

IN CONFIDENCE

POPULATION SURVEY



NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY

REMOTE AREAS: 2004-05

CHILD FORM

PSU	BLOCK	DWELLING	HH	PERSON
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer: *Confidence in interview at Q.20*

<p>2. SEX</p> <p>Male <input type="checkbox"/> 1</p> <p>Female <input type="checkbox"/> 2</p>	<p>5. INDIGENOUS STATUS</p> <p>Aboriginal <input type="checkbox"/> 1</p> <p>Torres Strait Islander <input type="checkbox"/> 2</p> <p>Neither <input type="checkbox"/> 3</p>	<p>7. Person number of proxy</p> <p><input type="text"/></p>
<p>3. AGE Years ...</p> <p>1 <input type="text"/></p> <p>If aged less than 2 years, record months 2 <input type="text"/></p>	<p>Answer own schedule ... <input type="checkbox"/> 1</p> <p>(person in household) <input type="checkbox"/> 2</p>	

Sample only

PROXY'S LANGUAGE

- 20.** I WILL BE ASKING YOU QUESTIONS ABOUT DIFFERENT HEALTH TOPICS AND THINGS THAT (.....) MAY DO THAT AFFECTS (HIS/HER) HEALTH.
(WOULD YOU LIKE TO GO SOMEWHERE AND TALK ALONE?)

Yes 1

No 5

Already alone 6

- 21.** *Sequence Guide:*

. If child proxy is selected adult 1 ► Go to Q.25

. If child aged 15-17 years answering own schedule 2 ► Go to Q.30

. Otherwise 3 ► Go to Q.22

- 22.** BEFORE I ASK YOU ABOUT (.....) HEALTH, I WOULD LIKE TO ASK YOU SOME QUESTIONS.

WHICH LANGUAGE DO YOU MAINLY SPEAK AT HOME?

Interviewer: If more than one language, prompt for language used most often

English 1

An Aboriginal Language 2

A Torres Strait Islander Language 3

Other Language (*Specify*) 4

PROXY'S RELATIONSHIP

25. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT (.....).

HOW ARE YOU RELATED TO (.....)?

- | | | |
|----------------------|---|--------------------------|
| Mother | 1 | <input type="checkbox"/> |
| Step-mother | 2 | <input type="checkbox"/> |
| Father | 3 | <input type="checkbox"/> |
| Step-father | 4 | <input type="checkbox"/> |
| Grandparent | 5 | <input type="checkbox"/> |
| Other relative | 6 | <input type="checkbox"/> |
| Other | 7 | <input type="checkbox"/> |

26. Sequence Guide:

- | | | | |
|--------------------------------------|---|--------------------------|---------------|
| . If child aged 0-14 years old | 1 | <input type="checkbox"/> | ▶ Go to Q.111 |
| . Otherwise | 2 | <input type="checkbox"/> | ▶ Go to Q.30 |



EDUCATION

30. Sequence Guide

- . If studying full-time (column E on HH form) 1 ► Go to Q.33
- . Otherwise 2 ► Go to Q.31

31. DOES (.....) GO TO SCHOOL, COLLEGE, TAFE OR UNIVERSITY?

- Yes 1
- No 5 ► Go to Q.34

32. IS (.....) STUDYING THERE FULL-TIME?

- Yes 1
- No 5

33. WHERE IS (.....) STUDYING?

- Secondary School 1
- University/Higher Education 2
- TAFE 3
- Business College 4
- Industry Skills Centre 5
- Other 6

34. Sequence Guide

- . If (code '1' in Q.30 and code '1' in Q.33) 1 ► Go to Q.40
- . Otherwise 2 ► Go to Q.35

35. WHAT IS THE HIGHEST YEAR OF SCHOOL THAT (.....) HAS FINISHED?

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

36. HAS (.....) FINISHED ANY (OTHER) COURSE?

- Yes 1
- No 5 ► Go to Q.40

37. WHAT WAS THE NAME OF THIS COURSE?

*Interviewer: If there is more than one course, ask for level of highest course.
Record level. If 'Year 12 or equivalent' or 'Statement of Attainment',
ask 'HAS (.....) COMPLETED ANY OTHER EDUCATIONAL
QUALIFICATIONS?'*

Qualification level (Specify)

..... 1

Year 12 certificate or equivalent 2

Statement of Attainment 3

▶ Go to Q.40

▶ Go to Q.40

38. WHAT DID (.....) STUDY?

*Interviewer: Record main field of study. If 'Nursing', 'Arts', 'Teaching',
'Science' or 'Engineering', ask for more detail.*

.....

.....

.....

39. DID (.....) FINISH THIS COURSE BEFORE 1998?

Yes 1

No 5

CHILD EMPLOYMENT

40. THE NEXT QUESTIONS ARE ABOUT (.....) JOBS, INCLUDING CDEP (COMMUNITY DEVELOPMENT EMPLOYMENT PROJECT) WORK.

LAST WEEK, DID (.....) DO ANY WORK AT ALL IN A JOB, INCLUDING CDEP?

- Yes 1 ► Go to Q.42
 No 5
 Permanently unable to work 6 ► Go to Q.57

41. DID (.....) HAVE A JOB THAT (HE/SHE) WAS AWAY FROM BECAUSE (HE/SHE) WAS SICK OR ON HOLIDAYS OR ANY OTHER REASON?

- Yes 1 ► Go to Q.42
 No 5 ► Go to Q.50

42. IS THAT JOB PART OF CDEP?

- Yes 1
 No 5

43. WHAT KIND OF WORK DOES (.....) DO?

*Interviewer: Prompt for a description and occupation (record these details below)
 Specify if 'CDEP' work or not*

.....
.....
.....

44. WHO DOES (.....)WORK FOR?

Interviewer: Record name and address of employer.

.....
.....
.....

45. HOW MANY HOURS DOES (.....) USUALLY WORK EACH WEEK?

Interviewer: Record number of hours. Prompt for best estimate.

- Hours 1
 Less than 1 hour/No hours 2

UNEMPLOYMENT

50. *Sequence Guide*

- . If employed (Q.45 answered) 1 ► Go to Q.57
- . Otherwise 2 ► Go to Q.51

51. AT ANY TIME IN THE LAST FOUR WEEKS, HAS (.....) BEEN LOOKING FOR WORK?

Interviewer: If 'Yes', probe for full-time or part-time.

- Yes, full-time 1
- Yes, part-time 2
- No 3 ► Go to Q.57

52. IN THE LAST FOUR WEEKS, WHAT HAS (.....) DONE TO LOOK FOR WORK?

- Written, phoned or applied in person to an employer for work 01
- Answered an advertisement for a job 02
- Checked factory/community CDEP noticeboards, or used the touchscreens at Centrelink offices 03
- Been registered with Centrelink as a jobseeker 04
- Checked or registered with an employment agency 05
- Advertised or tendered for work 06
- Contacted friends/relatives 07
- Other 08 ► Go to Q.57
- Only looked in newspapers 09 ► Go to Q.57
- None of the above 10 ► Go to Q.57

53. IF (.....) HAD FOUND A JOB, COULD (HE/SHE) HAVE STARTED WORK LAST WEEK?

- Yes 1
- No 5 ► Go to Q.57
- Don't know 6

54. HOW LONG HAS (.....) BEEN LOOKING FOR WORK?

- Never been looking for work 1
- Less than one year (*Record full weeks*) 2
- One year or more (*Record full years*) 3

55. HAS (.....) EVER WORKED FULL-TIME (ie 35 HOURS OR MORE A WEEK)?

- Yes 1
- No 5 ► Go to Q.57

56. HOW LONG IS IT SINCE (.....) WORKED FULL-TIME FOR TWO WEEKS OR MORE?

Never had a full-time job for two weeks 1

Less than one year (*Record full weeks*) 2

One year or more (*Record full years*) 3

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Sample only

CHILD INCOME

57. I AM NOW GOING TO ASK YOU ABOUT ANY INCOME OR PAYMENTS
(.....) GETS.

DOES (.....) CURRENTLY RECEIVE ANY INCOME FROM:

Interviewer: If 'yes', prompt for which ones; multiple responses are allowed

- CDEP? 1 a
- A WAGE OR SALARY? 2 b
- THE GOVERNMENT FAMILY PAYMENT? 3 c
- SOME OTHER GOVERNMENT PENSION, BENEFIT OR
ALLOWANCE? 4 d
- ANY OTHER REGULAR SOURCE? (*Specify*) 5 e
-
- No/none of these 6 f ► Go to Q.60

d) SOME OTHER GOVERNMENT PENSION, BENEFIT OR ALLOWANCE?

Interviewer: Prompt for name of government pension or allowance
 Prompt for more than one

1 \$

Don't know 2

Refused 3

Interviewer: Record period

(iv) HOW OFTEN IS (.....) PAID THIS?

Weeks 1

Months 2

e) ANY OTHER REGULAR SOURCE? 1 \$

Don't know 2

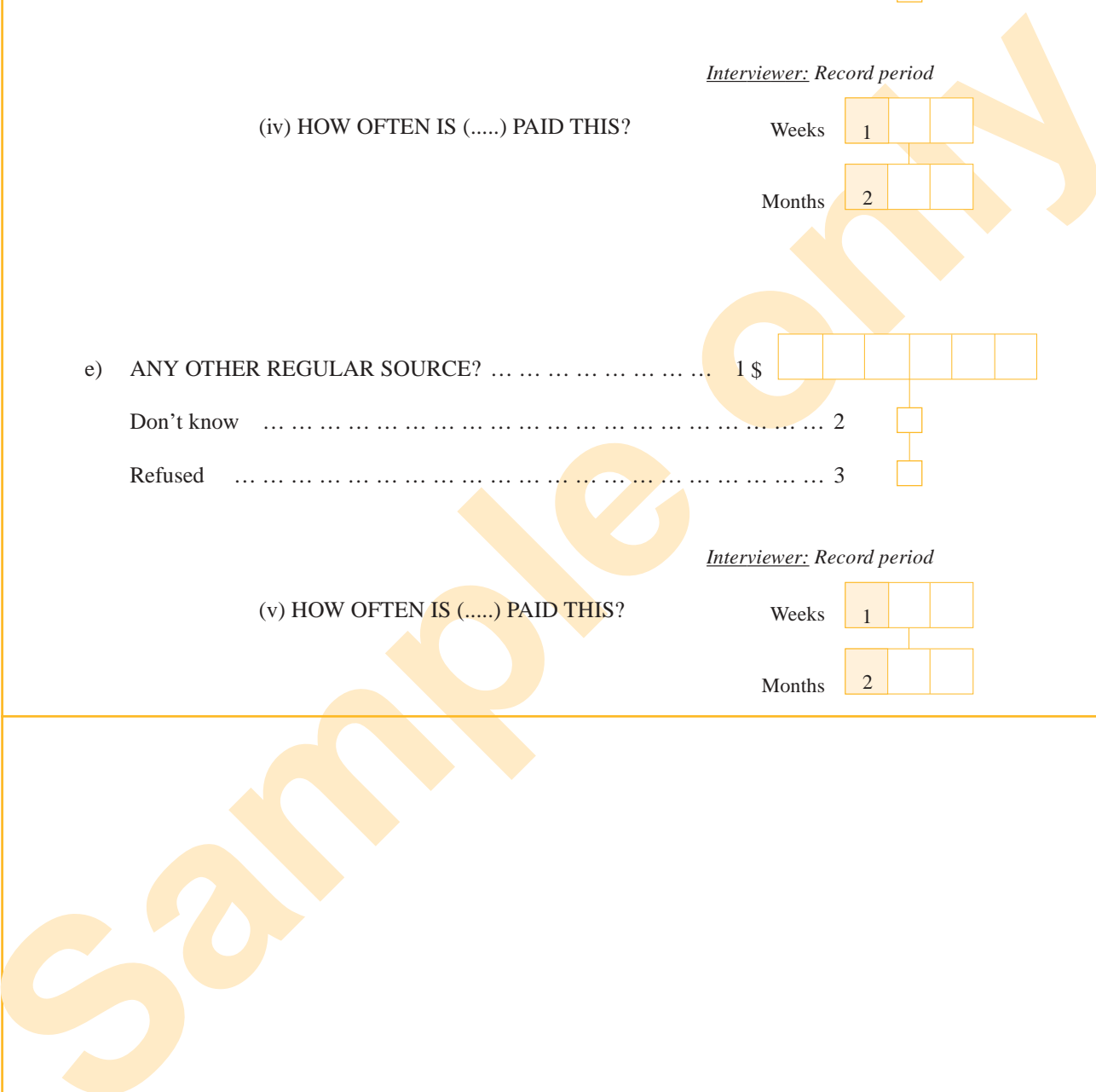
Refused 3

Interviewer: Record period

(v) HOW OFTEN IS (.....) PAID THIS?

Weeks 1

Months 2



SELF-ASSESSED HEALTH

60. I WOULD NOW LIKE TO ASK YOU ABOUT (.....) HEALTH.

IN GENERAL, WOULD YOU SAY THAT (.....) HEALTH IS EXCELLENT,
VERY GOOD, GOOD, FAIR OR POOR?

- | | | |
|-----------------|---|--------------------------|
| Excellent | 1 | <input type="checkbox"/> |
| Very good | 2 | <input type="checkbox"/> |
| Good | 3 | <input type="checkbox"/> |
| Fair | 4 | <input type="checkbox"/> |
| Poor | 5 | <input type="checkbox"/> |

61. COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE (.....)
HEALTH IN GENERAL NOW? IS IT:

- | | | | |
|---------------------------------------|---|--------------------------|--------------|
| BETTER NOW THAN ONE YEAR AGO? | 1 | <input type="checkbox"/> | |
| ABOUT THE SAME AS ONE YEAR AGO? | 2 | <input type="checkbox"/> | ▶ Go to Q.63 |
| WORSE NOW THAN ONE YEAR AGO? | 3 | <input type="checkbox"/> | |

62. IS THAT (MUCH BETTER OR A BIT BETTER) (A BIT WORSE OR MUCH
WORSE) THAN ONE YEAR AGO?

- | | | |
|--|---|--------------------------|
| Much better now than one year ago | 1 | <input type="checkbox"/> |
| A bit better now than one year ago | 2 | <input type="checkbox"/> |
| A bit worse now than one year ago | 3 | <input type="checkbox"/> |
| Much worse now than one year ago | 4 | <input type="checkbox"/> |

63. DO YOU THINK (.....) IS THE RIGHT WEIGHT, TOO SKINNY OR TOO FAT?

- | | | |
|---|---|--------------------------|
| Just right (<i>Acceptable weight</i>) | 1 | <input type="checkbox"/> |
| Too skinny (<i>Underweight</i>) | 2 | <input type="checkbox"/> |
| Too fat (<i>Overweight</i>) | 3 | <input type="checkbox"/> |

EXERCISE

70. THE NEXT FEW QUESTIONS ARE ABOUT EXERCISE.

IN THE LAST 2 WEEKS, HAS (.....) WALKED TO KEEP FIT OR STAY HEALTHY?

Yes 1

No 5 ► Go to Q.72

71. HOW MANY TIMES IN THE LAST 2 WEEKS?

Number 1

Don't know 2

72. (APART FROM WALKING TO KEEP FIT/STAY HEALTHY), IN THE LAST 2 WEEKS, HAS (.....) DONE ANY EXERCISE OR PLAYED ANY SPORT THAT MADE (HIM/HER) SWEATY OR OUT OF BREATH?

Yes 1

No 5 ► Go to Q.74

73. HOW MANY TIMES IN THE LAST 2 WEEKS?

Number 1

Don't know 2



74. (THE NEXT FEW QUESTIONS ARE ABOUT WALKING (.....) DOES TO GO FROM PLACE TO PLACE. DO NOT INCLUDE WALKING (HE/SHE) DOES TO KEEP FIT OR STAY HEALTHY.)

YESTERDAY, DID (.....) DO ANY WALKING TO GO FROM PLACE TO PLACE FOR 10 MINUTES OR MORE?

Yes 1

No 5

▶ Go to Q.95

75. HOW MANY TIMES DID (.....) WALK FOR 10 MINUTES OR MORE YESTERDAY?

Number 1

Don't know 2

76. (APART FROM WALKING (.....) DID TO KEEP FIT OR STAY HEALTHY) WHAT WAS THE TOTAL TIME (.....) SPENT WALKING YESTERDAY?

Interviewer: Record time in minutes. Prompt for best estimate

Minutes 1

Don't know 2

77. IS THE WALKING (.....) DID YESTERDAY ABOUT THE SAME AMOUNT OF WALKING (HE/SHE) DOES MOST DAYS?

Yes 1

▶ Go to Q.95

No 5

78. DOES (.....) USUALLY WALK MORE OR LESS THAN (HE/SHE) DID YESTERDAY?

More 1

Less 2

IMMUNISATION

95. I AM NOW GOING TO ASK YOU ABOUT FLU AND PNEUMONIA NEEDLES.

HAS (.....) EVER HAD A FLU (NEEDLE/SHOT)?

Yes 1

No 5 ► Go to Q.97

Don't know 6 ► Go to Q.97

96. DID (.....) HAVE THIS FLU NEEDLE IN THE LAST YEAR (12 MONTHS)?

Yes 1

No 5

Don't know 6

97. HAS (.....) EVER HAD A PNEUMONIA NEEDLE?

Yes 1

No 5 ► Go to Q.111

Don't know 6 ► Go to Q.111

98. DID (.....) HAVE THIS PNEUMONIA NEEDLE IN THE LAST 5 YEARS?

Yes 1

No 5

Don't know 6

Sample only

DIETARY BEHAVIOUR**111. *Sequence Guide:***

- . *If aged 12 years old and over* 1 ► Go to Q.112
- . *Otherwise* 2 ► Go to Q.116

112. THE NEXT FEW QUESTIONS ARE ABOUT WHAT (.....) USUALLY EATS.

WHAT TYPE OF MILK DOES (.....) USUALLY USE?

Interviewer: If 'powdered milk' or 'long-life milk', prompt for whole/full fat or low/reduced fat.

- Whole/full fat 1
- Low/reduced fat 2
- Skim 3
- Evaporated or sweetened condensed 4
- Soy milk 5
- Other type of milk 6
- Doesn't drink milk 7
- Don't know type 8

113. DOES (.....) USUALLY EAT VEGETABLES EACH DAY?

Interviewer: Please prompt for fresh, frozen and tinned

- Yes 1
- No 5

114. DOES (.....) USUALLY EAT FRUIT EACH DAY?

Interviewer: Please prompt for fresh, frozen and tinned

- Yes 1
- No 5

115. HOW OFTEN IS SALT ADDED TO (.....) FOOD AFTER IT IS COOKED?

- Never/rarely 1
- Sometimes 2
- Usually 3

BREASTFEEDING**116.** *Sequence Guide:*

- . *If child aged 0-3 years old* 1 ► Go to Q.117
 . *Otherwise* 2 ► Go to Q.135

117. THE NEXT QUESTIONS ARE ABOUT BREASTFEEDING.

HAS (.....) EVER BEEN BREASTFED?

- Yes 1
 No 5 ► Go to Q.135
 Don't know 6 ► Go to Q.135

118. IS (.....) CURRENTLY BEING BREASTFED?

- Yes 1
 No 5 ► Go to Q.135
 Don't know 6 ► Go to Q.135

119. *Sequence Guide:*

- . *If child aged less than 2 years old* 1 ► Go to Q.120
 . *Otherwise* 2 ► Go to Q.135

120. IS BREASTMILK (.....) MAIN SOURCE OF FOOD?

- Yes 1
 No 5
 Don't know 6

LONG TERM CONDITIONS

135. I NOW HAVE SOME QUESTIONS ABOUT HEALTH CONDITIONS (.....) MAY HAVE. I WOULD LIKE TO KNOW ABOUT CONDITIONS THAT HAVE LASTED, OR ARE LIKELY TO LAST, FOR 6 MONTHS OR MORE.

Sample only

ASTHMA

140. HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS ASTHMA?

- | | | | |
|------------------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | ▶ Go to Q.145 |
| Don't know | 6 | <input type="checkbox"/> | ▶ Go to Q.145 |

141. DOES (.....) STILL GET ASTHMA?

- | | | | |
|-----------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | ▶ Go to Q.145 |

142. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAS (.....) TAKEN ANY MEDICINE OR TABLETS, OR USED A PUFFER FOR (HIS/HER) ASTHMA IN THE LAST 2 WEEKS?

- | | | | |
|------------------|---|--------------------------|--|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | |
| Don't know | 6 | <input type="checkbox"/> | |



CANCER

145. (I WOULD NOW LIKE TO ASK YOU ABOUT CANCER.)

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE)
HAS ANY TYPE OF CANCER?

- Yes 1
- No 5 ► Go to Q.155

146. WHAT TYPE(S) OF CANCER WAS (.....) TOLD (HE/SHE) HAD?

Interviewer probe: If respondent does not know what type, ask for part of body

Interviewer note: More than one response may be entered here

- Skin cancer (Include melanoma, basal cell carcinoma,
squamous cell carcinoma) 01 a
- Colon/rectum/bowel cancer (Colorectal) 02 b
- Breast 03 c
- Prostate 04 d
- Lung (Include trachea, pleura and bronchus) 05 e
- Female reproductive organs (Include cervix, uterus, ovary) 06 f
- Bladder/kidney 07 g
- Stomach 08 h
- Leukaemia 09 i
- Lymphoma (Include Non-Hodgkin's Lymphoma) 10 j
- Cancer of unknown primary site/ Don't know 11 k
- Other (Specify) 12 l

147. *Sequence Guide:*

- . If breast cancer selected (code '03' in Q.146) 1 ► Go to Q.148
- . Otherwise 2 ► Go to Q.149

148. HOW OLD WAS (.....) WHEN (HE/SHE) WAS FIRST TOLD (HE/SHE)
HAD BREAST CANCER?

- Age in years 1
- Don't know 2

149. DOES (.....) STILL HAVE CANCER?

Interviewer: Include cancer in remission

- Yes 1
- No 5 ► Go to Q.155

150. Sequence Guide:

- . If only 1 type of cancer reported in Q.146, mark the appropriate box in Q.151, then ... 1 ► Go to Q.155
- . Otherwise ... 2 ► Go to Q.151

151. WHAT TYPE(S) OF CANCER DOES (.....) STILL HAVE?

Interviewer: More than one response may be entered here

- Skin cancer (Include melanoma, basal cell carcinoma, squamous cell carcinoma) ... 01 a
- Colon/rectum/bowel cancer (Colorectal) ... 02 b
- Breast ... 03 c
- Prostate ... 04 d
- Lung (Include trachea, pleura and bronchus) ... 05 e
- Female reproductive organs (Include cervix, uterus, ovary) ... 06 f
- Bladder/kidney ... 07 g
- Stomach ... 08 h
- Leukaemia ... 09 i
- Lymphoma (Include Non-Hodgkin's Lymphoma) ... 10 j
- Cancer of unknown primary site/ Don't know ... 11 k
- Other (Specify) ... 12 l

HEART AND BLOOD PRESSURE PROBLEMS

155. (I WOULD NOW LIKE TO ASK YOU ABOUT HEART AND BLOOD PRESSURE PROBLEMS.)

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS ANY HEART OR BLOOD PRESSURE PROBLEMS, SUCH AS:

HIGH BLOOD PRESSURE (*Hypertension*)? 01 a

LOW BLOOD PRESSURE? 02 b

HIGH CHOLESTEROL OR FAT IN BLOOD? 03 c

RHEUMATIC HEART DISEASE? 04 d

HEART MURMUR? 05 e

FAST OR IRREGULAR HEARTBEATS (*Tachycardia/palpitations*)? ... 06 f

ANYTHING ELSE?

Interviewer: write in the names of up to 3 conditions below

(A) 07 g

(B) 08 h

(C) 09 i

No condition 10 j ▶ Q.160

156. DOES (.....) STILL HAVE ANY OF THESE PROBLEMS?

Interviewer: If 'yes', ask: WHICH ONES? (for each type marked in Q.155)

HIGH BLOOD PRESSURE (*Hypertension*)? 01 a

LOW BLOOD PRESSURE? 02 b

HIGH CHOLESTEROL OR FAT IN BLOOD? 03 c

RHEUMATIC HEART DISEASE? 04 d

HEART MURMUR? 05 e

FAST OR IRREGULAR HEARTBEATS (*Tachycardia/palpitations*)? ... 06 f

ANYTHING ELSE?

Interviewer: write in the names of up to 3 conditions below

(A) 07 g

(B) 08 h

(C) 09 i

No condition 10 j ▶ Go to Q.160

157. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAS (.....) USED OR TAKEN ANY MEDICINE OR TABLETS FOR (HIS/HER) HEART OR BLOOD PRESSURE PROBLEMS IN THE LAST 2 WEEKS?

Yes 1

No 5

ARTHRITIS

160. (THE NEXT FEW QUESTIONS ARE ABOUT ARTHRITIS OR RELATED CONDITIONS.)

DOES (.....) HAVE OR HAS (HE/SHE) EVER HAD:

Interviewer: More than one response allowed

- GOUT? 1 a
- RHEUMATISM? 2 b
- Neither of these 3 c

161. DOES (.....) HAVE OR HAS (HE/SHE) EVER HAD ARTHRITIS?

- Yes 1 ► Go to Q.163
- No 5

162. *Sequence Guide:*

- . If no conditions ('3' in Q.160 and '5' in Q.161) 1 ► Go to Q.170
- . Otherwise 2

163. DOES (.....) STILL HAVE ANY OF THESE PROBLEMS? WHICH ONES?

Interviewer: More than one response allowed. Only read responses from Q.160 and Q.161.

- (GOUT?) 1 a
- (RHEUMATISM?) 2 b
- (ARTHRITIS?) 3 c
- Don't know 4 d
- No conditions 5 e

164. *Sequence Guide:*

- . If '5' in Q.161 1 ► Go to Q.170
- . Otherwise 2

165. WAS (.....) TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS ARTHRITIS?

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

166. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAS (.....) USED OR TAKEN ANY MEDICINE OR TABLETS FOR ARTHRITIS IN THE LAST 2 WEEKS?

- Yes 1
- No 5

OSTEOPOROSIS

170. I WOULD NOW LIKE TO ASK YOU ABOUT OSTEOPOROSIS, A CONDITION THAT CAUSES BONES TO BREAK EASILY.

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS OSTEOPOROSIS?

- | | | | |
|------------------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | ▶ Go to Q.175 |
| Don't know | 6 | <input type="checkbox"/> | ▶ Go to Q.175 |

171. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAS (.....) USED OR TAKEN ANY MEDICINE OR TABLETS FOR OSTEOPOROSIS IN THE LAST 2 WEEKS?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 5 | <input type="checkbox"/> |

Sample only

DIABETES

175. (THE NEXT QUESTIONS ARE ABOUT DIABETES OR SUGAR PROBLEMS.)

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS DIABETES OR SUGAR PROBLEMS?

- Yes 1
- No 5 ► Go to Q.190

176. HOW OLD WAS (.....) WHEN (HE/SHE) WAS FIRST TOLD (HE/SHE) HAD (DIABETES OR SUGAR PROBLEMS)?

*Interviewer: Record age in years
Get best estimate if 'not sure'*

- Years 1
- Less than 1 year 2
- Don't know 3

177. DOES (.....) STILL HAVE (DIABETES OR SUGAR PROBLEMS)?

- Yes 1
- No 5 ► Go to Q.190
- Don't know 6 ► Go to Q.190

178. DOES (.....) HAVE INSULIN OR SUGAR NEEDLES EVERY DAY?

- Yes 1
- No 5 ► Go to Q.180
- Don't know 6 ► Go to Q.180

179. HOW OLD WAS (.....) WHEN (HE/SHE) FIRST HAD INSULIN OR SUGAR NEEDLES EVERY DAY?

*Interviewer: Record age in years.
Get best estimate if 'not sure'*

- Years 1
- Less than 1 year 2
- Don't know 3

180. OTHER THAN VITAMINS OR HERBAL MEDICINES (OR INSULIN), HAS (.....) USED OR TAKEN ANY MEDICINE OR TABLETS FOR (HIS/HER) (DIABETES OR SUGAR PROBLEMS) IN THE LAST 2 WEEKS?

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

181. DID (.....) CHANGE THE FOOD (HE/SHE) EATS BECAUSE OF (HIS/HER) (DIABETES OR SUGAR PROBLEMS)?

Interviewer probe: Such as eating healthier food or less fatty or sugary foods

Yes 1

No 5 ► Go to Q.183

182. DOES (.....) STILL EAT THESE HEALTHIER FOODS?

Yes 1

No 5

183. IN THE LAST 2 WEEKS, HAS (.....) DONE ANYTHING ELSE TO HELP WITH (HIS/HER) (DIABETES OR SUGAR PROBLEMS), LIKE:

TRYING TO LOSE WEIGHT FOR (HIS/HER) (DIABETES/SUGAR PROBLEMS)? 1 a

WALKING MORE, OR PLAYING SPORT MOST DAYS FOR (HIS/HER) (DIABETES/SUGAR PROBLEMS)? 2 b

TAKING ANY VITAMINS OR MINERALS FOR (HIS/HER) (DIABETES/SUGAR PROBLEMS)? 3 c

TAKING ANY NATURAL OR HERBAL MEDICINES, INCLUDING BUSH MEDICINES FOR (HIS/HER) (DIABETES/SUGAR PROBLEMS)? 4 d

ANYTHING ELSE FOR (HIS/HER) (DIABETES/SUGAR PROBLEMS)? 5 e

No action taken 6 f

184. IN THE LAST 12 MONTHS, HAS (.....) (DIABETES OR SUGAR PROBLEMS) GOT IN THE WAY OF ANYTHING (HE/SHE) USUALLY DOES?

Yes 1

No 5 ► Go to Q.190

185. WHICH ACTIVITIES?

Work 1 a

Study 2 b

Other day to day activities 3 c

RENAL DISEASE / DIALYSIS

190. HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS KIDNEY DISEASE (SICK KIDNEYS)?

Yes 1

No 5

▶ Go to Q.192

191. DOES (.....) STILL HAVE KIDNEY DISEASE (SICK KIDNEYS)?

Yes 1

No 5

Don't know 6

192. HAS (.....) EVER USED A KIDNEY MACHINE (DIALYSIS)?

Yes 1

No 5



EYESIGHT

195. (I WOULD NOW LIKE TO ASK ABOUT (.....) EYESIGHT.)

DOES (.....) WEAR GLASSES FOR (HIS/HER) EYESIGHT?

- Yes 1
- No 5 ► Go to Q.197

196. WHAT SIGHT PROBLEMS DOES (.....) WEAR GLASSES FOR?

- Difficulty reading/reading glasses (*Long-sightedness*) 1 a
- Can't see far away/driving glasses (*Short-sightedness/Myopia*) 2 b
- Astigmatism 3 c
- Other (*Specify*) 4 d
-
- Don't know 5 e

197. DOES (.....) HAVE ANY (OTHER) PROBLEMS WITH (HIS/HER) SIGHT OR EYES?

- Yes 1
- No 5 ► Go to Q.202
- Don't know 6 ► Go to Q.202

198. CAN ANY OF THOSE PROBLEMS BE FIXED BY WEARING GLASSES?

- Yes 1
- No 5 ► Go to Q.201
- Don't know 6 ► Go to Q.201

199. WHICH PROBLEMS CAN BE FIXED BY GLASSES?

- Difficulty reading/reading glasses (*Long-sightedness*) 1 a
- Can't see far away/driving glasses (*Short-sightedness/Myopia*) 2 b
- Astigmatism 3 c
- Other (*Specify*) 4 d
-
- Don't know 5 e

200. DOES (.....) HAVE ANY OTHER PROBLEMS WITH (HIS/HER) SIGHT OR EYES?

- | | | | |
|------------------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | ▶ Go to Q.202 |
| Don't know | 6 | <input type="checkbox"/> | ▶ Go to Q.202 |

201. WHAT (OTHER) SIGHT PROBLEMS DOES (.....) HAVE?

- | | | | |
|------------------------------------|----|--------------------------|----------|
| Totally blind in both eyes | 01 | <input type="checkbox"/> | <i>a</i> |
| Totally blind in 1 eye | 02 | <input type="checkbox"/> | <i>b</i> |
| Partially blind in both eyes | 03 | <input type="checkbox"/> | <i>c</i> |
| Partially blind in 1 eye | 04 | <input type="checkbox"/> | <i>d</i> |
| Glaucoma | 05 | <input type="checkbox"/> | <i>e</i> |
| Cataracts | 06 | <input type="checkbox"/> | <i>f</i> |
| Trachoma | 07 | <input type="checkbox"/> | <i>g</i> |
| Lazy eye | 08 | <input type="checkbox"/> | <i>h</i> |
| Retinopathy | 09 | <input type="checkbox"/> | <i>i</i> |
| Other (<i>Specify</i>) | 10 | <input type="checkbox"/> | <i>j</i> |
| | | | |
| Don't know | 11 | <input type="checkbox"/> | <i>k</i> |

202. Sequence Guide:

- | | | | |
|--|---|--------------------------|---------------|
| . <i>If currently has diabetes or sugar problems (code '1') in Q.177</i> | 1 | <input type="checkbox"/> | ▶ Go to Q.203 |
| . <i>Otherwise</i> | 2 | <input type="checkbox"/> | ▶ Go to Q.210 |

203. Sequence Guide:

- | | | | |
|--|---|--------------------------|---------------|
| . <i>If sight problem reported (code '1') in Q.195, Q.197 or Q.200</i> | 1 | <input type="checkbox"/> | ▶ Go to Q.204 |
| . <i>Otherwise</i> | 2 | <input type="checkbox"/> | ▶ Go to Q.205 |

204. OF THE SIGHT PROBLEMS YOU HAVE TOLD ME ABOUT, ARE ANY DUE TO (.....) (DIABETES OR SUGAR PROBLEMS)?

Interviewer probe: If 'yes', probe for type of problem

- | | | | |
|--|----|--------------------------|----------|
| Difficulty reading/reading glasses (<i>Long-sightedness</i>) | 01 | <input type="checkbox"/> | <i>a</i> |
| Can't see far away/driving glasses (<i>Short-sightedness/Myopia</i>) | 02 | <input type="checkbox"/> | <i>b</i> |
| Astigmatism | 03 | <input type="checkbox"/> | <i>c</i> |
| Totally blind in both eyes | 04 | <input type="checkbox"/> | <i>d</i> |
| Totally blind in 1 eye | 05 | <input type="checkbox"/> | <i>e</i> |
| Partially blind in both eyes | 06 | <input type="checkbox"/> | <i>f</i> |
| Partially blind in 1 eye | 07 | <input type="checkbox"/> | <i>g</i> |
| Glaucoma | 08 | <input type="checkbox"/> | <i>h</i> |
| Cataracts | 09 | <input type="checkbox"/> | <i>i</i> |
| Trachoma | 10 | <input type="checkbox"/> | <i>j</i> |
| Lazy eye | 11 | <input type="checkbox"/> | <i>k</i> |
| Retinopathy | 12 | <input type="checkbox"/> | <i>l</i> |
| Other (<i>Specify</i>) | 13 | <input type="checkbox"/> | <i>m</i> |
| <input style="width: 500px; height: 20px;" type="text"/> | | | |
| Don't know (<i>Type of problem</i>) | 14 | <input type="checkbox"/> | <i>n</i> |
| Don't know if sight problem due to diabetes | 15 | <input type="checkbox"/> | <i>o</i> |
| No problems | 16 | <input type="checkbox"/> | <i>p</i> |

205. HOW LONG AGO IS IT SINCE (.....) LAST SAW AN EYE DOCTOR (SPECIALIST) OR OPTOMETRIST ABOUT (HIS/HER) EYESIGHT?

Interviewer: If respondent has visited both an optometrist and an eye doctor/specialist, record the most recent visit

- | | | |
|------------------------|---|--------------------------|
| Less than 1 year | 1 | <input type="checkbox"/> |
| 1 to less than 2 years | 2 | <input type="checkbox"/> |
| 2 to less than 5 years | 3 | <input type="checkbox"/> |
| 5 years or more | 4 | <input type="checkbox"/> |
| Never | 5 | <input type="checkbox"/> |
| Don't know | 6 | <input type="checkbox"/> |

HEARING

210. I AM NOW GOING TO ASK YOU ABOUT HEARING PROBLEMS THAT HAVE LASTED, OR ARE EXPECTED TO LAST, FOR 6 MONTHS OR MORE.

DOES (.....) HAVE ANY HEARING PROBLEMS OR PROBLEMS WITH (HIS/HER) EARS?

Interviewer probe: If 'yes', ask: WHAT ARE THEY?

- | | | | |
|--|---|--------------------------|----------|
| Total deafness | 1 | <input type="checkbox"/> | <i>a</i> |
| Deaf in 1 ear | 2 | <input type="checkbox"/> | <i>b</i> |
| Hearing loss/partially deaf | 3 | <input type="checkbox"/> | <i>c</i> |
| Ringing in (his/her) ears (<i>Tinnitus</i>) | 4 | <input type="checkbox"/> | <i>d</i> |
| Ear infections (<i>Otitis media</i>) | 5 | <input type="checkbox"/> | <i>e</i> |
| Other (<i>Specify</i>) | 6 | <input type="checkbox"/> | <i>f</i> |
| <input style="width: 500px; height: 20px;" type="text"/> | | | |
| Don't know (<i>Type of problem</i>) | 7 | <input type="checkbox"/> | <i>g</i> |
| No problems | 8 | <input type="checkbox"/> | <i>h</i> |

LONG TERM HEALTH CONDITIONS

215. THE NEXT QUESTIONS ARE ABOUT ANY OTHER HEALTH PROBLEMS THAT HAVE LASTED, OR ARE EXPECTED TO LAST, FOR 6 MONTHS OR MORE.

DOES (.....) HAVE ANY OTHER HEALTH PROBLEMS, LIKE:

HAYFEVER? 1 a

(LOSS OF LIMB, [Arm, leg, finger or toe]?) 2 b

TUBERCULOSIS (TB)? 3 c

BACK PROBLEMS? (*Specify*) 4 d

(A)

SKIN PROBLEMS? (*Specify*) 5 e

(B)

BREATHING PROBLEMS APART FROM ASTHMA? (*Specify*) 6 f

(C)

None of these 7 g

216. (APART FROM THE HEALTH PROBLEMS YOU HAVE ALREADY TOLD ME ABOUT,)

DOES (.....) HAVE ANY OTHER HEALTH PROBLEMS THAT:

Interviewer: Ask Question. If 'yes', prompt for condition(s) and write in box(es) below.

KEEP COMING BACK NOW AND AGAIN? 1 a

(HE/SHE) HAS HAD FOR A LONG TIME BUT GOT USED TO? 2 b

ARE NO LONGER A PROBLEM BECAUSE OF THE MEDICINE OR TABLETS (HE/SHE) IS TAKING? 3 c

None of these 4 d **▶ Go to Q.220**

Interviewer: Write the condition(s) into the space provided

(A)

(B)

(C)

(D)

LONG TERM INJURIES**220.** *Sequence Guide:*

- . If any condition reported in Q.140-Q.216
(including sight and hearing conditions) 1 ► Go to Q.221
- . Otherwise 2 ► Go to Q.225

221. ARE ANY OF (.....) HEALTH PROBLEMS YOU HAVE TOLD ME ABOUT TODAY THE RESULT OF AN INJURY OR ACCIDENT?

- Yes 1
- No 5 ► Go to Q.225
- Don't know 6 ► Go to Q.225

222. WHICH CONDITIONS ARE THEY?

Interviewer: Write the condition(s) into the space provided

- (a)
- (b)
- (c)
- (d)

SHORT TERM INJURIES

225. I AM NOW GOING TO ASK YOU ABOUT RECENT INJURIES. PLEASE INCLUDE ALL INJURIES (.....) HAS HAD, EVEN SMALL ONES.

AT ANY TIME IN THE LAST 4 WEEKS (MONTH) HAS (.....) HAD ANY ACCIDENTS, HURT (HIMSELF/HERSELF) OR BEEN HURT BY SOMEONE OR SOMETHING?

- Yes 1
- No 5 ► Go to Q.245

226. WHEN (.....) GOT HURT, DID (HE/SHE):

- GO TO THE COMMUNITY CLINIC OR HOSPITAL? 1 a
- DO ANYTHING FOR THE INJURY, LIKE BANDAGE IT OR STAY IN BED? 2 b
- DO ANYTHING ELSE? 3 c
- No action taken 4 d ► Go to Q.245

227. HOW DID (.....) GET HURT WHEN (HE/SHE) HAD TO DO (THIS/THOSE) THING(S)?

Interviewer probe: Prompt for the number of each event in the last four weeks

Interviewer: Mark the box for the number of each type of event

Type of event	Number of events					
	1	2	3	4	5+	
Car accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a
Tripping/slipping/low fall (1 metre or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b
Falling from (tree/roof/wall)/high fall (more than 1 metre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c
Hitting something or being hit by something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d
Attacked by another person/ fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e
Nearly drowned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f
Burns by fire/heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g
Burns by chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h
Bite or sting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i
Cut with knife/tool/ other implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j
Other event requiring some action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k
Food poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l

228. Sequence Guide:

- | | | | |
|---|---------|--------------------------|---------------|
| . If <u>only</u> food poisoning reported | 1 | <input type="checkbox"/> | ▶ Go to Q.245 |
| . If <u>only 1 type of event</u> reported in Q.227, mark the appropriate box in Q.229 and ask Q.230 | 2 | <input type="checkbox"/> | |
| . Otherwise, ask Q.229 | 3 | <input type="checkbox"/> | |

229. WHICH HAPPENED MOST RECENTLY?

Interviewer: Only mark response from Q.227

- | | | |
|---|----------|--------------------------|
| Car accident | 01 | <input type="checkbox"/> |
| Tripping/slipping/low fall (1 metre or less) | 02 | <input type="checkbox"/> |
| Falling from (tree/roof/wall)/high fall (more than 1 metre) | 03 | <input type="checkbox"/> |
| Hitting something or being hit by something | 04 | <input type="checkbox"/> |
| Attacked by another person/fighting | 05 | <input type="checkbox"/> |
| Nearly drowned | 06 | <input type="checkbox"/> |
| Burns by fire/heat | 07 | <input type="checkbox"/> |
| Burns by chemicals | 08 | <input type="checkbox"/> |
| Bite or sting | 09 | <input type="checkbox"/> |
| Cut with knife/tool/other implement | 10 | <input type="checkbox"/> |
| Other event requiring some action | 11 | <input type="checkbox"/> |

230. I WOULD NOW LIKE TO ASK ABOUT THE MOST RECENT EVENT, THE (*Specify event marked in Q.229*).

WHAT TYPE OF INJURY DID (.....) HAVE AS A RESULT OF THE (*Specify event marked in Q.229*)?

(WHICH PART OF (HIS/HER) BODY WAS INJURED)?

Interviewer:

1. Mark the injury type, (eg Fractures) down the left hand side

2. Mark the body part (eg Arms) that was injured as a result of EACH of the types of injuries (eg Fractures)

		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>	<i>k</i>	<i>l</i>
		Eyes	Head (ex. eyes)	Neck (ex. spine)	Shoulder (incl. collar bone)	Arms (incl. wrists)	Hands/ fingers	Back/ spine	Trunk (incl. chest, internal organs, groin & buttocks (bottom))	Hip	Legs/ feet	Whole body	
10	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Dislocations, sprains, strains, torn muscles/ ligaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Internal injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Open wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Burns and scalds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Concussion	<input type="checkbox"/>											
17	Choking	<input type="checkbox"/>											
18	Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	No injury sustained	<input type="checkbox"/>	▶ Q.245										

231. Sequence Guide:

- . If aged 15-17 years 1 ► Go to Q.232
 . Otherwise 2 ► Go to Q.236

232. DID (.....) RECEIVE THE INJURY/INJURIES WHILE:

- WORKING FOR PAY? 1
 WORKING BUT NOT FOR PAY? 2 ► Go to Q.237
 Neither 3 ► Go to Q.236

233. Sequence Guide:

- . If had job last week ('1' in Q.40 or '1' in Q.41) 1 ► Go to Q.234
 . Otherwise 2 ► Go to Q.237

234. WAS THIS THE SAME JOB YOU TOLD ME ABOUT EARLIER?

- Yes 1
 No 5
 Don't know 6

235. ► Q.237**236.** WHAT WAS (.....) DOING WHEN (HE/SHE) WAS INJURED (FROM/IN) THE
(Specify event marked in Q.229)?

- Sports activities 1
 Leisure activities 2
 Resting, sleeping, eating or other personal activities 3
 Being nursed or cared for 4
 Attending school/college/university 5
 Domestic activities 6
 Other 7

237. WHERE WAS (HE/SHE)?

- | | | |
|---|----------|--------------------------|
| Inside own/someone else's home | 01 | <input type="checkbox"/> |
| Outside own/someone else's home | 02 | <input type="checkbox"/> |
| At school/college/university | 03 | <input type="checkbox"/> |
| Residential institution (<i>Men's quarters or nursing home</i>) | 04 | <input type="checkbox"/> |
| Health care facility | 05 | <input type="checkbox"/> |
| Sports facility/athletics field/park | 06 | <input type="checkbox"/> |
| Street or highway | 07 | <input type="checkbox"/> |
| Commercial place (<i>Shop, office or hotel</i>) | 08 | <input type="checkbox"/> |
| Industrial place (<i>Factory/CDEP depot</i>) | 09 | <input type="checkbox"/> |
| Farm | 10 | <input type="checkbox"/> |
| Other (<i>Such as river, bush etc.</i>) | 11 | <input type="checkbox"/> |

238. DID (.....) GO TO A HOSPITAL, LIKE (*Specify closest major hospital*)
BECAUSE OF THIS (*Specify event marked in Q.229*)?

- | | | | |
|------------|---------|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 5 | <input type="checkbox"/> | ▶ Go to Q.240 |
| Don't know | 6 | <input type="checkbox"/> | ▶ Go to Q.240 |

239. DID (.....) STAY OVERNIGHT?

- | | | |
|-----|---------|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 5 | <input type="checkbox"/> |

240. (APART FROM ANYONE (.....) SAW AT THE HOSPITAL)

FOR THE INJURIES RECEIVED, DID (.....) VISIT A:

- | | | | |
|--------------------------------------|---------|--------------------------|----------|
| DOCTOR/GP? | 1 | <input type="checkbox"/> | <i>a</i> |
| NURSE/SISTER OR OTHER HEALTH WORKER? | 2 | <input type="checkbox"/> | <i>b</i> |
| None of these | 3 | <input type="checkbox"/> | <i>c</i> |
| Don't know | 4 | <input type="checkbox"/> | <i>d</i> |

241. Sequence Guide:

- | | | | |
|----------------------|---------|--------------------------|---------------|
| . If aged 0-14 years | 1 | <input type="checkbox"/> | ▶ Go to Q.245 |
| . Otherwise | 2 | <input type="checkbox"/> | ▶ Go to Q.242 |

242. HAD (.....) BEEN DRINKING (ALCOHOL/GROG) OR USING OTHER
DRUGS WHEN (HE/SHE) WAS INJURED?

- | | | |
|------------|---------|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 5 | <input type="checkbox"/> |
| Don't know | 6 | <input type="checkbox"/> |

TIME OFF WORK/SCHOOL**245. Sequence Guide:**

- . If child aged 0-4 years old 1 ► Go to Q.260
- . If child aged 5-14 years old 2 ► Go to Q.251
- . If child aged 15-17 years old AND had job (code '1' in Q.40 or Q.41) 3 ► Go to Q.246
- . Otherwise 4 ► Go to Q.250

246. I NOW WANT YOU TO THINK ABOUT ALL THE TIME (.....) HAS TAKEN OFF WORK IN THE LAST 2 WEEKS.

IN THE LAST 2 WEEKS HAS (.....) STAYED AWAY FROM (HIS/HER) WORK BECAUSE (HE/SHE) WAS HURT OR SICK?

Interviewer: Must be away from work for half a day or more

- Yes 1
- No 5 ► Go to Q.248

247. ON HOW MANY DAYS IN THE LAST 2 WEEKS HAS (.....) STAYED AWAY FROM (HIS/HER) WORK?

Number of days away

248. IN THE LAST 2 WEEKS HAS (.....) HAD ANY DAYS OFF WORK TO LOOK AFTER OR CARE FOR SOMEONE ELSE BECAUSE THEY WERE HURT OR SICK?

Interviewer: Must be away from work for half a day or more

- Yes 1
- No 5 ► Go to Q.250

249. ON HOW MANY DAYS IN THE LAST 2 WEEKS DID (.....) STAY AWAY FROM WORK TO LOOK AFTER SOMEONE ELSE?

Number of days away

250. Sequence Guide:

- . If a student (code '1' in Q.30 or code '1' in Q.31) 1 ► Go to Q.251
- . Otherwise 2 ► Go to Q.256

251. (I WOULD NOW LIKE YOU TO THINK ABOUT ALL THE TIME (.....) HAS TAKEN OFF SCHOOL IN THE LAST 2 WEEKS)

IN THE LAST 2 WEEKS HAS (.....) STAYED AWAY FROM (HIS/HER) (SCHOOL/PLACE OF STUDY) BECAUSE (HE/SHE) WAS HURT OR SICK?

Interviewer: Must be away from (school/place of study) for half a day or more

- Yes 1
- No 5 ► Go to Q.253

252. ON HOW MANY DAYS IN THE LAST 2 WEEKS HAS (.....) STAYED AWAY FROM (HIS/HER) (SCHOOL/PLACE OF STUDY)?

Number of days away

253. Sequence Guide:

- . If child aged 5-9 years old 1 ► Go to Q.256
- . Otherwise 2 ► Go to Q.254

254. IN THE LAST 2 WEEKS HAS (.....) HAD ANY DAYS OFF (HIS/HER) (SCHOOL/PLACE OF STUDY) TO LOOK AFTER OR CARE FOR SOMEONE ELSE BECAUSE THEY WERE HURT OR SICK?

Interviewer: Must be away from (school/place of study) for half a day or more

- Yes 1
- No 5 ► Go to Q.256

255. ON HOW MANY DAYS IN THE LAST 2 WEEKS DID (.....) STAY AWAY FROM (HIS/HER) (SCHOOL/PLACE OF STUDY) TO LOOK AFTER SOMEONE ELSE?

Number of days away

256. ON ANY (OTHER) DAYS IN THE LAST 2 WEEKS HAS (.....) HAD TO CUT DOWN ON ANYTHING (HE/SHE) USUALLY DOES BECAUSE (HE/SHE) WAS HURT OR SICK?

- Yes 1
- No 5 ► Go to Q.260

257. ON HOW MANY DAYS IN THE LAST 2 WEEKS HAS (.....) HAD TO CUT DOWN ON (HIS/HER) USUAL ACTIVITIES?

Number of days away

ACTIONS

260. WHERE DOES (.....) USUALLY GO WHEN (HE/SHE) HAS A PROBLEM WITH (HIS/HER) HEALTH?

- | | | |
|---|---|--------------------------|
| Aboriginal Medical Service/Community clinic | 1 | <input type="checkbox"/> |
| Hospital | 2 | <input type="checkbox"/> |
| Doctor/GP (outside AMS/hospital) | 3 | <input type="checkbox"/> |
| Traditional healer | 4 | <input type="checkbox"/> |
| Other | 5 | <input type="checkbox"/> |
| Doesn't usually seek health care | 6 | <input type="checkbox"/> |

261. DOES (.....) USUALLY GO TO THE SAME DOCTOR OR (MEDICAL SERVICE/CLINIC)?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 5 | <input type="checkbox"/> |



HOSPITAL VISITS

275. IN THE LAST YEAR HAS (.....) STAYED OVERNIGHT IN A HOSPITAL, LIKE (*Specify closest major hospital*), BECAUSE (HE/SHE) WAS HURT OR SICK?

Yes 1

No 5 ► Go to Q.279

276. HOW MANY TIMES HAS (.....) BEEN TO HOSPITAL AND STAYED OVERNIGHT IN THE LAST YEAR?

Number 1

Don't know 2

277. (THE LAST TIME (.....) STAYED OVERNIGHT), HOW MANY NIGHTS DID (HE/SHE) STAY?

Number 1

Don't know 2

278. DID (.....) LEAVE THE HOSPITAL IN THE LAST 2 WEEKS?

Yes 1

No 5

279. (APART FROM (THAT/THOSE) OVERNIGHT (STAY/STAYS))

IN THE LAST 2 WEEKS DID (.....) VISIT OUTPATIENTS, EMERGENCY OR CASUALTY AT A HOSPITAL, LIKE (*Specify closest major hospital*), BECAUSE (HE/SHE) WAS HURT OR SICK?

Yes 1

No 5 ► Go to Q.281

280. HOW MANY TIMES DID (.....) VISIT THE OUTPATIENTS, EMERGENCY OR CASUALTY SECTION IN THE LAST 2 WEEKS ?

Number 1

Don't know 2

281. IN THE LAST YEAR, WAS THERE EVER A TIME WHEN (.....) NEEDED TO GO TO A HOSPITAL, BUT DIDN'T?

Yes 1

No 5 ► Go to Q.290

282. WHY DIDN'T (.....) GO?

Interviewer: Multiple responses are allowed.

Cost	01	<input type="checkbox"/> a
Discrimination	02	<input type="checkbox"/> b
Service not culturally appropriate	03	<input type="checkbox"/> c
Language problems	04	<input type="checkbox"/> d
Transport/Distance	05	<input type="checkbox"/> e
Waiting time too long or not available at time required	06	<input type="checkbox"/> f
Not available in area	07	<input type="checkbox"/> g
Too busy (including work/personal/family responsibilities)	08	<input type="checkbox"/> h
Dislikes [service/professional] / afraid / embarrassed	09	<input type="checkbox"/> i
Felt it would be inadequate	10	<input type="checkbox"/> j
Decided not to seek care	11	<input type="checkbox"/> k
Other	12	<input type="checkbox"/> l

NURSE AND AHW VISITS

290. THE NEXT FEW QUESTIONS ARE ABOUT VISITS TO DOCTORS, DENTISTS AND OTHER HEALTH PROFESSIONALS.

(APART FROM ANY NURSES, SISTERS OR ABORIGINAL (AND TORRES STRAIT ISLANDER) HEALTH WORKERS AT THE HOSPITAL,)

IN THE LAST 2 WEEKS HAS (.....) BEEN TO A NURSE, SISTER, OR AN ABORIGINAL (AND TORRES STRAIT ISLANDER) HEALTH WORKER FOR (HIS/HER) OWN HEALTH?

Interviewer probe: If 'yes', prompt for which one/s. Multiple responses allowed.

- | | | | |
|---|---|--------------------------|----------|
| Aboriginal (and Torres Strait Islander) Health Worker | 1 | <input type="checkbox"/> | <i>a</i> |
| Nurse/Sister | 2 | <input type="checkbox"/> | <i>b</i> |
| Neither | 3 | <input type="checkbox"/> | <i>c</i> |
| Don't know | 4 | <input type="checkbox"/> | <i>d</i> |

DOCTOR VISITS

295. (APART FROM ANY DOCTORS AT THE HOSPITAL,)

IN THE LAST 2 WEEKS HAS (.....) BEEN TO THE DOCTOR FOR
(HIS/HER) OWN HEALTH?

- Yes 1
- No 5 ► Go to Q.297

296. HOW MANY TIMES?

- Number 1 ► Q.298
- Don't know 2 ► Go to Q.298

297. (APART FROM ANY DOCTORS AT THE HOSPITAL,)

WHEN WAS THE LAST TIME (.....) WENT TO THE DOCTOR FOR
(HIS/HER) OWN HEALTH?

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

298. IN THE LAST YEAR, WAS THERE EVER A TIME WHEN (.....) NEEDED
TO GO TO A DOCTOR, BUT DIDN'T?

- Yes 1
- No 5 ► Go to Q.304

299. WHY DIDN'T (.....) GO?

Interviewer: Multiple responses are allowed.

Cost	01	<input type="checkbox"/> a
Discrimination	02	<input type="checkbox"/> b
Service not culturally appropriate	03	<input type="checkbox"/> c
Language problems	04	<input type="checkbox"/> d
Transport/Distance	05	<input type="checkbox"/> e
Waiting time too long or not available at time required	06	<input type="checkbox"/> f
Not available in area	07	<input type="checkbox"/> g
Too busy (including work/personal/family responsibilities)	08	<input type="checkbox"/> h
Dislikes [service/professional] / afraid / embarrassed	09	<input type="checkbox"/> i
Felt it would be inadequate	10	<input type="checkbox"/> j
Decided not to seek care	11	<input type="checkbox"/> k
Other	12	<input type="checkbox"/> l

ORAL HEALTH

304. Sequence Guide:

- . *If aged 2 years or over* 1 ► Go to Q.305
 . *Otherwise* 2 ► Go to Q.320

305. WHO WAS THE LAST PERSON (.....) WENT TO SEE ABOUT (HIS/HER) TEETH?

- Dentist 1
 Doctor/GP 2
 Nurse 3
 Other 4
 Never seen health professional about teeth 5 ► Go to Q.311

306. IN THE LAST 2 WEEKS HAS (.....) BEEN TO THE DENTIST ABOUT (HIS/HER) TEETH?

- Yes 1
 No 5 ► Go to Q.308

307. HOW MANY TIMES?

- Number ► Q.309

308. WHEN WAS THE LAST TIME (.....) WENT TO THE DENTIST?

- Less than 3 months ago 1
 3 months to less than 6 months ago 2
 6 months to less than 1 year ago 3
 1 year ago to less than 2 years ago 4
 2 years ago or more 5
 Never 6 ► Go to Q.311
 Don't know 7

309. DOES (.....) USUALLY GO TO THE DENTIST FOR TREATMENT, A CHECK-UP OR BOTH?

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

310. WHERE DID (.....) LAST GO TO SEE THE DENTIST?

- (Aboriginal/Torres Strait Islander) Medical Service / Community clinic ... 1
- School dental service ... 2
- Government dental clinic (including dental hospital) ... 3
- Private dental practice (including specialist) ... 4
- Other ... 5
- Don't know ... 6

311. Sequence Guide:

- . If aged 2-14 years old ... 1 ► Go to Q.316
- . Otherwise ... 2 ► Go to Q.312

312. HAS (.....) LOST ANY OF (HIS/HER) (NATURAL/ADULT) TEETH OR HAD THEM TAKEN OUT (EXCLUDING WISDOM TEETH)?

- Yes ... 1
- No ... 5 ► Q.316

313. HOW MANY TEETH?

*Interviewer: Please record number of teeth lost/removed.
If 'Don't know' ask for estimate.*

- Number ... 1
- All ... 2
- Don't know ... 3

314. DOES (.....) WEAR ANY DENTURES OR FALSE TEETH THAT CAN BE REMOVED?

- Yes ... 1 ► Q.316
- No ... 5

315. DOES (.....) NEED TO GET FALSE TEETH SO THAT (HE/SHE) CAN EAT PROPERLY?

- Yes ... 1
- No ... 5

316. IN THE LAST YEAR, WAS THERE EVER A TIME WHEN (.....) NEEDED TO GO TO A DENTIST, BUT DIDN'T?

- Yes ... 1
- No ... 5 ► Go to Q.320

317. WHY DIDN'T (.....) GO?

Interviewer: Multiple responses are allowed.

- | | | |
|--|----|----------------------------|
| Cost | 01 | <input type="checkbox"/> a |
| Discrimination | 02 | <input type="checkbox"/> b |
| Service not culturally appropriate | 03 | <input type="checkbox"/> c |
| Language problems | 04 | <input type="checkbox"/> d |
| Transport/Distance | 05 | <input type="checkbox"/> e |
| Waiting time too long or not available at time required | 06 | <input type="checkbox"/> f |
| Not available in area | 07 | <input type="checkbox"/> g |
| Too busy (including work/personal/family responsibilities) | 08 | <input type="checkbox"/> h |
| Dislikes [service/professional] / afraid / embarrassed | 09 | <input type="checkbox"/> i |
| Felt it would be inadequate | 10 | <input type="checkbox"/> j |
| Decided not to seek care | 11 | <input type="checkbox"/> k |
| Other | 12 | <input type="checkbox"/> l |

OTHER HEALTH PROFESSIONALS

320. (APART FROM (ANY HEALTH WORKERS AT THE HOSPITAL OR) ANYONE (ELSE) YOU HAVE TOLD ME ABOUT,)

FOR (HIS/HER) OWN HEALTH, IN THE LAST 2 WEEKS HAS (.....) BEEN TO:

- A SOCIAL WORKER OR WELFARE OFFICER? 1 a
- A TRADITIONAL HEALER? 2 b
- AN ALCOHOL OR DRUG WORKER? 3 c
- ANY OTHER HEALTH WORKER? (*Specify*) 4 d
-
- Not seen 5 e
- Don't know (*If seen an OHP*) 6 f

321. IN THE LAST YEAR, WAS THERE EVER A TIME WHEN (.....) NEEDED TO SEE A NURSE, SISTER, ABORIGINAL (AND TORRES STRAIT ISLANDER) HEALTH WORKER OR OTHER HEALTH WORKER, BUT DIDN'T?

- Yes 1
- No 5 ► Go to Q.325

322. WHY DIDN'T (.....) GO?

Interviewer: Multiple responses are allowed.

- Cost 01 a
- Discrimination 02 b
- Service not culturally appropriate 03 c
- Language problems 04 d
- Transport/Distance 05 e
- Waiting time too long or not available at time required 06 f
- Not available in area 07 g
- Too busy (including work/personal/family responsibilities) 08 h
- Dislikes [service/professional] / afraid / embarrassed 09 i
- Felt it would be inadequate 10 j
- Decided not to seek care 11 k
- Other 12 l

325. *Sequence Guide:*

- . *If aged 0-14 years old, no more questions* 1 ◀
- . *Otherwise* 2 ► Go to Q.410

WEIGHT & HEIGHT

410. I WOULD NOW LIKE TO ASK ABOUT (.....) WEIGHT AND HEIGHT.

HOW MUCH DOES (.....) WEIGH?

Interviewer: Record reported weight in appropriate category.

If respondent isn't sure, ask if they would like to know (.....) weight.

Explain this is voluntary.

Please tick appropriate box.

Respondent measured OR Respondent self reported

Kilograms	.....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone/pounds	.....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pounds	.....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	.....	4	<input type="checkbox"/>				

411. HOW TALL IS (.....) WITHOUT SHOES?

Interviewer: Record reported height in appropriate category.

If respondent isn't sure, ask if they would like to have (.....) height measured.

Explain this is voluntary.

Please tick appropriate box.

Respondent measured OR Respondent self reported

Centimetres	.....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet/inches	.....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	.....	3	<input type="checkbox"/>			

412. No more questions.