did you feel calm and peaceful? (All of the time, Most of the time, Some of the time, A little of the time, None of the time)

(Prompt card 5)

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

Ctrl R Refusal

Ctrl K Don't know

(SEWB_Q16)

In the last 4 weeks, about how often have you been a happy person? (All of the time, Most of the time, Some of the time, A little of the time, None of the time)

(Prompt card 5)

- 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
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q17)

In the last 4 weeks, about how often did you feel full of life? (All of the time, Most of the time, Some of the time, A little of the time, None of the time)

(Prompt card 5)

- 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
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q18)

In the last 4 weeks, about how often did you have a lot of energy? (All of the time, Most of the time, Some of the time, A little of the time, None of the time)

(Prompt card 5)

- 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
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q19)

I am now going to ask you about some problems that people may have.

How often have any of these problems bothered or upset you in the last 4 weeks - a lot, some, not at all?

(Prompt card 6)

- 1 A lot
- 2 Some
- 3 Not at all
- Ctrl R Refusal
- Ctrl K Don't know

(SEWB_Q20)

Having violent thoughts like wanting to beat, injure or harm someone (a lot, some, not at all)?

(Prompt card 6)

1 A lot

2 Some

3 Not at all

Ctrl R Refusal

Ctrl K Don't know

(SEWB_Q21)

Wanting to break or smash things (a lot, some, not at all)?

(Prompt card 6)

1 A lot

2 Some

3 Not at all

Ctrl R Refusal

Ctrl K Don't know

(SEWB_Q22)

Getting into a lot of arguments (a lot, some, not at all)?

(Prompt card 6)

1 A lot

2 Some

3 Not at all

Ctrl R Refusal

Ctrl K Don't know

(SEWB_Q23)

Shouting or throwing things (a lot, some, not at all)?

(Prompt card 6)

1 A lot

2 Some

3 Not at all

Ctrl R Refusal

Ctrl K Don't know

End module

Dietary behaviours

Population: Persons aged 12 years and over

The next few questions are about nutrition.

(DIET_Q01)

What is the main type of milk that you usually use?

(Prompt card 7)

- 1 Whole/full cream
- 2 Low/reduced fat
- 3 Skim
- 4 Evaporated or sweetened condensed
- 5 Soy milk
- 6 None of the above
- 7 Does not drink milk
- 8 Don't know

(DIET_Q02)

This question is about your usual consumption of vegetables including fresh, frozen and tinned vegetables.

How many serves of vegetables do you usually eat each day?

(Prompt card 8)

- 1 One serve or less
- 2 Two serves
- 3 Three serves
- 4 Four serves
- 5 Five serves
- 6 Six or more serves
- 7 Don't eat vegetables

(DIET_Q03)

This question is about your usual consumption of fruit including fresh, frozen and tinned fruit.

How many serves of fruit do you usually eat each day?

(Prompt card 9)

- 1 One serve or less
- 2 Two serves
- 3 Three serves
- 4 Four serves
- 5 Five serves
- 6 Six or more serves
- 7 Don't eat fruit

(SGDIET_Q04)

Sequence Guide:

If NHS and age 18 years and over go to DIET_Q06

If NHS and aged less 18 years than go to next module

If NATSIHS/IHS/NHSI go to DIET_Q05

(DIET_Q05)

How often do you add salt to your food after it is cooked?

1 Never/rarely

2 Sometimes

3 Usually

Sequence Guide:

If age 18 years and over go to DIET_Q06

If aged less than 18 years go to next module

(DIET_Q06)

In the past 12 months were there any time when you ran out of food and couldn't afford to buy any more?

1 Yes

5 No (*go to next module*)

(DIET_Q07)

When this happened did you go without food?

1 Yes

5 No

End module

Breast feeding

Population: NHS persons aged 0 to 3 years

The next few questions are about breastfeeding

(CHBRST_Q01)

Has [child's name] ever been breastfed?

- 1 Yes
- 5 No (go to CHBRST_Q03)
- 6 Don't know (go to CHBRST_Q03)

Sequence Guide:

If CHBRST_Q01 = 1 and age 0 to 2 years go to CHBRST_Q02

If CHBRST_Q01= 5 or 6 or age more than 2 years go to CHBRST_Q03

(CHBRST_Q02)

Is [child's name] currently being breastfed?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q03)

Sequence Guide:

If aged less than 6 months go to CHBRST_Q04

Else go to CHBRST_Q05

(CHBRST_Q04)

Has [child's name] ever been given solid food?

- 1 Yes
- 5 No (go to CHBRST_Q08)

(CHBRST_Q05)

At what age was [child's name] first given solid food regularly?

- 1 Weeks numeric entry 1 to 99 (CHBRST_Q06)
- 2 Months numeric entry 1 to 99 (CHBRST_Q07)
- 3 Less than one week
- 4 Don't know

(CHBRSTSG_Q08)

Sequence Guide:

If CHBRST_Q02 =5 go to CHBRST_Q09

If age more than 2 years and CHBRST_Q01=1 go to CHBRST_Q09

Else go to next module

(CHBRST_Q09)

Including times of weaning, what is the total time [child's name] was breastfed?

- 1 Weeks numeric entry 1 to 99 (*CHBRST_Q10*)
- 2 Months numeric entry 1 to 99 (*CHBRST_Q11*)
- 3 Less than one week
- 4 Don't know

End module

SAMPLE

Breast feeding - Indigenous only

Population: Indigenous persons aged 0 to 3 years

The next few questions are about breast feeding

(CHBRST_Q01)

Has [child's name] ever been breastfed?

- 1 Yes
- 5 No (go to CHBRST_Q04)
- 6 Don't know (go to CHBRST_Q04)

(CHBRST_Q02)

Is [child's name] currently being breastfed?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q03)

Was [child's name] breastfed when [he/she] first came home from hospital?

- 1 Yes
- 5 No
- 6 No hospital

(CHBRST_Q04)

Has [child's name] ever been given infant formula regularly?

- 1 Yes
- 5 No (go to CHBRST_Q08)
- 6 Don't know (go to CHBRST_Q08)

(CHBRST_Q05)

At what age was [child's name] first given infant formula regularly?

- 1 Weeks (CHBRST_Q06)
- 2 Months (CHBRST_Q07)
- 3 Less than 1 week (go to CHBRST_Q08)
- 4 Don't know (go to CHBRST_Q08)

(CHBRST_Q08)

Has [child's name] ever been given cows milk regularly?

- 1 Yes
- 5 No (go to CHBRST_Q12)
- 6 Don't know (go to CHBRST_Q12)

(CHBRST_Q09)

At what age was [child's name] first given cows milk regularly?

- 1 Weeks (CHBRST_Q10)
- 2 Months (CHBRST_Q11)
- 3 Less than 1 week (go to CHBRST_Q12)
- 4 Don't know (go to CHBRST_Q12)

(CHBRST_Q12)

Apart from breast milk, infant formula or cows milk, has [child's name] ever been given any other type of milk or milk substitute on a regular basis?

- 1 Yes
- 5 No (go to CHBRST_Q17)
- 6 Don't know (go to CHBRST_Q17)

(CHBRST_Q13)

What types of milk did [child's name] have?

{Multiple response}

- 1 Soya bean milk, soy milk
- 2 Goat's milk
- 3 Evaporated milk
- 4 Other

(CHBRST_Q14)

At what age was [child's name] first given [type of milk product] regularly?

- 1 Weeks (CHBRST_Q15)
- 2 Months (CHBRST_Q16)
- 3 Less than 1 week (go to CHBRST_Q17)
- 4 Don't know (go to CHBRST_Q17)

(CHBRST_Q17)

Sequence Guide:

If age less than 6 months, go to CHBRST_Q18

Else go to CHBRST_Q19

(CHBRST_Q18)

Has [child's name] ever been given solid food?

- 1 Yes
- 5 No (go to CHBRST_Q22)

(CHBRST_Q19)

At what age was [child's name] first given solid food regularly?

- 1 Weeks (CHBRST_Q20)
- 2 Months (CHBRST_Q21)
- 3 Less than 1 week (go to CHBRST_Q22)
- 4 Don't know (go to CHBRST_Q22)

(CHBRST_Q22)

Sequence Guide:

If age less than 2 years and CHBRST_Q02=1 go to CHBRST_Q27

If CHBRST_Q02 = 2 go to CHBRST_Q23

Else go to next module

(CHBRST_Q23)

Including times of weaning what is the total time [child's name] was breastfed?

- 1 Weeks (*CHBRST_Q24*)
- 2 Months (*CHBRST_Q25*)
- 3 Less than 1 week (*go to CHBRST_Q26*)
- 4 Don't know (*go to CHBRST_Q26*)

(CHBRST_Q26)

What is the main reason [child's mother/you] stopped breast feeding [child's name]?

- 1 Teething
- 2 Child bored
- 3 Felt it was time to stop
- 4 Resumed work
- 5 Pregnant
- 6 Not producing any/adequate milk
- 7 Other problems with breast feeding e.g. cracked nipples
- 8 Other

Sequence Guide:

Go to next module

(CHBRST_Q27)

Is breast milk [child's name] main source of food?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q28)

Since this time yesterday, has [child's name] received any vitamins, mineral supplements or medicine?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q29)

Since this time yesterday, has [child's name] received any plain water?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q30)

Since this time yesterday, has [child's name] received any sweetened or flavoured water?

- 1 Yes
- 5 No
- 6 Don't know

(CHBRST_Q31)

Since this time yesterday, has [child's name] received any fruit juice?

1 Yes

5 No

6 Don't know

(CHBRST_Q32)

Since this time yesterday, has [child's name] received any tea or infusion?

1 Yes

5 No

6 Don't know

(CHBRST_Q33)

Since this time yesterday, has [child's name] received any infant formula?

1 Yes

5 No

6 Don't know

(CHBRST_Q34)

Since this time yesterday, has [child's name] received any tinned, powdered or fresh milk?

1 Yes

5 No

6 Don't know

(CHBRST_Q35)

Since this time yesterday, has [child's name] received any solid or semi-solid food?

1 Yes

5 No

6 Don't know

(CHBRST_Q36)

Since this time yesterday, has [child's name] received any other source of food?

1 Yes

5 No

6 Don't know

End module

Alcohol consumption

Population: Persons aged 18 years and over

The next few questions are about alcoholic drinks.

(ALCON_Q02)

How long ago did you last have an alcoholic drink?

- 1 1 week or less
- 2 More than 1 to less than 2 weeks (*go to ALCGQF_Q01*)
- 3 2 weeks to less than 1 month (*go to ALCGQF_Q01*)
- 4 1 to less than 3 months (*go to ALCGQF_Q01*)
- 5 3 to less than 12 months (*go to ALCGQF_Q01*)
- 6 12 months or more (*go to next module*)
- 7 Never (*go to next module*)
- 8 Don't remember (*go to next module*)

(ALCDAY_Q01)

On which days in the last 7 did you have drinks that contained alcohol?

- 1 All
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday
- 8 Sunday

(ALCDAY_Q02)

Instrument matrix

- 1 Most recent drinking day
- 2 Second most recent drinking day
- 3 Third most recent drinking day

(ALCMAT_Q01) (DRINKS)

What did you have to drink on [day stated]?

- 1 Beer (*go to STRENGTH*)
- 2 Wine (*go to TYPEWINE*)
- 3 Champagne/sparkling wine (*go to NUMBER*)
- 4 Ready to drink spirits/liqueurs (*go to TYPE*)
- 5 Liqueurs (*go to TYPE*)
- 6 Spirits (*go to TYPE*)
- 7 Fortified wines (*go to TYPE*)
- 8 Cider (*go to TYPE*)
- 9 Other (*go to TYPE*)

(ALCMAT_Q01) (TYPEWINE)

What type of wine was that?

- 1 White (*go to NUMBER*)
- 2 Red (*go to NUMBER*)
- 3 Low alcohol (*go to NUMBER*)

(ALCMAT_Q01) (TYPE)

What type/brand of (drink) was that?

Specify : Alpha entry

Sequence Guide:

If ALCMAT_Q01=1 go to STRENGTH

Else go to NUMBER

(ALCMAT_Q01) (STRENGTH)

What strength of beer was that?

- 1 Light
- 2 Medium
- 3 Full strength
- 4 Not known

(ALCMAT_Q01) (NUMBER)

How many (drink) did you have?

Specify : numeric entry

(ALCMAT_Q01)

Size of (drink)

Specify : numeric entry

(ALCUSU_Q01)

Is the amount you drank last week more, about the same or less compared to most weeks?

- 1 More
- 2 About the same
- 3 Less

(ALGQF_Q01)

The next questions are about the last 12 months. A standard drink is equivalent to a (10oz/middy/pot) of full strength beer, a glass of wine or a nip of spirits.

In the last 12 months how often have you had [number of drinks: males 11/ females 7] standard drinks in a day?

- 1 Times per week numeric entry (*go to ALGQF_Q02*)
Ctrl K Don't know
- 2 Time in the last 12 months numeric entry (*go to ALGQF_Q03*)
Ctrl K Don't know
- 3 Nil

(ALGQF_Q04)

In the last 12 months how often have you had [number of drinks: males 7/females 5] standard drinks in a day?

1 Times per week numeric entry (*go to ALGQF_Q05*)

Ctrl K Don't know

2 Time in the last 12 months numeric entry (*go to ALGQF_Q06*)

Ctrl K Don't know

3 Nil

End module

SAMPLE

The next few questions are about health conditions you may have.

Asthma

Population: All persons

I would now like to ask you about asthma

(ASTH_Q01)

Have you ever been told by a doctor or nurse you have asthma?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(ASTH_Q02)

Do you still get asthma?

- 1 Yes
- 5 No (*go to next module*)

(ASTH_Q03)

Do you have a written asthma action plan?

- 1 Yes
- 5 No (*go to ASTH_Q08*)
- 6 Never heard of one (*go to ASTH_Q08*)
- 7 Don't know (*go to ASTH_Q08*)

(ASTH_Q04)

Did you get the asthma action plan from a doctor?

- 1 Yes (*go to ASTH_Q07*)
- 5 No

(ASTH_Q05)

(Did you get the asthma action plan from) a nurse?

- 1 Yes (*go to ASTH_Q07*)
- 5 No

(ASTH_Q06)

(Did you get the asthma action plan from) a chemist?

- 1 Yes
- 5 No

(ASTH_Q07)

Is your action plan similar to this?

(Prompt card 11)

- 1 Yes
- 5 No

The next questions are about medication that you may have used or taken for your asthma in the last 2 weeks. Please do not include vitamin and mineral supplements, as well as any natural or herbal medicines, in your answer.

(ASTH_Q08)

Have you taken any medication for asthma in the last 2 weeks?

1 Yes (*go to ASTH_Q09*)

5 No (*go to ASTH_Q10*)

6 Don't know (*go to ASTH_Q10*)

(ASTH_Q09)

Sequence Guide:

If NHS/NHSI go to ASTH_Q11

If NATSIHS/IHS go to SG_ASTH_Q12

(ASTH_Q10)

Sequence Guide:

If NHS/NHSI and ASTH_Q08=5 or 6 go to ASTH_Q18

If NATSIHS/IHS go to next module

(It might be easier to answer these questions if you have the medication in front of you)

(ASTH_Q11)

What are the names or brands of all the asthma medications you have used in the last 2 weeks?

Test entry : up to 3 names/brands

Mark 4 if more than 3 medications stated

(ASTH_Q12)

Sequence Guide:

If NATSIHS/IHS/NHSI and ASTH_Q08=1 go to ASTH_Q13

If NHS go to ASTH_Q14

(ASTH_Q13)

Was your asthma medication used for prevention, relief or both?

1 Prevention

2 Relief

3 Both

4 Neither

5 Don't know

Sequence Guide:

If NHSI go to ASTH_Q14

If NATSIHS/IHS go to ASTH_Q18

(ASTH_Q14)

How often did you use [name of medication] in the last 2 weeks?

(Loop for each name/brand)

- 1 Every day and/or night
- 2 More than 3 days and/or nights a week
- 3 1 to 3 days and/or nights a week
- 4 Less than once a week
- 5 Varies/as required

(ASTH_Q17)

During the last 2 weeks, have you used a nebuliser to administer any of these medications for your asthma?

- 1 Yes
- 5 No
- 6 Don't know

(ASTH_Q18)

Sequence Guide:

If NHS/NHSI go to ASTH_Q19

if NATSIHS/IHS go to next module

(ASTH_Q19)

Have you taken any of these actions for your asthma in the last 2 weeks?

(Prompt card 12)

- 1 Yes
- 5 No (*go to next module*)

(ASTH_Q20)

Which ones?

- 10 Admitted to hospital as an inpatient (*go to next module*)
- 11 Visited outpatient clinic (*go to next module*)
- 12 Visited emergency/casualty (*go to next module*)
- 13 Visited day clinic (*go to next module*)
- 14 Consulted a doctor (General Practitioner or Specialist)
- 15 Consulted other health professional (*go to next module*)
- 16 Had days away from work/study (*go to next module*)
- 17 Had other days of reduced activities (*go to next module*)
- 18 Taken vitamin or mineral supplements (*go to next module*)
- 19 Used natural/herbal medicines (*go to next module*)

(ASTH_Q22)

Did you consult a General Practitioner or a Specialist?

- 1 General Practitioner
- 2 Specialist

End module

Cancer

Population: All persons

(CNCR_Q01)

The next few questions are about cancer.

(CNCR_Q02)

Sequence Guide:

If NHS/NHSI go to CNCR_Q03

If NATSIHS/IHS go to CNCR_Q04

(CNCR_Q03)

Do you or anyone else, regularly check you skin for any changes in freckles and moles?

1 Yes

5 No

6 Don't know

(CNCR_Q04)

Have you ever been told by a doctor or nurse that you have any type of cancer?

1 Yes

5 No (*go to next module*)

(CNCR_Q05)

What type of cancer were you told you had?

(Multiple response)

10 Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma)

11 Colon/rectum/bowel (colorectal)

12 Breast

13 Prostate

14 Lung (include trachea, pleura and bronchus)

15 Female reproductive organ cancer (include cervix, uterus, ovary)

16 Bladder/kidney cancer

17 Stomach cancer

18 Leukaemia

19 Lymphoma (include Non-Hodgkin's Lymphoma)

20 Cancer of unknown primary site

21 Other (*go to CNCR_Q06*)

(CNCR_Q06)

Other specify: Text entry

(CNCRSG_Q07)

Sequence Guide:

If CNCR_Q05 = 10 and NHS/NHSI go to CNCR_Q08

Else go to CNCRSG_Q09

(CNCR_Q08)

What type of skin cancer was this?

- 1 Melanoma
- 2 Basal cell carcinoma (BCC)
- 3 Squamous cell carcinoma (SCC)
- 4 Other form of skin cancer
- 5 Don't know

(CNCRSG_Q09)

Sequence Guide:

If CNCR_Q05=12 go to CNCR_Q10

Else go to CNCR_Q11

(CNCR_Q10)

At what age were you first diagnosed with breast cancer?

Numeric entry 1 to 97

(CNCR_Q11)

Including cancer which is in remission, do you currently have cancer?

- 1 Yes
- 5 No (*go to next module*)

(CNCR_Q13)

What types of cancer do you currently have?

(options available only those indicated ever told in CNCR_Q05/CNCR_Q06)

(Multiple response)

- 10 Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma)
- 11 Colon/rectum/bowel (colorectal)
- 12 Breast cancer
- 13 Prostate cancer
- 14 Lung (include trachea, pleura and bronchus)
- 15 Female reproductive organs (include cervix, uterus, ovary)
- 16 Bladder/kidney cancer
- 17 Stomach cancer
- 18 Leukaemia
- 19 Lymphoma (include Non-Hodgkin's Lymphoma)
- 20 Cancer of unknown primary site
- 21 [Response: CNCR_Q06]

(CNCRSG_Q14)

Sequence Guide:

If NHS/NHSI and CNCR_Q13=10 go to CNCR_Q15

Else go to end of module

(CNCR_Q15)

What type of skin cancer is this?

- 1 Melanoma
- 2 Basal cell carcinoma (BCC)
- 3 Squamous cell carcinoma (SCC)
- 4 Other form of skin cancer
- 5 Don't know

End module

SAMPLE

Hysterectomy and Hormone Replacement Therapy (HRT)

Population: NHS/NHSI Females aged 18 years and over

I would now like to ask you about hysterectomies, removal of ovaries and hormone replacement therapy (HRT).

(WHHYSHRT_Q01)

Have you had a hysterectomy?

1 Yes

5 No (go to WHHYSHRT_Q03)

Ctrl R Refusal

(WHHYSHRT_Q02)

What age were you when you had a hysterectomy?

Numeric entry 1 to 99

Ctrl R Refusal

(WHHYSHRT_Q03)

Have you had any ovaries removed?

1 Yes

5 No (go to WHHYSHRT_Q05)

6 Don't know (go to WHHYSHRT_Q05)

Ctrl R Refusal

(WHHYSHRT_Q04)

Was one ovary removed or were both ovaries removed?

1 Had one ovary removed

2 Had both ovaries removed

3 Don't know

Ctrl R Refusal

(WHHYSHRT_Q05)

Do you currently use a hormone replacement treatment (HRT) prescribed by a doctor?

1 Yes

5 No (go to next module)

(WHHYSHRT_Q06)

How long have you been using hormone replacement treatment (HRT) for?

1 Months

2 Years

(WHHYSHRT_Q07)

Numeric entry 1 to 99 (months/years)

End module

Heart and circulatory conditions

Population: All persons

(CARSTAT_Q01)

I would now like to ask about conditions of the heart and circulatory systems.

(CARSTAT_Q02)

This card shows some examples of these conditions.

Including conditions which can be controlled by medication, have you ever been told by a doctor or nurse that you have any heart or circulatory condition?

(Prompt card 13)

1 Yes

5 No (*go to next module*)

(CARSTAT_Q03)

What are the names of these conditions?

(Multiple response)

10 Rheumatic heart disease

11 Heart attack

12 Stroke (including after effects of stroke)

13 Angina

14 High Blood pressure/hypertension

15 Low blood pressure/hypotension

16 Hardening of the arteries/atherosclerosis/arteriosclerosis.

17 Fluid problems/fluid retention/oedema

18 High Cholesterol

19 Rapid or irregular heartbeats/ tachycardia/palpitations

20 Heart murmur, heart valve disorder

21 Haemorrhoids

22 Varicose veins

23 Other (*go to CARSTAT_Q04*)

(CARSTAT_Q04)

Other types of heart/circulatory conditions

Text entry, up to 3 conditions

(CARSTAT_Q05)

Including conditions which you are controlling with medication, do you currently have any heart or circulatory conditions?

1 Yes

5 No (*go to next module*)

(CARSTAT_Q07)

What are the names of these heart or circulatory conditions?

(options available only those indicated ever told in CARSTAT_Q03/CARSTAT_Q04)

(Multiple response)

- 10 Rheumatic heart disease
- 11 Heart attack
- 12 Stroke (including after effects of stroke)
- 13 Angina
- 14 High Blood pressure/hypertension
- 15 Low blood pressure/hypotension
- 16 Hardening of the arteries/atherosclerosis/arteriosclerosis.
- 7 Fluid problems/fluid retention/oedema
- 18 High Cholesterol
- 19 Rapid or irregular heart beats/tachycardia/palpitations
- 20 Heart murmur, heart value disorder
- 21 Haemorrhoids
- 22 Varicose veins
- 23[Responses: CARSTAT_Q04]

(CARSTAT_Q08)

Sequence Guide:

If CARSTAT_Q07= 13 to 23 go to CARSTAT_Q09

Else go to CARSTAT_Q12

(CARSTAT_Q09)

(Again remembering to include any condition which can be controlled with medication) (Has this/have any of these) condition(s) lasted or (is/are) expected to last for 6 months or more?

- 1 Yes (go to CARSTAT_11)
- 5 No (go to CARSTAT_Q10A)

(CARSTAT_Q10A)

Sequence Guide:

If CARSTAT_Q07 = 10 to 12 only, go to CARSTAT_Q12

Else go to next module

(CARSTAT_Q11)

Which conditions are they?

{Multiple response}

Options from CARSTAT_Q07 and CARSTAT_Q04 only

(CARSTAT_Q12)

Sequence Guide:

If NATSIHS/IHS go to CARMEDD_Q01

If NHSI/NHS and only one condition in CARSTAT_Q07 go to CARMEDC

Else go to CARMEDA

The next few questions are about medication that you may have used or taken in the last 2 weeks which are directly related to your heart or circulatory conditions.

(CARMEDA_Q01)

Including any vitamin and mineral supplements, as well as any natural or herbal medicines, have you used any medication for [heart or circulatory condition name] in the last 2 weeks?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know

(CARMEDA_Q02)

Do you know which conditions you are taking each medication for?

- 1 Yes (*go to CARMEDC_Q01*)
- 5 No (*CARMEDB_Q02*)
- 6 Some (*CARMEDC_Q01*)

(It might be easier to answer these questions if you have the medication in front of you.)

(CARMEDB_Q02)

In the last 2 weeks have you taken any vitamins or mineral supplements for your heart or circulatory condition?

- 1 Yes
- 5 No

(CARMEDB_Q03)

(In the last 2 weeks for your [Heart or circulatory condition name]) have you used any herbal or natural treatments?

- 1 Yes
- 5 No

Sequence Guide:

If CARMEDB_Q02=1 or CARMEDB_Q03=1 go to CARMEDB_Q04

If CARMEDB_Q02=5 and CARMEDB_Q03=5 go to CARMEDB_Q06

(CARMEDB_Q04)

Other than vitamins or herbal treatments you just told me about, have you used or taken any other medication for your [Heart or circulatory condition name] in the last 2 weeks?

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(CARMEDB_Q06)

What are the names or brands of all the (other) medications you have used for your [Heart or circulatory condition name] in the last 2 weeks?

- Text entry - up to 3 names/brands
- Cntl K Don't know

(CARMEDB_Q07)

Sequence Guide:

If CARMEDB_Q06=3 listed brands or names then go to CARMEDB_Q08

Else go to next module

(CARMEDB_Q08)

Number of medications.

1 Three (*go to next module*)

2 4 or more medications (*go to next module*)

The next few questions are about medication that you may have used or taken in the last 2 weeks, which are directly related to your heart or circulatory conditions.

(Loop: CARMEDC_Q01 to CARMEDC_Q08 for each condition reported in CARSTAT_Q07)

(CARMEDC_Q01)

Including any vitamin and mineral supplements, as well as any natural or herbal medicines, have you used any medication for any of your heart or circulatory conditions in the last 2 weeks?

1 Yes

5 No (CARMEDC_Q08)

6 Don't know (CARMEDC_Q08)

(CARMEDC_Q02)

In the last 2 weeks, for [Heart or Circulatory condition name], have you taken any vitamins or mineral supplements?

1 Yes

5 No

(CARMEDC_Q03)

In the last 2 weeks, for [Heart or circulatory condition name], have you used any herbal or natural treatments?

1 Yes

5 No

Sequence Guide:

If CARMEDC_Q02=5 and CARMEDC_Q03=5 go to CARMEDC_Q05

Else go to CARMEDC_Q04

(CARMEDC_Q04)

Other than vitamins or herbal treatments you have just told me about, have you used or taken any medication for [Heart or circulatory condition name] in the last 2 weeks?

1 Yes

5 No (*go to CARMEDC_Q08*)

6 Don't know (*go to CARMEDC_Q08*)

(CARMEDC_Q05)

What are the names or brands of all the medications you have used for [condition] in the last 2 weeks?

Text entry - up to three brands/names

Cntl K Don't know

(CARMEDC_Q06)

Sequence Guide:

If CARMEDC_Q05=3 listed brands/names go to CARMEDC_Q07

Else go to CARMEDC_Q08

(CARMEDC_Q07)

Number of medications

1 Three

2 4 or more medications

3 No names or brands known

(CARMEDC_Q08)

Sequence Guide:

If loop not completed for first 3 conditions in CARSTAT_Q07 go to CARMEDC_Q01

If loop completed for 3 conditions or no other conditions reported in CARSTAT_Q07 go to CARMEDC_Q09

(CARMEDC_Q09)

Sequence Guide:

If CARMEDC_Q01=6, or CARMEDC_Q04=6, or CARMEDC_Q05=6, or CARMEDA_Q02=6, or Cntl K for any of first 3 conditions go to CARMEDC_Q10

Else go to next module

(CARMEDC_Q10)

Have you used or taken any other medications for your heart or circulatory conditions in the last 2 weeks?

1 Yes

5 No (*go to next module*)

(CARMEDC_Q11)

What are the names or brands of all the (other) medication you have used for your heart or circulatory conditions in the last 2 weeks?

Text entry - up to three brands/names

Cntl K Don't know

(CARMEDC_Q12)

Sequence Guide:

If CARMEDC_Q11= 3 listed brands/names go to CARMEDC_Q13

Else go to next module

(CARMEDC_Q13)

Number of medications

- 1 Three
- 2 4 or more medications
- 3 No names or brands known

Sequence Guide:

Go to next module

(CARMEDD_Q01)

Excluding any vitamin and mineral supplements, as well as natural or herbal medicines, have you used any medication for any of your heart or circulatory conditions in the last 2 weeks?

- 1 Yes
- 5 No
- 6 Don't know

End module

SAMPLE

Arthritis

Population: All persons

The next few questions are about arthritis or related conditions.

(ARTHF_Q01)

Do you have, or have you ever had: Gout?

1 Yes

5 No

(ARTHF_Q02)

Do you have, or have you ever had: Rheumatism?

1 Yes

5 No

(ARTHF_Q03)

Do you have, or have you ever had: Arthritis?

1 Yes

5 No (go to ARTHF_Q08)

The next few questions are about what types of arthritis you have or ever had.

(ARTHF_Q04)

Do you have, or have you had: Osteoarthritis?

1 Yes

5 No

(ARTHF_Q05)

Do you have, or have you had: Rheumatoid arthritis?

1 Yes

5 No

(ARTHF_Q06)

Do you have, or have you had: Any other type of arthritis?

1 Yes, can specify type

3 Yes, type unknown (go to ARTHF_Q08)

5 No (go to ARTHF_Q08)

(ARTHF_Q07)

Other type of arthritis

Text entry

(ARTHF_Q08)

Sequence Guide:

If ARTHF_Q01=5 and ARTHF_Q02=5 and ARTHF_Q03=5 go to next module

Else go to ARTH_Q01

(ARTH_Q01)

Sequence Guide:

If more than one condition go to ARTH_Q03

Else if one condition go to ARTH_Q02

(ARTH_Q02 or ARTH_Q03)

Do you currently have any of these condition(s)?

(Loop for each condition)

1 Yes

5 No (*go to ARTH_Q05*)

6 Don't know (*ARTH_Q05*)

(ARTH_Q04)

Which ones?

1 Gout

2 Rheumatism

3 Osteoarthritis

4 Rheumatoid arthritis

5 Other type (from ARTHF_Q07)

6 Arthritis type unknown

(ARTH_Q05)

Sequence Guide:

If ARTH_Q04=1 or 2 go to ARTH_Q06

Else go to ARTH_Q07

(ARTH_Q06)

Has your [condition] lasted, or is it expected to last, for six months or more?

(loop for each condition)

1 Yes

5 No

6 Don't know

(ARTH_Q07)

Sequence Guide:

If ARTHF_Q03=1 go to ARTH_Q08

Else go to next module

(ARTH_Q08)

Were you told by a doctor or nurse that you have [condition]?

(loop for each arthritis type)

1 Yes

5 No (*go to ARTHMED_Q01*)

6 Don't know (*go to ARTHMED_Q01*)

(ARTH_Q09)

Sequence Guide:

If NATSIHS/IHS go to ARTHMED_Q01

Else NHS/NHSI go to ARTH_Q10

(ARTH_Q10)

How old were you when you were first told you had arthritis?

Numeric entry 0 to 99

Cntl K Don't know

The next few questions are about medications that you may have used or taken for arthritis in the last 2 weeks. Please do not include any vitamin and mineral supplements, as well as any natural or herbal medications in your answer. These will be collected later.

(ARTHMED_Q01)

Have you used any medication for arthritis in the last 2 weeks?

1 Yes (*go to ARTHMED_Q02B*)

5 No (*go to ARTHMED_Q02A*)

6 Don't know (*go to ARTHMED_Q02A*)

(ARTHMED_Q02A)

Sequence Guide:

If NHS/NHSI go to ARTHMED_Q05

Else NATSIHS/IHS go to next module

(ARTHMED_Q02B)

Sequence Guide:

If NHS/NHSI go to ARTHMED_Q03

Else NATSIHS/IHS go to next module

(It might be easier to answer these questions if you have the medication in front of you.)

(ARTHMED_Q03)

What are the names or brands of all the arthritis medication you have used for your arthritis in the last 2 weeks?

Text entry - up to 3 brands/names

Sequence Guide:

If 3 medications entered go to ARTHMED_Q04

Else go to ARTHMED_Q05

(ARTHMED_Q04)

Number of medications

1 Three

2 4 or more

(ARTHMED_Q05)

(Apart from those you have already told me about) In the last 2 weeks have you taken any of these for your arthritis?

(Prompt card 14)

1 Yes

5 No (*go to ARTHACT_Q01*)

6 Don't know (*go to ARTHACT_Q01*)

(ARTHMED_Q06)

Which ones?

(Multiple response)

1 Vitamin D supplements (specify type)

2 Calcium supplements (specify type)

3 Glucosamine

4 Fish oil/Omega 3 oils

5 Fish liver oils

6 Chondroitin/shark cartilage

7 Any other vitamin or mineral supplements (specify)

8 Any other natural or herbal treatments (specify)

Sequence Guide:

If ARTHMED_Q06=1, 2, 7 or 8 go to ARTHMED_Q07

Else go to ARTHACT_Q01

(ARTHMED_Q07)

What is the name or brand of medication you are taking?

(Loop)

Text entry

(ARTHACT_Q01)

Have you taken any of these actions for your arthritis in the last 2 weeks?

(Prompt card 15)

1 Yes

5 No (*go to next module*)

(ARTHACT_Q02)

Which ones? (Multiple response)

10 Visit General Practitioner or Specialist

11 Visit to Other Health Professional (For example: physiotherapist, chiropractor, occupational therapist)

12 Did weight/strength/resistance training

13 Obtained and used physical aids

14 Water therapy

15 Massage

16 Followed changed eating pattern/diet

17 Losing weight

18 Exercised most days

19 Any other actions taken

End module

Osteoporosis

Population: All persons

I would now like to ask you about osteoporosis.

(OSTEO_Q01)

Have you ever been told by a doctor or nurse you have osteoporosis or osteopenia?
(Osteopenia is a mild loss of bone density that may progress to osteoporosis).

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(OSTEO_Q02)

Which one were you told you have?

- 1 Osteoporosis
- 2 Osteopenia
- 3 Both

(OSTEO_Q03)

Sequence Guide:

If NHS/NHSI go to OSTEEO_Q04

Else if NATSIHS/IHS go to OSTEOMED_Q01

(OSTEO_Q04)

At what age were you when you were first told that you had [condition]?

- Numeric entry: 1 to 98
- Cntl K Don't know

The next few questions are about medications that you may have used or taken for [condition] in the last 2 weeks . Please do not include vitamin and mineral supplements as well as natural or herbal medication in your answer. These will be collected later.

(OSTEOMED_Q01)

Have you used any medication for [condition] in the last 2 weeks?

- 1 Yes
- 5 No (*go to OSTEEO_Q02B*)
- 6 Don't know (*go to OSTEEO_Q02B*)

(OSTEO_Q02A)

Sequence Guide:

If NHS/NHSI go to OSTEOMED_Q03

Else if NATSIHS/IHS go to next module

(OSTEO_Q02B)

Sequence Guide:

If NHS/NHSI go to OSTEOMED_Q05

Else if NATSIHS/IHS go to next module

(It might be easier to answer these questions if you have the medication in front of you)

(OSTEOMED_Q03)

What are the names or brands of all the [condition] medication you have used in the last 2 weeks?

Text entry - up to 3 brands/names
Cntl K Don't know

Sequence Guide:

If 3 or more medications entered go to OSTEOMED_Q04

Else go to OSTEOMED_Q05

(OSTEOMED_Q04)

Number of medications

1 three
2 4 or more

(OSTEOMED_Q05)

(Apart from those you have already told me about) In the last 2 weeks have you taken any of these for your [condition]?

(Prompt card 16)

1 Yes
5 No (*go to OSTEOMED_Q01*)
6 Don't know (*go to OSTEOMED_Q01*)

(OSTEOMED_Q06)

Which ones?

(Multiple response)

- 1 Vitamin D supplements (specify type)
- 2 Calcium supplements (specify type)
- 3 Glucosamine (*go to OSTEOMED_Q01*)
- 4 Fish oil/Omega 3 oils (*go to OSTEOMED_Q01*)
- 5 Fish liver oils (*go to OSTEOMED_Q01*)
- 6 Chondroitin/shark cartilage (*go to OSTEOMED_Q01*)
- 7 Any other vitamin or mineral supplements (specify)
- 8 Any other natural or herbal treatments (specify)

(OSTEOMED_Q07)

What is the name or brand of (Vitamin D supplement/Calcium supplement/other vitamin or mineral supplement medication/other natural or herbal treatment) you are taking?

Text entry

(OSTEOMED_Q01)

Have you taken any of these actions for your [condition] in the last 2 weeks?

(Prompt card 17)

1 Yes
5 No (*go to next module*)

(OSTEOACT_Q02)

Which ones?

(Multiple response)

- 10 Visit General Practitioner or Specialist
- 11 Visit Other Health Professional (physiotherapist, chiropractor, occupational therapist)
- 12 Did weight/strength/resistance training
- 13 Obtained or used physical aids (used at home or work)
- 14 Water therapy
- 15 Massage
- 16 Followed changed eating pattern/diet
- 17 Losing weight
- 18 Exercised most days
- 19 Any other actions taken

End module

SAMPLE

Diabetes

Population: All persons

The next few questions are about diabetes and high sugar levels.

(DIABST_Q01)

Have you ever been told by a doctor or nurse you have Diabetes?

1 Yes (*go to DIABST_Q03*)

5 No

(DIABST_Q02)

(Have you ever been told by a doctor or nurse that you have) High sugar levels in your blood or urine?

1 Yes

5 No

(DIABST_Q03)

Sequence Guide:

If DIABST_Q01=1 go to DIABST_Q04

If DIABST_Q01=5 and DIABST_Q02=1 go to HSL_Q01

If DIABST_Q01=5 and DIABST_Q02= 5 and NHSI/NATSIHS/IHS go to DIAL_Q01

If DIABST_Q01=5 and DIABST_Q02=5 and NHS go to SIGH_Q01

(DIABST_Q04)

At what age were you first told that you had Diabetes?

Numeric entry 0 to 105

Ctrl K Don't know

(DIABST_Q05)

Sequence Guide:

If NHS/NHSI go to DIABST_Q06

Else if NATSIHS/IHS go to DIABST_Q08

(DIABST_Q06)

What type of diabetes were you told you have?

(Multiple response)

1 Type I (Insulin Dependent Diabetes Mellitus/Juvenile Onset Diabetes/
Type A)

2 Type II (Non-Insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/
Type B)

3 Gestational (pregnancy)

4 Diabetes insipidus

5 Other (*go to DIABST_Q07*)

6 Type unknown

(DIABST_Q07)

What type of other diabetes do you have?

Text entry

(DIABST_Q08)

Do you currently have diabetes?

1 Yes

5 No (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

6 Don't know (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

(DIABST_Q09)

Sequence Guide:

If NHS/NHSI go to DIABST_Q10

Else if NATSIHS/IHS go to DIABMED_Q01

(DIABST_Q10)

Sequence Guide:

If one type of Diabetes go to DIABST_Q11

Else if more than one type go to DIABST_Q12

(DIABST_Q11/DIABST_Q12)

Which type(s) do you currently have?

Numeric entry

(DIABST_Q13)

Sequence Guide:

If DIABSTQ11 = 4 only and NHSI and age 18 years or over go to DIAL_Q01

If DIABSTQ11 = 4 only and NHS (or NHSI and age 0-17 years) go to SIGH_Q01

Else go to DIABMED_Q01

(HSL_Q01)

At what age were you first told that you had high sugar levels?

Numeric entry: 0 to99

Cntl K Don't know

(HSL_Q02)

Do you currently have high sugar levels?

1 Yes

5 No (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

6 Don't know (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

(HSL_Q03)

Have your high sugar levels lasted, or are they expected to last, for 6 months or more?

1 Yes

5 No (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

6 Don't know (If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01)

(DIABMED_Q01)

Are you currently having insulin every day?

1 Yes

5 No (go to DIABMED_Q05)

6 Don't know (go to DIABMED_Q05)

(DIABMED_Q02)

At what age did you start having insulin every day?

Numeric entry:0 to 99

Cntl K Don't know

(DIABMED_Q03)

Sequence Guide:

If NHS/NHSI go to DIABMED_Q04

If NATSIHS/IHS go to DIABMED_Q05

(DIABMED_Q04)

What is the name or brand of the insulin you take?

Text entry

The next question is about other medication that you may have used for your [condition] in the last 2 weeks. Please do not include vitamin and mineral supplements as well as any natural or herbal medicines in your answer. These will be collected later.

(DIABMED_Q05)

[Apart from insulin], have you used any other medication for your [condition] in the last 2 weeks?

1 Yes

5 No (go to DIABMED_Q08)

6 Don't know (go to DIABMED_Q08)

(DIABMED_Q06)

Sequence Guide:

If NHS/NHSI go to DIABMED_Q07

Else if NATSIHS/IHS go to DIABMED_Q08

(It might be easier to answer the next question if you have the medication in front of you)

(DIABMED_Q07)

(Apart from insulin), What are the names or brands of all the medication you have used for (condition) in the last 2 weeks?

(Multiple response)

1 Text entry

2 Text entry

3 Text entry

Sequence Guide:

If DIABMED_Q07 has three medications go to (DIABMED_Q07B)

Else if DIABMED_Q07 has less than three medication go to (DIABMED_Q08)

(DIABMED_Q07B)

Number of medication

1 Three

2 Four or more

(DIABMED_Q08)

Did you change your eating habits or diet because of your [condition]?

1 Yes

5 No (*go to DIABMED_Q10*)

(DIABMED_Q09)

Are you currently following a changed eating pattern or diet because of your [condition]?

1 Yes

5 No

(DIABMED_Q10)

(Apart from insulin injections, medication or being on a special diet)

In the last 2 weeks have you taken any other action to manage your [condition]?

(Prompt card 18)

1 Yes

5 No (*go to DIABMED_Q12*)

(DIABMED_Q11)

Which other actions have you taken to manage your [condition]?

(Multiple response)

1 Losing weight

2 Exercised most days

3 Taken vitamins/mineral supplements

4 Taken natural/herbal medicines

5 Other

(DIABMED_Q12)

In the last 12 months has your [condition] got in the way with anything you usually do?

(Prompt card 19)

1 Yes

5 No (*If NHSI/NATSIHS/IHS go to DIAL_Q01, else if NHS go to SIGH_Q01*)

(DIABMED_Q13)

Which activities?

(Multiple response)

1 Work

2 Study

3 Other day to day activities

Sequence Guide:
If NHS go to SIGH_Q01
Else go to DIAL_Q01

End module

SAMPLE

Renal disease

Population: Indigenous persons

(DIAL_Q01)

Have you ever been told by a doctor or nurse that you have kidney disease?

1 Yes

5 No (*go to DIAL_Q03*)

(DIAL_Q02)

Do you currently have kidney disease?

1 Yes

5 No

(DIAL_Q03)

Have you ever had dialysis (or used a kidney machine)?

1 Yes

5 No

End module

SAMPLE

Sight conditions

Population: All persons

I would like to ask about your eyesight

(SIGH_Q01)

Are you colour blind?

1 Yes

5 No

(SIGH_Q02)

Do you currently wear glasses or contact lenses to correct or partially correct your eyesight?

1 Yes

5 No (*go to SIGH_Q05*)

(SIGH_Q03)

What sight problems do your glasses or contact lenses correct or partially correct?

(Prompt card 20)

1 Astigmatism

2 Short sightedness/Myopia/difficulty seeing objects in the distance

3 Macular degeneration

4 Other age related sight problem/presbyopia

5 Long sightedness/hyperopia/difficulty seeing objects close up

6 Other (*go to SIGH_Q04*)

7 Don't know

(SIGH_Q04)

Type of other sight problem

Text entry

(SIGH_Q05)

Do you have any other problems with your sight?

1 Yes

5 No (*go to DIABSIGH_Q01*)

6 Don't know (*go to DIABSIGH_Q01*)

(SIGH_Q06)

Can any of these (other) problems be corrected or partially corrected by glasses or contact lenses?

1 Yes

5 No (*go to SIGH_Q10*)

6 Don't know (*go to SIGH_Q10*)

(SIGH_Q07)

What other sight problems do you have that can be corrected or partially corrected by glasses or contact lenses?

(Prompt card 20)

- 1 Astigmatism
- 2 Short sightedness/Myopia/difficulty seeing objects in the distance
- 3 Macular degeneration
- 4 Other age related sight problem/presbyopia
- 5 Long sightedness/hyperopia/difficulty seeing objects close up
- 6 Other (*go to SIGH_Q08*)
- 7 Don't know

(SIGH_Q08)

What other sight problems do you have?

Text entry

(SIGH_Q09)

Apart from conditions already mentioned, do you have any other sight problems?

- 1 Yes
- 5 No (*go to DIABSIGH_Q01*)
- 6 Don't know (*go to DIABSIGH_Q01*)

(SIGH_Q10)

What other sight problems do you have?

- 10 Totally blind in both eyes
- 11 Totally blind in one eye
- 12 Partially blind in both eyes
- 13 Partially blind in one eye
- 14 Glaucoma
- 15 Cataracts
- 16 Trachoma
- 17 Lazy eye/Strabismus
- 18 Macular degeneration
- 19 Retinopathy
- 20 Other (*go to SIGH_Q11*) (*specify*)
- 21 Don't know

(SIGH_Q11)

What other sight problems do you have?

Text entry

(DIABSIGH_Q01)

Sequence Guide:

If has diabetes/high sugar levels and at least one sight problem go to

DIABSIGH_Q02

If has diabetes/high sugar level and does not have a sight problem go to

DIABSIGH_Q05

Else go to next module

(DIABSIGH_Q02)

Are any of your sight problems due to your diabetes/high sugar levels?

- 1 Yes
- 5 No (*go to DIABSIGH_Q05*)
- 6 Don't know (*go to DIABSIGH_Q05*)

(DIABSIGH_Q03)

Sequence Guide:

If only one sight problems reported go to DIABSIGH_Q06

Else if more than one sight problem reported go to DIABSIGH_Q04

(DIABSIGH_Q04)

Of the sight problems you have told me about, which ones are due to your diabetes/high sugar levels?

- [condition previously stated] (*DIABSIGH_Q06*)
- Don't know (*go to DIABSIGH_Q06*)

(DIABSIGH_Q05)

How long since you last consulted an eye specialist or optometrist about this condition?

- 1 Less than 1 year (*go to next module*)
- 2 1 to less than 2 years (*go to next module*)
- 3 2 to less than 5 years (*go to next module*)
- 4 5 years or more (*go to next module*)
- 5 Never (*go to next module*)
- 6 Don't know (*go to next module*)

(DIABSIGH_Q06)

How long since you last consulted an eye specialist or optometrist about this condition?

- 1 Less than 1 year
- 2 1 to less than 2 years
- 3 2 to less than 5 years
- 4 5 years or more
- 5 Never
- 6 Don't know

End module

Hearing conditions

Population: All persons

(HEAR_Q01)

Do you have any hearing problems or problems with your ears that have lasted or are expected to last, for 6 months or more?

1 Yes

5 No (*go to next module*)

(HEAR_Q02)

What hearing or ear problems do you have?

(Multiple response)

1 Total deafness

2 Deaf in 1 ear

3 Hearing loss/partially deaf

4 Tinnitus

5 Meniere's disease

6 Otitis media

7 Other (*go to HEAR_Q03*)(*specify*)

8 Don't know

(HEAR_Q03)

Other hearing problem

Text entry

End module

Other long-term conditions

Population: All persons

The next few questions are about other long term conditions, that is, conditions that have lasted, or are expected to last, for 6 months or more.

Apart from the conditions you have already told me about?

(LTC_Q01)

Do you have any of these conditions?

(Prompt card 21)

1 Yes

5 No (*go to LTC_Q05*)

(LTC_Q02)

Which of these do you have?

(Multiple response)

10 Hayfever

11 Sinusitis or sinus allergy

12 Emphysema

14 Bronchitis

13 Anaemia

15 Other allergy

16 Epilepsy

17 Fluid problems/fluid retention/oedema (Exclude those due to heart or circulatory problem)

18 Hernias

19 Kidney stones

20 Migraine

21 Psoriasis

22 Stomach ulcer or other gastrointestinal ulcers

23 Thyroid trouble/goitre

24 Tuberculosis

25 Back - slipped disc or other disc problems

26 Back pain or back problems (*go to LTC_Q04*)

(LTC_Q04)

Please provide more detail about your back pain or back problem?

Text entry

Ctrl R Refusal

(LTC_Q05)

(Apart from any conditions you have already told me about), Do you have any other conditions that have lasted, or are that are expected to last, for six months or more?

For example:

(Prompt card 22)

1 Yes

5 No (*go to LTC_Q07*)

(LTC_Q06)

Which conditions do you have?

- 1 Text entry
- 2 Text entry
- 3 Text entry
- 4 Text entry

(LTC_Q06A)

How long has this condition lasted for?

(asked of NHPAs reported in LTC_Q06)

- 1 Days (go to LTC_Q06B numeric entry)
- 2 Weeks (go to LTC_Q06C numeric entry)
- 3 Months (go to LTC_Q06D numeric entry)
- 4 Years (go to LTC_Q06E numeric entry)

(LTC_Q07)

(Apart from any conditions you have already told me about), Do you have any (other) long term conditions such as these?

(Prompt card 23)

- 1 Yes
- 5 No (go to ALLCON_Q01)

(LTC_Q08)

Which conditions do you have?

- 1 Text entry
- 2 Text entry
- 3 Text entry
- 4 Text entry

(LTC_Q08A)

How long has this condition lasted for?

(Loop for each NHPA condition reported in LTC_Q08)

- 1 Days (go to LTC_Q08B numeric entry)
- 2 Weeks (go to LTC_Q08C numeric entry)
- 3 Months (go to LTC_Q08D numeric entry)
- 4 Years (go to LTC_Q08E numeric entry)

(LTC_Q09SG)

Sequence Guide:

If NHPA condition reported in LTC_Q06 or LTC_Q08 go to CONDST_Q01

Else go to next module.

(CONDST_Q01)

Were you ever told you had [condition] by a doctor or nurse?

(Loop for each NHPA condition reported in LTC_Q06 or LTC_Q08)

- 1 Yes
- 5 No

End module

Cause of conditions

Population: Persons who have reported conditions at any of:
ASTH_Q01, CNCR_Q03, CARSTAT_Q03, ARTHF_Q01 to Q06, OSTEO_Q02,
DIABST_Q02, DIABST_Q05, DIAL_Q02, SIGH_Q03, SIGH_Q07, SIGH_Q10,
HEAR_Q02, LTC_Q02, LTC_Q04, LTC_Q06

(ALLCON_Q01)

Sequence Guide:

If NHS/NHSI and age 15 years or more go to ALLCON_Q02

If NHS/NHSI and age less than 15 years go to ALLCON_Q05

If NATSIHS/IHS go to ALLCON_Q05

The next few questions are about [all of] the conditions you have told me about.

(ALLCON_Q02)

[Is this/are these] conditions work related?

1 Yes

5 No (*go to ALLCON_Q05*)

6 Don't know (*go to ALLCON_Q05*)

(ALLCON_Q03)

Which conditions?

[Imported conditions previously recorded]

Numeric entry

Other (*go to ALLCON_Q04*)

(ALLCON_Q04)

Select from 'other' conditions reported

Alpha entry

(ALLCON_Q05)

[If ALLCON_Q02 answered insert: Including the conditions you said were work related,] Are any of these conditions you told me about, the result of an injury?

1 Yes

5 No (*go to next module*)

6 Don't know (*go to next module*)

(ALLCON_Q06)

Which conditions?

(Import conditions previously recorded)

Numeric entry

Other (*go to ALLCON_Q07*)

(ALLCON)Q07)

Select from 'other' conditions reported

Alpha entry

(ALLCONSG_Q08)

Sequence Guide:

If NHS/NHSI go to ALLCON_Q09

If NATSIHS/IHS go to next module

(ALLCON_Q09)

Thinking about the injury that (caused/resulted in) your [condition]
(Loop for each condition in ALLCON_Q06)

Did you receive this injury while at (work/school)?

1 Yes

5 No

Sequence Guide:

If 15-17 years old and ALLCON_Q09 =1 go to ALLCON_Q10

Else go to ALLCON_Q11

(ALLCON_Q10)

Did you receive this injury while at (work/school) please specify

1 Work

2 School/study

(ALLCON_Q11)

(Did you receive this injury) in a motor vehicle accident?

1 Yes

5 No

(ALLCON_Q12)

(Did you receive this injury) during exercise or sport?

1 Yes

5 No

End module

Injuries

Population: All persons

I now want to ask you about any injuries you have had in the last 4 weeks. Please include all injuries you have had, even minor injuries.

(INJURIES_Q01)

In the last 4 weeks have any of these happened to you?

(Prompt card 24)

- 1 Yes
- 5 No (*go to next module*)
- 6 Don't know (*go to next module*)

(INJURIES_Q02)

Did any of these events result in any of the following actions?

(Prompt card 25)

- 1 Yes
- 5 No (*go to next module*)

(INJURIES_Q03)

Which events were these actions taken for?

(Prompt card 26)

(Multiple response)

- 10 Vehicle accident
- 11 Low fall
- 12 High fall
- 13 Hitting something or being hit by something
- 14 Attacked by another person
- 15 Near drowning
- 16 Exposure to fire/heat
- 17 Exposure to chemicals
- 18 Bite or sting
- 19 Cut with knife/tool/other implement
- 20 Other event requiring some action
- 21 Food poisoning

(INJURIES_Q04)

In the last 4 weeks how many events did you have that required an action?

(Loop for each event recorded in INJURIES_Q03)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

(INJURIES_Q05)

Sequence Guide:

If INJURIES_Q03=21 only go to end of module

Else go to INJURIES_Q06

(INJURIES_Q06)

[Not including food poisoning] Which event happened most recently?
(Prompt card 27)

- 10 Vehicle accident
- 11 Low fall
- 12 High fall
- 13 Hitting something or being hit by something
- 14 Attacked by another person
- 15 Near drowning
- 16 Exposure to fire/heat
- 17 Exposure to chemicals
- 18 Bite or sting
- 19 Cut with knife/tool/other implement
- 20 Other event requiring some action

I would now like to ask you about the most recent event, that is the other event that you described.

(INJURIES_Q07)

Which of these best describes the injuries received?

(Prompt card 28)

(Multiple response)

- 10 Fractures and broken bones
- 11 Dislocations, sprains, strains, torn muscles or ligaments
- 12 Internal injury
- 13 Open wound
- 14 Bruising
- 15 Burns and scalds
- 16 Concussion (*go to INJURIES_Q09*)
- 17 Choking (*go to INJURIES_Q09*)
- 18 Poisoning
- 19 Other
- 20 No injury sustained (*go to next module*)

(INJURIES_Q08)

Which part or parts of your body were [injury received]?

(Loop for each injury recorded in INJURIES_Q07)

(Multiple response)

- 10 Eyes
- 11 Head (excluding. eyes)
- 12 Neck (excluding. spine)
- 13 Shoulders (including. collar bone)
- 14 Arms (including. wrists)
- 15 Hands/fingers
- 16 Back/spine
- 17 Trunk (including. chest, internal organs, groin and buttocks)
- 18 Hip
- 19 Legs/feet
- 20 Whole body

(INJURIES_Q09)

Sequence Guide:

If 15 years and over go to INJURIES_Q10

Else go to INJURIES_Q13

(INJURIES_Q10)

Did you receive the injury while?

1 Working for an income? (go to INJURIES_Q11)

2 Working as a volunteer? (go to INJURIES_Q14)

3 Neither (go to INJURIES_Q13)

(INJURIES_Q11)

Sequence Guide:

If employed go to INJURIES_Q12

Else go to INJURIES_Q14

(INJURIES_Q12)

Was this the same occupation you told me about earlier?

1 Yes (go to INJURIES_Q14)

5 No (go to INJURIES_Q14)

6 Don't know (go to INJURIES_Q14)

(INJURIES_Q13)

Which of these best describes the activity which you were doing when you received the [injury/injuries] in [injury event]?

(Prompt card 29)

1 Sporting activities

2 Leisure activities

3 Resting, sleeping, eating or other personal activities

4 Being nursed or cared for

5 Attending school/college/university

6 Domestic activities

7 Other

(INJURIES_Q14)

In which of these locations were you when you received the injury from [injury event]?

(Prompt card 30)

10 Inside own/someone else's home

11 Outside own/someone else's home

12 At school/college/university

13 Residential institution

14 Health care facility

15 Sports facility/athletics field/park

16 Street/highway

17 Commercial place

18 Industrial place

19 Farm

20 Other

(INJURIES_Q15)

Did you attend hospital for the injury you received from the [injury event] you described?

- 1 Yes
- 5 No (go to INJURIES_Q17)
- 6 Don't know (go to INJURIES_Q17)

(INJURIES_Q16)

Which of these did you attend at the hospital?

(Prompt card 31)

- 1 Inpatient stay in hospital
- 2 Emergency/casualty department
- 3 Outpatient clinic at hospital

(INJURIES_Q17)

Apart from the hospital attendance mentioned in the previous question. Did you visit any of these for the injury you received from the [injury event]?

(Prompt card 32)

- 1 Yes
- 5 No (go to INJURIES_Q19)
- 6 Don't know (go to INJURIES_Q19)

(INJURIES_Q18)

Which ones?

(Multiple response)

- 1 Doctor, general practitioner
- 2 Other health professional

(INJURIES_Q19)

Sequence Guide:

If aged 5 to 64 years and NHS/NHSI go to INJURIES_Q20

If aged 0 to 4 years or 65 years and over and NHS/NHSI go to INJURIES_Q21

If NATSIHS/IHS go to INJURIES_Q22

(INJURIES_Q20)

Did you have time off work or your place of study/school due to the injury?

- 1 Yes
- 2 No
- 3 Not applicable
- 4 Don't know

(INJURIES_Q21)

On any [other] days did you cut down on anything you usually do because of the injury?

- 1 Yes
- 5 No
- 6 Don't know

(INJURIES_Q22)

Sequence Guide:

If NATSIHS/IHS and age 15 and over or if NHS and age 18 years and over go to INJURIES_Q23

If NATSIHS/IHS and aged less than 15 or NHS and age less than 18 go to next module

(INJURIES_Q23)

Were you under the influence of alcohol, or any other substance, when you were injured?

1 Yes

5 No

6 Don't know

End module

SAMPLE

Days off work/study, other days of reduced activity

Population: Persons aged 5 to 64 years

Sequence Guide:

If employed go to WRKOFF_Q01

Else if studying (incl. 5 to 14 years of age) but not employed go to STDYOFF_Q01

Else if aged 0 to 4 years and NATSIHS/IHS/NHSI go to ACT_Q01, if aged 0 to 4 years and NHS go to OUT_Q01

Else go to OTHRED_Q01

(WRKOFF_Q01)

I now want you to think about all the time off work in the last 2 weeks.

(WRKOFF_Q02)

In the last 2 weeks have you stayed away from your work for more than half the day because of any illness or injury you had?

1 Yes

5 No (go to WRKOFF_Q05)

(WRKOFF_Q03)

On how many days in the last 2 weeks have you stayed away from your work?

Numeric entry 1 to 14

(WRKOFF_Q04)

Sequence Guide:

If WRKOFF_Q03 less than 14 then go to WRKOFF_Q05

If WRKOFF_Q03=14 and aged less than 65 years and studying go to STDYOFF_Q01

Else if NATSIHS/IHS/NHSI go to ACT_Q01, if NHS and age less than 15 years of age go to OUT_Q01, if NHS and age 15 years and over go to HEALIN_Q01

(WRKOFF_Q05)

In the last 2 weeks, did you have any days off work to look after or care for someone else because they were sick or injured?

1 Yes (go to WRKOFF_Q07)

5 No

(WRKOFF_Q06)

Sequence Guide:

If aged less than 65 years and studying go to STDYOFF_Q01

Else go to OTHRED_Q01

(WRKOFF_Q07)

On how many days in the last 2 weeks, have you stayed away from work to look after someone else?

Numeric entry 1 to 14

(WRKOFF_Q08)

Sequence Guide:

If less than 65 years of age and studying then go to STDYOFF_Q01

If WRKOFF_Q03 and WRKOFF_Q07 less than 14 go to OTHRED_Q01

If WRKOFF_Q03 and WRKOFF_Q07=14 and NATSIHS/IHS/NHSI go to ACT_Q01

Else if WRKOFF_Q03 and WRKOFF_Q07=14 and NHS and age 5 to 14 years go to OUT_Q01

Else if WRKOFF_Q03 and WRKOFF_Q07=14 and NHS and age 15 and over go to HEALIN_Q01

(STDYOFF_Q01)

Now I want you to think about the effects this may have had on your study in the last 2 weeks.

(STDYOFF_Q02)

In the last 2 weeks have you stayed away from your (school/place of study) for more than half the day because of any illness or injury you had?

1 Yes

5 No {go to STDYOFF_Q05}

(STDYOFF_Q03)

On how many days in the last 2 weeks have you stayed away from your (school/place of study)?

Numeric entry 1 to 14

(STDYOFF_Q04)

Sequence Guide:

If STDYOFF_Q03=14 and NATSIHS/IHS/NHSI go to ACT_Q01

Else if STDYOFF_Q03=14 and NHS and age 5 to 14 years go to OUT_Q01

Else if STDYOFF_Q03=14 and NHS and age 15 and over go to HEALIN_Q01

Else if aged 5 to 9 years go to OTHRED_Q01

Else go to STDYOFF_Q05

(STDYOFF_Q05)

In the last 2 weeks, did you have any days off (school/study) to look after someone else because they were sick or injured?

1 Yes

5 No (If employed and WRKOFF_Q03 + WRKOFF_Q07 less than 14 go to OTHRED_Q01,
else if STDYOFF_Q03 less than 14 go to OTHRED_Q01,
else If NATSIHS/IHS/NHSI go to ACT_Q01,
if NHS and age less than 15 years go to OUT_Q01,
if NHS and age 15 years and over go to HEALIN_Q01)

(STDYOFF_Q06)

On how many days in the last 2 weeks, have you stayed away from your (school/place of study) to look after someone else?

Numeric entry 1 to 14

(STDYOFF_Q07)

Sequence Guide:

If studying only and STDYOFF_Q03 and STDYOFF_Q06 less than 14 or if studying and employed and STDYOFF_Q03 and STDYOFF_Q06 and WRKOFF_Q03 and WRKOFF_Q07 less than 28 then go to OTHRED_Q03

Else if NATSIHS/IHS/NHSI go to ACT_Q01

Else if NHS and age 10 to 14 years go to OUT_Q01

Else if NHS and age 15 years and over go to HEALIN_Q01

Population: Persons aged 5 years and over

(OTHRED_Q01)

Sequence Guide:

If (aged 15 to 64 years and employed) or (aged 5 to 64 years & studying) go to OTHRED_Q03

Else go to OTHRED_Q02

(OTHRED_Q02)

(I now want you to think about any illness or injury you had, and the effects this may have had on you in the last 2 weeks?)

(OTHRED_Q03)

Apart from when you were away from (work/school/your place of study), on any other days in the last 2 weeks, have you had to cut down on anything you usually do because of any illness or injuries?

1 Yes

5 No (If NATSIHS/IHS/NHSI go to ACT_Q01,
if NHS and age 5 to 14 years go to OUT_Q01
if NHS and age 15 years and over go to HEALIN_Q01)

(OTHRED_Q04)

On how many days in the last 2 weeks, have you cut down on your usual activities?

Numeric entry 1 to 14

Sequence Guide:

If NATSIHS/IHS/NHSI go to ACT_Q01

Else if NHS and age 5 to 14 years go to OUT_Q01

Else if NHS and age 15 years and over go to HEALIN_Q01

Population: Indigenous persons only

(ACT_Q01)

Where do you usually go when you have a problem with your health?

1 Aboriginal Medical Service

2 Hospital

3 Doctor/GP (outside hospital/AMS)

4 Traditional healer

5 Other

6 Doesn't usually seek health care

(ACT_Q02)

Do you usually go to the same doctor or medical service?

1 Yes

5 No

SAMPLE

Health insurance

Population: Persons aged 15 years and over

The next few questions are about private health insurance.

(HEALIN_Q01)

Apart from Medicare, are you currently covered by private health insurance?

- 1 Yes
- 5 No (go to HEALIN_Q08)
- 6 Don't know (go to HEALIN_Q02B)

(HEALIN_Q02A)

Sequence Guide:

If NATSIHS/IHS go to HEALIN_Q04

If NHS/NHSI go to HEALIN_Q03

(HEALIN_Q02B)

Sequence Guide:

If NATSIHS/IHS go to HEALIN_Q12

If NHS/NHSI go to HEALIN_Q10

(HEALIN_Q03)

Are you covered by family, couple, sole parent or single membership?

- 1 Family membership
- 2 Couple membership
- 3 Sole parent membership
- 4 Single membership

(HEALIN_Q04)

Which of these best describes what your private health insurance covers?

(Prompt card 33)

- 1 Hospital only
- 2 Ancillary only ('extras')
- 3 Hospital and ancillary ('extras')
- 4 Don't know

(HEALIN_Q05)

What are all the reasons you are covered by private health insurance?

(Multiple response)

- 10 Security/protection/peace of mind
- 11 Lifetime cover/avoid surcharge
- 12 Choice of doctor
- 13 Allows treatment as private patient
- 14 Provides benefits for ancillary services ('extras')
- 15 Shorter wait for treatment/concerned over public hospital waiting lists
- 16 Always had it/parents had it/condition of job
- 17 To gain government benefits/avoid extra Medicare levy
- 18 Other financial reasons
- 19 Has illness/condition that requires treatment
- 20 Elderly/getting older/likely to need treatment
- 21 Other

(HEALIN_Q06)

Sequence Guide:

If NATSIHS/IHS go to HEALIN_Q12

If NHS/NHSI go to HEALIN_Q07

(HEALIN_Q07)

How long have you been covered by private health insurance?

- 1 Less than one year (*go to HEALIN_Q10*)
- 2 1 year to less than 2 years (*go to HEALIN_Q10*)
- 3 2 years to less than 5 years (*go to HEALIN_Q10*)
- 4 5 years or more (*go to HEALIN_Q10*)

(HEALIN_Q08)

What are all the reasons you are not covered by private health insurance?

(Multiple response)

- 10 Can't afford it/too expensive
- 11 High risk category
- 12 Lack of value for money/not worth it
- 13 Medicare cover sufficient
- 14 Don't need medical care/in good health/have no dependants
- 15 Won't pay Medicare and private health insurance premium
- 16 Disillusioned about having to pay 'out of pocket' costs/gap fees
- 17 Prepared to pay costs of private treatment from own resources
- 18 Pensioners/Veterans' Affairs/health concession card
- 19 Not high priority/previously included in parent's cover
- 20 Other

(HEALIN_Q09)

Sequence Guide:

If NATSIHS/IHS go to HEALIN_Q12

If NHS/NHSI go to HEALIN_Q10

(HEALIN_Q10)

Do you have Veterans' Affairs treatment entitlement card?

- 1 Yes
- 5 No {go to HEALIN_Q12}
- 6 Don't know {go to HEALIN_Q12}

(HEALIN_Q11)

What colour is that card?

- 1 White
- 2 Gold
- 3 Other

(HEALIN_Q12)

Are you covered by any of these government concession cards?

(Prompt card 34)

- 1 Health care card
- 2 Pensioner concession card
- 3 Commonwealth seniors health card
- 4 None of the above
- 5 Don't know

End module

SAMPLE

Men's health

Population: Indigenous males aged 18 years and over

(MENS_Q01)

Some (health services/community clinics) organise activities which are for men only, like health testing, BBQs or camping trips.

Are any activities just for men provided by your (health service/community clinic)?

- 1 Yes
- 5 No
- 6 Don't know

(MENS_Q02)

Have you gone to any (of these) activities just for men in the last (year/12 months)?

- 1 Yes (*go to MENS_Q05*)
- 5 No

(MENS_Q03)

Sequence Guide:

If MENS_Q01=1 go to MENS_Q05

Else go to MENS_Q04

(MENS_Q04)

Would you have gone to any activities just for men if your health service/community clinic provided them?

- 1 Yes
- 5 No
- 6 Don't know

(MENS_Q05)

Did you go to a community group talk about men's health issues in the last (year/12 months)?

- 1 Yes
- 5 No

End module

Hospital and day clinic visits

Population: All persons

(OUT_Q01)

In the last 2 weeks, have you visited the outpatients section of a hospital for your own health?

1 Yes

5 No (go to CASU_Q01)

(OUT_Q02)

How many times in the last 2 weeks, did you attend the outpatients section?

Numeric entry 1 to 30

(I would like to ask about the most recent of these visits.)

(OUT_Q03)

Was this visit related to a previous admission to hospital?

1 Yes (go to CASU_Q01)

5 No

6 Don't know

(OUT_Q04)

Was this visit related to an expected admission to hospital?

1 Yes

5 No

6 Don't know

(CASU_Q01)

Excluding times resulting in you being admitted to hospital, in the last 2 weeks have you visited casualty or emergency ward for your own health?

1 Yes

5 No (go to DAYCL_Q01)

(CASU_Q02)

How many times in the last 2 weeks did you attend a casualty or emergency ward?

Numeric entry 1 to 30

(Apart from your visits to outpatients and casualty or emergency)

(DAYCL_Q01)

In the last 2 weeks have you been to a day clinic for minor surgery or diagnostic tests, other than x-rays, for your own health?

1 Yes

5 No (go to HOSP_Q01)

(DAYCL_Q02)

How many times in the last 2 weeks have you visited a day clinic?

Numeric entry - 1 to 30

I would now like to ask you about all the times you have been admitted to hospital in the last 12 months.

(HOSP_Q01)

Apart from [any action previously reported] During the last 12 months have you been admitted to hospital?

1 Yes

5 No (*If NHSI/NATSIHS/IHS go to UNMET_Q01
Else go to DOC_Q01*)

(HOSP_Q02)

How many times have you been admitted to hospital in the last 12 months?

Numeric entry 1 to 30

(HOSP_Q03)

I would now like to talk about your admission/most recent admission to hospital. (On the most recent visit,) Was this an overnight stay?

1 Yes

5 No (*go to HOSP_Q05*)

(HOSP_Q04)

(On the most recent visit), How many nights did you stay in hospital?

Numeric entry 1 to 366

(HOSP_Q05)

Were you discharged from hospital in the last 2 weeks?

1 Yes

5 No

(HOSP_Q06)

During [this/most recent] admission to hospital were you admitted as a Medicare patient?

1 Yes (*go to HOSP_Q09*)

5 No

6 Don't know

(HOSP_Q07)

During [this/most recent] admission to hospital were you admitted as a private patient?

1 Yes (*go to HOSP_Q09*)

5 No

6 Don't know

(HOSP_Q08)

During [this/most recent] admission to hospital were you admitted as another patient type?

1 Yes

5 No

6 Don't know

(HOSP_Q09)

(The last time you were admitted to hospital,) were you admitted to a public or private hospital?

- 1 Public
- 2 Private
- 3 Don't know

Sequence Guide:

If HEALIN_Q04=1 or 3 and HOSP_Q06 =1 go to HOSPIN_Q01

Else if NHSI/NATSIHS/IHS go to UNMET_Q01

Else go to DOC_Q01

(HOSPIN_Q01)

Why did you choose to be admitted as a Medicare patient?

(Multiple response)

- 1 Doctor's advice/doctor booked
- 2 Close to home/easy access
- 3 To get doctor of choice
- 4 Better reputation/facilities/treatment
- 5 Chosen by others/not in a position to choose
- 6 Private Health Insurance Fund had an agreement with that hospital
- 7 Other
- 8 Don't know

Sequence Guide:

If NHSI/NATSIHS/IHS go to UNMET_Q01

Else go to DOC_Q01

(UNMET_Q01)

During the last 12 months was there ever a time you needed to go to hospital but didn't?

- 1 Yes
- 5 No (go to DOC_Q01)

(UNMET_Q02)

Why didn't you go? (Multiple response)

- 10 Cost
- 11 Discrimination
- 12 Service not culturally appropriate
- 13 Language problems
- 14 Transport/distance
- 15 Waiting time too long or not available at time required
- 16 Not available in area
- 17 Too busy (incl work, personal, family responsibilities)
- 18 Dislikes (service/professional, afraid, embarrassed)
- 19 Felt it would be inadequate
- 20 Decided not to seek care
- 21 Other

End module

Doctor visits

Population: All persons

The next few questions are about visits to doctors, dentists and other health professionals.

(DOC_Q01)

[Apart from [previously reported actions] during any hospital or day clinic visits,] In the last 2 weeks, have you consulted a general practitioner for your own health?

1 Yes

5 No (go to DOC_Q03)

(DOC_Q02)

How many times in the last 2 weeks, did you consult a general practitioner?

Numeric entry 1 to 30

(DOC_Q03)

In the last 2 weeks, have you consulted a specialist?

1 Yes

5 No (go to SGDOC_Q05)

(DOC_Q04)

How many times in the last 2 weeks, did you consult a specialist?

Numeric entry 1 to 30

(DOC_Q05)

Sequence Guide:

If DOC_Q01=5 and DOC_Q03=5 go to DOC_Q06

Else if NHSI/NATSIHS/IHS go to COPAY_Q01,

Else go to ORAL_Q01

(DOC_Q06)

When was the last time you consulted a doctor about your own health?

(Prompt card 35)

1 Less than 3 months ago

2 3 months to less than 6 months ago

3 6 months to less than 12 months ago

4 12 months ago or more

5 Have never consulted a doctor

6 Don't know

Sequence Guide:

If NHSI/NATSIHS/IHS go to UNMET_Q01

Else go to ORAL_Q01

(COPAY_Q01)

Sequence Guide:

If DOC_Q01=1 go to COPAY_Q02 (version 1)

Else if DOC_Q03=1 go to COPAY_Q02 (version 2)

Else go to UNMET_Q01

COPAY_Q02 (version 1)

Did you have to pay any money for seeing a general practitioner on your last visit?

1 Yes

5 No

6 Don't know

Sequence Guide:

If DOC_Q03=1 go to COPAY_Q02 (version 2)

Else go to UNMET_Q01

COPAY_Q02 (version 2)

Did you have to pay any money for seeing a specialist on your last visit?

1 Yes

5 No

6 Don't know

(UNMET_Q01)

During the last 12 months was there ever a time you needed to go to a doctor but didn't?

1 Yes

5 No

(UNMET_Q02)

Why didn't you go?

(Multiple response)

10 Cost

11 Discrimination

12 Service not culturally appropriate

13 Language problems

14 Transport/distance

15 Waiting time too long or not available at time required

16 Not available in area

17 Too busy (including work, personal, family responsibilities)

18 Dislikes (service/professional, afraid, embarrassed)

19 Felt it would be inadequate

20 Decided not to seek care

21 Other

End module

Dentists and oral health visits

Population: Persons aged 2 years and over

(ORAL_Q01)

Sequence Guide:

If age less than 2 years go to OHP_Q01

Else if NHS go to ORAL_Q03

Else if NATSIHS/IHS/NHSI go to ORAL_Q02

(ORAL_Q02)

What type of health professional did you last see about your teeth?

1 Dentist

2 Doctor/GP

3 Nurse

4 Other

5 Never seen health professional about teeth (*go to ORAL_Q09*)

(ORAL_Q03)

In the last 2 weeks have you consulted a dentist or dental professional for your teeth, dentures or gums?

1 Yes

5 No (*go to ORAL_Q05*)

(ORAL_Q04)

How many consultations have you had in the last 2 weeks?

Numeric entry (*go to ORAL_Q06*)

(ORAL_Q05)

When was the last time you consulted a dentist or dental professional?

(Prompt card 36)

1 Less than 3 months ago

2 3 months to less than 6 months ago

3 6 months to less than 12 months ago

4 12 months to less than 2 years ago

5 2 years ago or more

6 Never

7 Don't know

(ORAL_Q06)

Sequence Guide:

If NATSIHS/IHS/NHSI AND ORAL_Q05=6 go to ORAL_Q09

Else if NATSIHS/IHS/NHSI go to ORAL_Q07

Else go to OHP_Q01

(ORAL_Q07)

Do you usually go to a dentist for treatment, a check-up or both?

- 1 Treatment
- 2 Check-up
- 3 Both
- 4 Don't know

(ORAL_Q08)

Where did you last visit the dentist?

- 1 Private dental clinic (including specialist)
- 2 Government dental clinic (include dental hospital)
- 3 School dental clinic
- 4 Dentist at Aboriginal Medical Service
- 5 Other
- 6 Don't know

(ORAL_Q09)

Sequence Guide:

If NHSI/NATSIHS/IHS and aged 15 years and over go to ORAL_Q10

If aged less than 15 years go to UNMET_Q01

(ORAL_Q10)

Have you lost any of your teeth, excluding wisdom teeth?

- 1 Yes
- 5 No (*go to UNMET_Q01*)

(ORAL_Q11)

How many teeth have you lost?

- 1 Number of teeth
- 2 All (*go to ORAL_Q13*)
- 3 Don't know (*go to ORAL_Q13*)

(ORAL_Q12)

number entry 1 to 28

(ORAL_Q13)

Do you wear any dentures or false teeth which can be removed?

- 1 Yes (*go to UNMET_Q01*)
- 5 No

(ORAL_Q14)

Do you need to get false teeth so that you can eat properly?

- 1 Yes
- 5 No

(UNMET_Q01)

During the last 12 months was there ever a time you needed to go to a dentist but didn't?

- 1 Yes
- 5 No

(UNMET_Q02)

Why didn't you go?

(Multiple response)

- 10 Cost
- 11 Discrimination
- 12 Service not culturally appropriate
- 13 Language problems
- 14 Transport/distance
- 15 Waiting time too long or not available at time required
- 16 Not available in area
- 17 Too busy (include work, personal, family responsibilities)
- 18 Dislikes (service/professional, afraid, embarrassed)
- 19 Felt it would be inadequate
- 20 Decided not to seek care
- 21 Other

End module

SAMPLE

Other Health Professionals (OHPs) visits

Population: All persons

(OHP_Q01)

(Apart from consultations during any hospital or day clinic visits)

In the last 2 weeks did you consult any of these (for your own health)?

(Prompt card 37)

1 Yes

5 No (If NATSIHS/IHS/NHSI go to UNMET_Q01

Else if age 15 or over go to INC_Q01

Else end of survey)

6 Don't know (If NATSIHS/IHS/NHSI go to UNMET_Q01

Else if age 15 or over go to INC_Q01

Else end of survey)

(OHP_Q02)

Which of these have you consulted in the last 2 weeks for your own health?

(Multiple response)

10 Aboriginal health worker

11 Accredited counsellor

12 Acupuncturist

13 Alcohol and drug worker

14 Audiologist/Audiometrist

15 Chemist (for advice only)

16 Chiropodist/Podiatrist

17 Chiropractor

18 Dietitian/Nutritionist

19 Herbalist

20 Hypnotherapist

21 Naturopath

22 Nurse

23 Occupational therapist

24 Optician/Optomtrist

25 Osteopath

26 Physiotherapist/Hydrotherapist

27 Psychologist

28 Social worker/Welfare officer

29 Speech therapist/Pathologist

30 Traditional healer

(OHP_Q03)

Sequence Guide:

If NHS/NHSI and only one OHP in OHP_Q02 go to OHP_Q05

If NATSIHS/IHS and only one OHP in OHP_Q02 got to COPAY_Q02

If NHS/NHSI/NATSIHS/IHS and more than one OHP in OHP_Q02 go to OHP_Q04

(OHP_Q04)

In the last 2 weeks, which of these did you visit most recently?

(Prompt card 37)

Select from list brought from OHP_Q02

Sequence Guide:

If NATSIHS/IHS go to COPAY_Q02

Else go to OHP_Q06

(OHP_Q05)

How many times did you consult [a/an] [OHP]

Numeric entry 1 to 30

Sequence Guide:

If NHSI go to COPAY_Q02

Else if age 15 or over go to INC_Q01

Else end of survey.

(OHP_Q06)

How many times in the last 2 weeks did you consult a [1st reported OHP]?

Numeric entry 1 to 30

(OHP_Q07)

Sequence Guide:

If 2 OHPs recorded in OHP_Q02 go to OHP_Q09

If more than 2 OHPs in OHP_Q02, go to OHP_Q08

(OHP_Q08)

Other than [1st reported OHP] which of these did you visit second most recently?

Select from list brought from OHP_Q02

(OHP_Q09)

How many times in the last 2 weeks did you consult a [2nd reported OHP]?

Numeric entry range 1 to 30

Sequence Guide:

If NHSI go to COPAY_Q02

Else if age 15 years or over go to INC_Q01

Else end of survey

(COPAY_Q02)

Did you have to pay any money for seeing [OHP reported in OHP_Q02] on your last visit?

1 Yes

5 No

6 Don't know

Sequence Guide:

If only one OHP in OHP_Q02 go to UNMET_Q01

Else if two or more OHPs in OHP_Q02 then repeat COPAY_Q02 for all occurrences

(UNMET_Q01)

During the last 12 months was there ever a time you needed to go to an other health professional but didn't?

1 Yes

5 No (*go to next module*)

(UNMET_Q02)

Why didn't you go?

(Multiple response)

10 Cost

11 Discrimination

12 Service not culturally appropriate

13 Language problems

14 Transport/distance

15 Waiting time too long or not available at time required

16 Not available in area

17 Too busy (include work, personal, family responsibilities)

18 Dislikes (service/professional, afraid, embarrassed)

19 Felt it would be inadequate

20 Decided not to seek care

21 Other

End module

Discrimination

Population: Indigenous persons aged 18 and over

Sequence Guide:

If NHS and age 15 years or over go to INC_Q01

Else if NHSI/NATSIHS/IHS and age 15 to 17 years go to INC_Q01

Else if NHSI/NATSIHS/IHS and age 18 years or over go to DISCRIM_Q01

Else end of survey

I am now going to ask you some questions about how you are treated as (an Aboriginal/Torres Strait Islander) person.

(DISCRIM_Q01)

How do you feel you were treated when you sought health care in the last 12 months compared with non-Indigenous people?

(Prompt card 38)

- 1 Worse than non-Indigenous people
 - 2 Same as non-Indigenous people
 - 3 Better than non-Indigenous people
 - 4 Only encountered Indigenous people
 - 5 Don't know/not sure
 - 6 Did not seek health care in last 12 months
- Ctrl R Refusal

(DISCRIM_Q02)

The next few questions are about how you feel you are treated in any situation, not just when you get health care.

In the last 12 months, do you feel you have been treated badly because you are (an Aboriginal/Torres Strait Islander) person?

- 1 Yes
 - 5 No (*go to INC_Q01*)
- Ctrl R Refusal (*go to INC_Q01*)

(DISCRIM_Q03)

When you are treated badly because you are an Aboriginal/Torres Strait Islander person, how do you usually feel?

(Prompt card 39)

(Multiple response)

- 1 Angry
 - 2 Sad
 - 3 Sorry for the person who did it
 - 4 Ashamed or worried about it
 - 5 Sick
 - 6 Other feeling
 - 7 None of the above
- Ctrl R Refusal

(DISCRIM_Q04)

When you are treated badly because you are an Aboriginal/Torres Strait Islander person, what do you usually do about it?

(Prompt card 40)

(Multiple response)

- 1 Try to avoid the person or situation
 - 2 Try to change the way you are or things you do
 - 3 Try to do something about the people who did it
 - 4 Talk to family and friends about it
 - 5 Keep it to yourself
 - 6 Just forget about it
 - 7 Do anything else
 - 8 None of above
- Ctrl R Refusal

End module

SAMPLE

Income

Population: Persons aged 15 years and over

I would now like to ask you some questions about income. Income is very important in understanding health, as it influences the health services someone has access to.

(INC_Q01)

In the last financial year did you receive any income from these sources?

(Prompt card 41)

(Multiple response)

- 1 Profit or loss from own unincorporated business or share in a partnership
- 2 Profit or loss from rental properties
- 3 Dividends or interest
- 5 No/none of the above (*go to INC_Q04*)

(INC_Q02)

Before income tax is taken out but after business expenses have been deducted, how much did you receive from [source] last financial year?

Numeric entry \$ 0 to 9999999

Cntl K Don't know (*go to INC_Q04*)

Cntl R Refusal (*go to INC_Q04*)

(INC_Q03)

If INC_Q02 other than Ctrl K or Cntl R, select

- 1 Profit
- 2 Loss

(INC_Q04)

Do you currently receive income from any of these sources?

(Prompt card 42A : non-Indigenous, 42B: Indigenous)

- 1 CDEP (Community Development Employment Program) (*PC 42B only*)
- 2 Wages/salary (including from own unincorporated business)
- 3 Government pension or allowance (include Family Tax Benefit if received as payment from Centrelink)
- 4 Child support or maintenance
- 5 Superannuation or annuity
- 6 Workers' compensation
- 7 Any other regular source
- 8 No none of the above (*go to INC_Q08*)

(INC_Q05)

Before income tax is taken out, how much do you receive from [sources] in total?

Numeric entry \$1 to 9999999

Cntl K Don't know (*go to INC_Q08*)

Cntl R Refusal (*go to INC_Q08*)

(INC_Q06)

What period does this cover?
Numeric entry 1 to 52

(INC_Q07)

Interviewer select weeks or months for period
1 Weeks
2 Months

(INC_Q08)

Sequence Guide:
If INC_Q04=3 go to INC_Q09
Else go to INC_Q12

(INC_Q09)

Do you currently receive any of these pensions, allowances or benefits?

(Prompt Card 43)

(Multiple response)

- 10 Australian age pension
- 11 Newstart allowance
- 12 Mature age allowance
- 13 Service pension (DVA) (Exclude: superannuation eg DFRDB)
- 14 Disability support pension (Centrelink)
- 15 Wife pension
- 16 Carer Pension
- 17 Sickness allowance/benefit
- 18 Widow allowance/benefit (Centrelink)
- 19 Widow B pension (Centrelink)
- 20 Special benefit
- 21 Partner allowance
- 22 No/none of these
- 23 Don't know

(INC_Q10)

Do you receive any of these pensions, allowances or other forms of assistance?

(Multiple response)

- 10 Family tax benefit
- 11 Parenting payment
- 12 War widow(er)'s pension (DVA)
- 13 Disability pension (DVA)
- 14 Carer allowance
- 15 Child disability allowance
- 16 Youth allowance
- 17 Austudy
- 18 Abstudy
- 19 Overseas pensions/benefits
- 20 Other (please specify)
- 21 No/none of these
- 22 Don't know

Sequence Guide:

If INC_Q10= 20 go to INC_Q11

Else go to INC_Q12

(INC_Q11)

Description of other pension, allowance, assistance.

Text entry

(INC_Q12)

Sequence Guide:

If more than one source of income in INC_Q01 or INC_Q04 go to INC_Q13

Else end of module

(INC_Q13)

What is your main source of income?

(Prompt card 45A if non-Indigenous, 45B if Indigenous)

- 10 CDEP (Community Development Employment Program) *(PC 45B Only)*
- 11 Profit or loss from own unincorporated business or share in a partnership
- 12 Profit or loss from rental properties
- 13 Dividends or interest
- 14 Wages/salary (including from own unincorporated business)
- 15 Government pension or allowance (include Family Tax Benefit if received as payment from Centrelink)
- 16 Child support or maintenance
- 17 Superannuation or annuity
- 18 Workers' compensation
- 19 Any other regular source

End module

Dwelling tenure

Sequence Guide:

If NHS/NHSI and 18 years or over go to DWTEN_Q01 (version 1)

Else if NATSIHS and age 18 years or over go to DWTEN_Q01 (version 2)

Else if IHS and age 18 years or over go to SEWB_Q24

Else end of survey

Person level version

(DWTEN_Q01)(version 1)

Is this dwelling being paid off by you [or your spouse/partner/parent]?

1 Yes (go to DWTEN_Q04)

5 No

(DWTEN_Q02)

(Is this dwelling) owned outright by you [or your spouse/partner/parent]?

1 Yes (If NHS and household spokesperson go to INCTOT_Q01

else if NHS **end of survey**

else if NHSI go to SEWB_Q24)

5 No

(DWTEN_Q03)

(Is this dwelling) rented by you [or your spouse/partner/parent]?

1 Yes (go to DWRENT_Q01)

5 No

(DWTEN_Q04)

(Is this dwelling) being purchased under a rent/buy or shared equity scheme by you [or your spouse/partner/parent]?

1 Yes (go to DWRENT_Q01)

5 No

Sequence Guide:

If DWTEN_Q04=5 and DWTEN_Q01=1 and NHS and Household spokesperson go to INCTOT_Q01

Else if DWTEN_Q04=5 and DWTEN_Q01=1 and NHS **end of survey**

Else if DWTEN_Q04=5 and DWTEN_Q01=1 and NHSI go to SEWB_Q24

Else go to DWTEN_Q05

(DWTEN_Q05)

Do you [or your spouse/partner/parents] occupy this dwelling under a life tenure scheme?

1 Yes (If NHS and HHSpokes go to INCTOT_Q01

else if NHS **end of survey**

else if NHSI go to SEWB_Q24)

5 No

(DWTEN_Q06)

Do you [or your spouse/partner/parent] pay board to live here?

1 Yes (*go to DWRENT_Q01*)

5 No

(DWTEN_Q07)

Do you [or your spouse/partner/parents] live here rent free?

1 Yes (*If NHS/NHSI in NHSI household go to DWOWNRENT_Q01*

else if NHS in NHS household and HHSpokes go to INCTOT_Q01

else if NHSI go to SEWB_Q24

else end of survey)

5 No (*If NHSI go to SEWB_Q24*

else if NHS and HHSpokes go to INCTOT_Q01

else end of survey)

(DWRENT_Q01)

Who do you [or your spouse/partner/parents] pay rent to for this dwelling?

(Prompt card 46)

10 Real estate agent

11 State housing commission/trust

12 Parent/other relative not in same household

13 Other person not in same household

14 Parent/other relative in same household

15 Other person not in same household

16 Owner/manager of caravan park person not in the same household

17 Employer - Government authority

18 Employer - Other

19 Housing co-operative, community of church group

20 Other

Sequence Guide:

If NHS/NHSI in NHSI household and (DWTEN_Q06=1 or DWTEN_Q07=1 or DWRENT=14 or DWRENT=15) and household type = 3,5,6,8 or 9 go to

DWOWNRENT_Q01

Else if NHSI go to SEWB_Q24,

Else if NHS and HHSpokes go to INCTOT_Q01

Else end of survey

(DWOWNRENT_Q01)

Is this dwelling fully owned by [you/anyone else who usually lives here]?

1 Yes (*if NHSI go to SEWB_Q24*

If NHS and HHSpokes go to INCTOT_Q01

else end of survey)

5 No

6 Don't know (*If NHSI go to SEWB_Q24*

If NHS and HHSpokes go to INCTOT_Q01

else end of survey)

DWOWNRENT_Q02

(Is this dwelling) being paid off by [you/anyone else who usually lives here]?

1 Yes (*go to DWOWNRENT_Q04*)

5 No

DWOWNRENT_Q03

(Is this dwelling) rented by [you/anyone else who usually lives here]?

1 Yes (*if NHSI go to SEWB_Q24*

If NHS and HHSpokes go to INCTOT_Q01

else end of survey)

5 No

6 Don't know (*if NHSI go to SEWB_Q24*

If NHS and HHSpokes go to INCTOT_Q01

else end of survey)

DWOWNRENT_Q04

(Is this dwelling) being purchased under a rent/buy or shared equity scheme by [you/anyone else who usually lives here]?

1 Yes (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

5 No

6 Don't know (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

DWOWNRENT_Q05

(Is this dwelling) being occupied under a life tenure scheme [you/anyone else who usually lives here]?

1 Yes (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

5 No

6 Don't know (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

DWOWNRENT_Q06

(Is this dwelling) being occupied rent free by [you/anyone else who usually lives here]?

1 Yes (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

5 No (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

6 Don't know (*if NHSI go to SEWB_Q24*

If NHS and Household spokesperson go to INCTOT_Q01

else end of survey)

Dwelling tenure - Indigenous only

(DWTEN_Q01)(*version 2*)

Is this dwelling being paid off by anyone in this household?

1 Yes (*go to DWTEN_Q04*)

5 No

(DWTEN_Q02)

Is this dwelling owned outright by anyone in this household?

1 Yes (*go to SEWB_Q24*)

5 No

(DWTEN_Q03)

Is this dwelling rented by anyone in this household?

1 Yes (*go to SEWB_Q24*)

5 No

(DWTEN_Q04)

Is this dwelling being purchased under a rent/buy or shared equity scheme by anyone in this household?

1 Yes (*go to SEWB_Q24*)

5 No

Sequence Guide:

If DWTEN_Q04=5 and DWTEN_Q01=1 go to SEWB_Q24

Else go to DWTEN_Q05

(DWTEN_Q05)

Does anyone in this household occupy this dwelling under a life tenure scheme?

1 Yes (*go to SEWB_Q24*)

5 No

(DWTEN_Q06)

Does anyone in this household pay board to live here?

1 Yes (*go to SEWB_Q24*)

5 No

(DWTEN_Q07)

Does anyone in this household live here rent free?

1 Yes (*go to SEWB_Q24*)

5 No (*go to SEWB_Q24*)

End module

Cultural Identification

Population: Indigenous persons aged 18 years and over

(SEWB_Q24)

The next few questions are about traditional groups and traditional country.

Do you identify with a tribal group, a language or clan?

- 1 Yes
- 5 No
- 6 Don't know
- Ctrl R Refusal

(SEWB_Q25)

Do you recognise an area as your homeland or traditional country?

- 1 Yes
- 5 No (*go to SEWB_Q028*)
- Ctrl R Refusal (*go to SEWB_Q028*)

(SEWB_Q26)

Do you currently live there?

- 1 Yes (*go to SEWB_Q028*)
- 5 No
- Ctrl R Refusal (*go to SEWB_Q028*)

(SEWB_Q27)

Are you allowed to visit there?

- 1 Yes
- 5 No
- 6 Don't know
- Ctrl R Refusal

(SEWB_Q28)

The next few questions are about whether you or any of your relatives were taken away from their natural families. Is it alright to ask about this?

Were you taken away from your natural family by a mission, the government or welfare?

- 1 Yes
- 5 No
- 6 Don't want to answer (*go to SEWB_Q31*)

(SEWB_Q29)

Were any of your relatives taken away from their natural family by a mission, the government or welfare?

- 1 Yes
- 5 No (*go to SEWB_Q31*)
- 6 Don't know (*go to SEWB_Q31*)
- 7 Don't want to answer (*go to SEWB_Q31*)

(SEWB_Q30)

Which of your relatives were taken away from their natural families?

(Multiple response)

- 10 Your child(ren)
- 11 Your brothers and/or sisters
- 12 Your parents
- 13 Your (great) grandparents
- 14 Your aunts and/or uncles
- 15 Your cousins
- 16 Your nieces and/or nephews
- 17 Other
- 18 Don't know who
- 19 Don't want to answer

(SEWB_Q31)

The next few questions are about things that may have been a problem for you or your family or close friends during the last 12 months.

Since [month] last year have any of these been a problem for you, or your family or friends?

(Prompt card 47)

(Multiple response)

- 1 Serious illness
- 2 Serious accident
- 3 Death of family member or close friend
- 4 Mental illness
- 5 Serious disability
- 6 No
- Ctrl R Refusal

(SEWB_Q32)

Since [month] last year have any of these been a problem for you, or your family or friends?

(Prompt card 48)

(Multiple response)

- 10 Divorce or separation
- 11 Not able to get a job
- 12 Lost job, made redundant, sacked
- 13 Alcohol related problems
- 14 Drug related problems
- 15 Witness to violence
- 16 Abuse or violent crime
- 17 Trouble with the police
- 18 Gambling problem
- 19 No/none of these
- Ctrl R Refusal

(SEWB_Q33)

Since [month] last year have any of these been a problem for you, or your family or friends?

(Prompt card 49)

(Multiple response)

- 1 Member of family sent to jail/currently in jail
 - 2 Overcrowding at home
 - 3 Pressure to fulfill cultural responsibilities
 - 4 Treated badly because you are (an Aboriginal/a Torres Strait Islander) person
 - 5 No
- Ctrl R Refusal

Sequence Guide:

End of selected adult form

If household spokesperson go to Household information

End module

SAMPLE

Household income

Population: Household spokespersons

(INCTOT_Q01)

Sequence Guide:

If non-selected persons aged 15 years or more in household go to INCTOT_Q02

If no non-selected persons aged 15 years or more in household go to next module

(INCTOT_Q02)

Sequence Guide:

If selected adult is household spokesperson go to INCTOT_Q03

If selected adult is not household spokesperson go to INCTOT_Q04

(INCTOT_Q03)

The next few questions are about the income of other household members.

(Loop INCTOT_Q04 to INCTOT_Q06 for each non-selected person aged 15 years and over in household)

(INCTOT_Q04)

Does [name] currently receive income from any of these sources?

(Prompt card 50A if non-Indigenous, 50B if Indigenous)

(Multiple response)

- 1 CDEP (Community Development Employment Program) *(PC50B Only)*
- 2 Wages or salary
- 3 Profit or loss from own unincorporated business or share in Partnership
- 4 Any government pension or allowance (include Family Tax Benefit if received as payment from Centrelink)
- 5 Any other regular source
- 6 No/none of the above *(end of loop for that person)*
- 9 Not known *(end of loop for that person)*

(INCTOT_Q05)

Before income tax is taken out how much does [name] receive from all sources in total?

Numeric entry \$1 to 9999999

Ctrl K Not known

Ctrl R Refusal

(INC_Q05A)

What period does than cover?

Numeric entry - 1 to 52

(INC_Q50B)

Interviewer select weeks or months

1 Weeks

2 Months

Sequence Guide:

If more than one source in INCTOT_Q04 go to INCTOT_Q06

Else end loop for that person

(INCTOT_Q06)

What is [name] main source of income?

- 1 CDEP (Community Development Employment Program)
- 2 Wages or salary
- 3 Profit or loss from own unincorporated business or share in Partnership
- 4 Any government pension or allowance (include Family Tax Benefit if received as payment from Centrelink)
- 5 Any other regular source
- 9 Not known

Sequence Guide:

end of loop for that person

Sequence Guide:

If in NHSI household go to FINSTRS_Q01

Else if in NHS household go to DWLSTR_Q01

End module

Financial stress

Population: Household spokesperson in households with Indigenous persons

(FINSTRS_Q01)

The next few questions are about this household's financial position.

If all of a sudden this household had to get \$2000 for something important could the money be obtained within a week?

- 1 Yes
- 5 No
- 6 Don't know

(FINSTRS_Q02)

In the last 2 weeks, were there any days when members of this household ran out of money to pay for expenses like (food, rent, electricity, clothes, phone)?

- 1 Yes (*go to DWLSTR_Q01*)
- 5 No

(FINSTRS_Q03)

In the last 12 months were there any days when members of this household ran out of money to pay for expenses like (food, rent, electricity, clothes, phone)?

- 1 Yes
- 5 No

End module

Housing structure, tenure and landlord type

Population: Household spokespersons

(DWLSTR_Q01)

What best describe the location of this dwelling

- 1 Caravan park
- 2 Marina
- 3 Manufactured home estate
- 4 Accommodation for the retired or aged (self-care)
- 5 Other (including residential dwelling blocks, etc farms)

(DWLSTR_Q02)

What best describes the structure of this dwelling

- 01 Separate house
Semi detached, row terrace house, town house
- 02 One storey
- 03 Two or more storeys
- Flat or apartment
- 04 In a one or two storey block
- 05 In a three storey block
- 06 In a four or more storey block
- 07 Attached to a house
- Other dwelling:
- 08 Caravan, cabin houseboat
- 09 Improvised home, tent or campers out
- 10 House or flat attached to a shop or office etc.

Sequence Guide:

If DWLSTR_Q02 = 8 go to DWLSTR_Q03

Else go to NUMBED_Q01

(DWLSTR_Q03)

- 1 Caravan
- 2 Cabin
- 3 Houseboat

(NUMBED_Q01)

How many bedrooms are there in this house?

- Numeric entry
- 0 bedsitter
- 9 not stated

End module

Sequence Guide:

If NHS - **end of survey**

If NATSIHS/NHSI and female aged 18 years and over go to Substance Use form (commencing at SUBUSE_Q01) followed by the Women's health form (commencing at WHF_Q01)

If NATSIHS/NHSI and female aged 15 to 17 years/male aged 15 years and over go to Substance Use form (commencing at SUBUSE_Q01)

SAMPLE

GLOSSARY

ARA	Any Responsible Adult
CDEP	Community Development Employment Project
CNTLK	Not known response
CNTRLR	Refusal
DTP	Diphtheria Tetanus Pertusis
HH	Household
IHS	Indigenous Health Survey (non-remote indigenous survey)
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NHPA	National Health Priority Areas
NHS	National Health Survey
NHSI	National Health Survey Indigenous (indigenous respondents from the National Health Survey)
MMR	Measles Mumps and Rubella
OHP	Other Health Professionals
PC	Prompt Card
SA	Selected Adult
SC	Selected Child
IWMS	Interview Workload Management System (electronic questionnaire)

Interviewer prompts

When in a sentence there are parenthesis (), the interviewer can either include in the question or exclude. Depending on interviewer discretion; if the interviewer thinks the respondent understands the concept of the question or if the extra words interrupts the flow of the questions etc.

Automated system operation

- Where parenthesis () surround a code: this is the question number as on the IWMS.
- Sequence Guide - an automated instruction.
- { } - an automated instruction.
- [] - word substituted.
- Loop - is an automated instruction where the interviewer will ask the same question(s) until that concept is exhausted (e.g. Several medication for asthma, whether preventative or relief)
- Multiple response - where a respondent can have more than one response in a particular question.
- You/Your can be substituted with a child's name. As most questions relate to the entire population when asking the person or the proxy the noun will be changed automatically on the IWMS.