



PSS

2012

PROMPT CARDS

HF1

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

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You may choose more than one response

1. Wages or Salary
2. Profit or loss from own unincorporated business or share in a partnership
3. Any Government pension, benefit or allowance
4. Any other regular source
5. None of the above

Please choose one response only

1. Wages or Salary
2. Profit or loss from own unincorporated business or share in a partnership
3. Any Government pension, benefit or allowance
4. Any other regular source
5. None of the above

You may choose more than one response

10. Could not pay electricity, gas or telephone bills on time
11. Could not pay mortgage or rent payments on time
12. Could not pay for car registration or insurance on time
13. Could not make minimum payment on credit card
14. Pawned or sold something because you needed cash
15. Went without meals
16. Were unable to heat your home
17. Sought financial assistance from friends or family
18. Sought assistance from welfare or community organisations
19. No/none of these

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You may choose more than one response

1. Visited or was visited by friends
2. Went out with or met friends to do indoor or outdoor activities (eg watch movies, play sport, do craft, go to a party)
3. Had social contact via the Internet (eg Email, Facebook, MySpace)
4. None of these

Examples of types of help:

- Look after your pets or water your garden while away from home
- Collect your mail or check your house while you are away from home
- Mind a child for a brief period
- Help with moving or lifting objects
- Help out when you are sick or injured (eg the flu or sprained ankle)
- Borrow tools or equipment

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Examples of types of crisis support:

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

You may choose more than one response

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

Please choose one response only

1. Delighted
2. Pleased
3. Mostly satisfied
4. Mixed
5. Mostly dissatisfied
6. Unhappy
7. Terrible

You may choose more than one response

1. Shortness of breath
2. Chronic or recurring pain
3. A nervous or emotional condition
4. Long term effects as a result of a head injury, stroke or other brain damage
5. Any other long term condition that requires treatment or medication
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia, etc

You may choose more than one response

10. Sight problems not corrected by glasses or contact lenses
11. Hearing problems
12. Speech problems
13. Blackouts, fits or loss of consciousness
14. Difficulty learning or understanding things
15. Limited use of arms or fingers
16. Difficulty gripping things
17. Limited use of legs or feet
18. Any condition that restricts physical activity or physical work (eg back problems, migraines)
19. Any disfigurement or deformity
20. Any mental illness for which help or supervision is required

Only a Yes or No response is required

Self-care

For example:

- bathing/ showering
- dressing/ undressing
- eating/ feeding
- going to the toilet
- bladder/ bowel control

Mobility

For example:

- moving around away from home
- moving around at home
- getting in or out of a bed or chair

Communication in own language

For example:

- understanding/ being understood by strangers, friends or family, including use of sign language/ lip reading

Only a Yes or No response is required

- Not attending school/ further study due to condition
- Need time off school/ study
- Attend special classes/ school
- Other related difficulties

Only a Yes or No response is required

- Type of job could do
- Number of hours that can be worked
- Finding suitable work
- Needing time off work
- Permanently unable to work

Only a Yes or No response is required

- Thrown anything at you that could hurt you
- Pushed, grabbed or shoved you
- Slapped you
- Kicked, bitten or hit you with a fist
- Hit you with something else that could hurt you

Only a Yes or No response is required

- Beaten you
- Choked you
- Stabbed you with a knife
- Shot you with a gun
- Any other type of physical assault

Only a Yes or No response is required

- Threatened or tried to hit you with a fist or anything else that could hurt you
- Threatened or tried to stab you with a knife
- Threatened or tried to shoot you with a gun
- Threatened or tried to physically hurt you in any other way

Please choose one response only

1. Stranger
2. A boyfriend or date
3. A partner you are living with now (current partner)
4. A partner you were living with at the time (previous partner)
5. A partner you were no longer living with at the time (previous partner)
6. Any other man who you know

Please choose one response only

1. Stranger
2. A girlfriend or date
3. A partner you are living with now (current partner)
4. A partner you were living with at the time
(previous partner)
5. A partner you were no longer living with at the time
(previous partner)
6. Any other woman who you know

Please choose one response only

1. Less than 12 months ago
2. 1 to less than 2 years ago
3. 2 to less than 3 years ago
4. 3 to less than 5 years ago
5. 5 to less than 10 years ago
6. 10 to less than 20 years ago
7. 20 years ago or more

Please choose one response only

10. At home
11. At home of person responsible
12. At another person's home
13. At work
14. Place of study
15. At a place of entertainment or recreation (pub, nightclub, sporting venue etc)
16. Outside (eg street, laneway, park, car park)
17. At a motel, serviced apartments etc
18. While using or waiting for public transport
19. In a car, truck, ute etc
20. Other

You may choose more than one response

1. Throw anything at you that could hurt you
2. Push, grab or shove you
3. Slap you
4. Kick, bite or hit you with a fist
5. Hit you with something else that could hurt you
6. None of these

You may choose more than one response

1. Beat you
2. Choke you
3. Stab you with a knife
4. Shoot you with a gun
5. Any other type of physical assault
6. None of these

You may choose more than one response

1. Threatened or tried to hit you with a fist or anything else that could hurt you
2. Threatened or tried to stab you with a knife
3. Threatened or tried to shoot you with a gun
4. Threatened or tried to physically hurt you in any other way

Please choose one response only

1. Counsellor or support service
2. Police
3. Awareness campaign (television ad, poster, leaflet, school education program, etc)
4. Self-education (research, self-help books, own studies, etc)
5. News story (item on the TV, radio, newspaper or online, etc)
6. Friends, family or other person
7. Other

You may choose more than one response

10. Shame or embarrassment
11. Did not want person responsible arrested
12. Did not regard it as a serious offence
13. Did not know or think it was a crime
14. Did not think there was anything police could do
15. Did not trust police
16. Did not think police would do anything
17. Would not be believed
18. Fear of the person responsible
19. Fear of legal processes
20. Cultural reasons
21. Language reasons
22. Did not want to ask for help
23. Felt you could deal with it yourself
24. Other

You may choose more than one response

1. I was under the influence of alcohol
2. I was under the influence of another substance
3. I believe that (additional) alcohol had been added to my drink without my consent
4. I believe that another substance had been added to my drink without my consent
5. I believe that the person responsible was under the influence of alcohol
6. I believe that the person responsible was under the influence of another substance
7. Don't know / Can't remember

You may choose more than one response

1. Scratches
2. Bruises
3. Cuts
4. Fractured or broken bones
5. Broken teeth
6. Stab, gun-shot or other deep wound
7. Other

For females only:

8. Miscarriage

You may choose more than one response

Only include changes due to physical injuries

10. Social or leisure activities
11. Work
12. School or studies
13. Household tasks
14. Shopping
15. Child care
16. Voluntary or community work
17. Building or maintaining relationships
18. Eating habits
19. Sleeping habits
20. None of these

You may choose more than one response

10. General Practitioner (GP)
11. Other health professional (eg nurse, therapist)
12. Counsellor or support worker
13. Telephone helpline (eg Lifeline)
14. Refuge or shelter
15. Police
16. Legal service (eg solicitor or Legal Aid)
17. Financial service (eg Centrelink)
18. Government Housing and Community Services
19. Friend or family member
20. Work colleague or boss
21. Priest/Minister/Rabbi etc
22. Other
23. Did not seek advice or support

Please choose one response only

10. General Practitioner (GP)
11. Other health professional (eg nurse, therapist)
12. Counsellor or support worker
13. Telephone helpline (eg Lifeline)
14. Refuge or shelter
15. Police
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17. Financial service (eg Centrelink)
18. Government Housing and Community Services
19. Friend or family member
20. Work colleague or boss
21. Priest/Minister/Rabbi etc
22. Other

Please choose one response only

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. Once only

You may choose more than one response

10. Social or leisure activities
11. Work
12. School or studies
13. Household tasks
14. Shopping
15. Child care
16. Voluntary or community work
17. Building or maintaining relationships
18. Eating habits
19. Sleeping habits
20. Home security
21. None of these

Please choose one response only

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. Once only

Apart from the man we just spoke about, who else has done this to you?

You may choose more than one response

1. A stranger
2. A boyfriend or date
3. A partner you are living with now (current partner)
4. A partner you were living with at the time (previous partner)
5. A partner you were no longer living with at the time (previous partner)
6. Someone else

Apart from the woman we just spoke about, who else has done this to you?

You may choose more than one response

1. A stranger
2. A girlfriend or date
3. A partner you are living with now (current partner)
4. A partner you were living with at the time (previous partner)
5. A partner you were no longer living with at the time (previous partner)
6. Someone else

Please choose one response only

1. Less than 12 months ago
2. 1 to less than 2 years ago
3. 2 to less than 3 years ago
4. 3 to less than 5 years ago
5. 5 to less than 10 years ago
6. 10 to less than 20 years ago
7. 20 years ago or more

10. Father
11. Mother
12. Brother
13. Sister
14. Step father
15. Step mother
16. Step brother
17. Step sister
18. Other male relative or in-law
19. Other female relative or in-law
20. Family friend
21. Acquaintance/neighbour
22. Doctor
23. Teacher
24. Priest/Minister/Rabbi etc
25. Stranger
26. Other known person

Only a Yes or No response is required

- Stopped or tried to stop you from contacting family, friends or community
- Stopped or tried to stop you from using the telephone, Internet or family car
- Controlled or tried to control where you went and who you saw
- Monitored your whereabouts (eg constant phone calls)
- None of these

Only a Yes or No response is required

- Stopped or tried to stop you knowing about or having access to household money
- Stopped or tried to stop you from working or earning money
- Stopped or tried to stop you from studying
- Deprived you of basic needs (eg food, shelter, sleep or assistive aids)
- Damaged, destroyed or stole any of your property
- None of these

Only a Yes or No response is required

- Constantly insulted you to make you feel ashamed, belittled or humiliated (eg put downs)
- Lied to your child/ren with the intent of turning them against you
- Lied to other family members or friends with the intent of turning them against you
- Threatened to take your child/ren away from you
- Threatened to harm your child/ren
- Threatened to harm your other family members or friends
- Threatened to harm any of your pets
- Harmed any of your pets
- Threatened or tried to commit suicide
- None of these

*You may choose more than one of these behaviours
(where they were intended to cause emotional harm or fear)*

1. Stopped or tried to stop you from contacting family, friends or community
2. Stopped or tried to stop you from using the telephone, Internet or family car
3. Controlled or tried to control where you went or who you saw
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5. None of these

*You may choose more than one of these behaviours
(where they were intended to cause emotional harm or fear)*

1. Stopped or tried to stop you knowing about or having access to household money
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3. Stopped or tried to stop you from studying
4. Deprived you of basic needs (eg food, shelter, sleep, assistive aids)
5. Damaged, destroyed or stole any of your property
6. None of these

*You may choose more than one of these behaviours
(where they were intended to cause emotional harm or fear)*

1. Constantly insulted you to make you feel ashamed, belittled or humiliated (eg put downs)
2. Lied to your child/ren with the intent of turning them against you
3. Lied to other family members or friends with the intent of turning them against you
4. Threatened to take your child/ren away from you
5. Threatened to harm your child/ren
6. Threatened to harm your other family members or friends
7. Threatened to harm any of your pets
8. Harmed any of your pets
9. Threatened or tried to commit suicide
10. None of these

Please choose one response only

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

Please choose one response only

1. Less than 12 months ago
2. 1 to less than 2 years ago
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4. 3 to less than 5 years ago
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You may choose more than one response

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11. Other health professional (eg nurse, therapist)
12. Counsellor or support worker
13. Telephone helpline (eg Lifeline)
14. Refuge or shelter
15. Police
16. Legal service (eg solicitor or Legal Aid)
17. Financial service (eg Centrelink)
18. Government Housing and Community Services
19. Friend or family member
20. Work colleague or boss
21. Priest/Minister/Rabbi etc
22. Other
23. Did not seek advice or support

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19. Friend or family member
20. Work colleague or boss
21. Priest/Minister/Rabbi etc
22. Other

You may choose more than one of these places

1. Stayed at a friend's or relative's house
2. Stayed at a refuge or shelter
3. Stayed in a motel, hotel, serviced apartment, caravan park
4. Stayed at a boarding house, hostel
5. Slept rough (eg on the street, in a car, in a tent, squatted in an abandoned building, etc)
6. Relocated to a new house or rental property
7. Other – please specify

Please choose one response only

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. Once only

You may choose more than one response

10. Social or leisure activities
11. Work
12. School or studies
13. Household tasks
14. Shopping
15. Child care
16. Voluntary or community work
17. Building or maintaining relationships
18. Eating habits
19. Sleeping habits
20. Home security
21. None of these

Only a Yes or No response is required

- Loitered or hung around outside your home
- Loitered or hung around outside your workplace
- Loitered or hung around outside your place of leisure or social activities
- Followed you
- Watched you
- Interfered with or damaged any of your property
- Given you or left material where you could find it that you found offensive or disturbing
- Telephoned you, sent you mail or contacted you electronically with the intent to harm or frighten you

You may choose more than one response

1. Loitered or hung around outside your home
2. Loitered or hung around outside your workplace
3. Loitered or hung around outside your place of leisure or social activities
4. Followed you
5. Watched you
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6. Any other man who you know

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6. Any other woman who you know

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3. Some of the time
4. A little of the time
5. Once only