

1. Never Married

2. Widowed

3. Divorced

4. Separated

5. Married

You may choose more than one of the following:

- 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 or school**
- 6. Local access to clinic or doctor**
- 7. More awareness of immunisation schedule**
- 8. Promotion through TV, radio, other media or clinics**
- 9. Other**

- 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**

You may choose more than one of the following:

- 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**

- 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**

- 1. A lot**
- 2. Some**
- 3. Not at all**

- 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**

The photos shown on this card are examples only



1 serve of salad vegetables



1 serve of baked potato



1 serve of broccoli



1 serve of tomato



1 serve of chips



1 serve of stir-fry

The photos shown on this card are examples only



1 serve of fruit salad



1 serve of grapes



1 serve of apple



1 serve of rockmelon



1 serve of apricots



1 serve of strawberries

You may choose one or more of the following:

- 1. Beer**
- 2. Wine**
- 3. Champagne / Sparkling wine**
- 4. Ready to drink spirits / liqueurs**
- 5. Liqueurs**
- 6. Spirits**
- 7. Fortified wines**
- 8. Cider**
- 9. Other**

My Asthma Action Plan

When my asthma is WELL CONTROLLED

- No regular wheeze, or cough or chest tightness at night, time, on waking or during the day
- Able to take part in normal physical activity without wheeze, cough or chest tightness
- Need reliever medication less than three times a week (except if it is used before exercise)
- Peak Flow* above and

What should I do?

Continue my usual treatment as follows:

Preventer

Reliever

Symptom Controller

Combination Medication

Always carry my reliever puffer

When my asthma is GETTING WORSE

- At the first sign of a cold
- Waking from sleep due to coughing, wheezing or chest tightness
- Using reliever puffer more than 3 times a week (not including before exercise)
- Peak Flow* between and

What should I do?

Increase my usual treatment as follows:

See my doctor to talk about my asthma getting worse

Dr name PH Signature
 Parent/Carer PH

When my asthma is SEVERE

- Need reliever puffer every 3 hours or more often
- Increasing wheezing, coughing, chest tightness
- Difficulty with normal activity
- Waking each night and most mornings with wheezing, coughing or chest tightness
- Peak Flow* below and

What should I do?

Start oral prednisone (or other steroid) and increase my usual treatment as follows:

See my doctor for advice

How to recognise LIFE-THREATENING ASTHMA

- Need 600 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs
- extreme difficulty breathing
- little or no improvement from reliever puffer
- lips turn blue

and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.

A serious asthma attack is also indicated by

- symptoms getting worse quickly
- severe shortness of breath or difficulty in speaking
- you are feeling frightened or panicked
- Peak Flow* below (should be any of these signs)

follow the Asthma First Aid Plan below.

Asthma First Aid Plan

- Sit upright and stay calm.
- Take 4 separate puffs of a reliever puffer (one puff at a time) in a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff.
- Wait 4 minutes. If there is no improvement, take another 4 puffs.
- If still no improvement CALL AN AMBULANCE IMMEDIATELY (DIAL 999 and/or 112 from mobile phone) and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives.

See your doctor immediately after a serious asthma attack.

My Asthma Action Plan

Lighter control

- almost no symptoms

ACTION
continue usual treatment

Medium control

- at the first sign of a cold
- waking more often
- using reliever more than 3 times a week (including pre-exercise medication)

ACTION
increase your treatment

Severe

- needing reliever every 3 hours or more often
- not able to get on with normal activity

ACTION
start oral prednisone (or other steroid) and see your doctor

Emergency

- needing 600 for an ambulance and/or 112 from a mobile phone
- extreme difficulty breathing
- little or no improvement from reliever puffer
- lips turn blue

See your doctor immediately after a serious asthma attack.

Parent's name
 Patient's name
 Date

Name: Date: Next Peak Flow* Next Doctor's Appointment:

* Not recommended for children under 12 years

You may choose more than one of the following:

10. Admitted to hospital as an inpatient

11. Visited outpatient clinic

12. Visited casualty / emergency

13. Visited day clinic

14. Consulted doctor

(General Practitioner or Specialist)

15. Consulted other health professional

(For example:

Chemist

Dietitian or Nutritionist

Herbalist

Hypnotherapist

Naturopath

Nurse)

16. Had day(s) away from work / school

17. Had other days of reduced activity

18. Taken vitamin / mineral supplements

19. Used natural / herbal medicines

For example:

- 10. Rheumatic heart disease**
- 11. Heart attack**
- 12. Stroke** (Including after effects of stroke)
- 13. Angina**
- 14. High blood pressure or hypertension**
- 15. Low blood pressure or hypotension**
- 16. Hardening of the arteries, atherosclerosis or arteriosclerosis**
- 17. Fluid problems, fluid retention or oedema**
- 18. High cholesterol**
- 19. Rapid or irregular heartbeats, tachycardia or palpitations**
- 20. Heart murmur or heart valve disorder**
- 21. Haemorrhoids**
- 22. Varicose veins**
- 23. Other heart or circulatory conditions**

You may choose one or more of the following:

- 1. Vitamin D supplements**
- 2. Calcium supplements**
- 3. Glucosamine**
- 4. Fish oil / Omega 3 oils**
- 5. Fish liver oils**
- 6. Chondroitin / Shark cartilage**
- 7. Any other vitamin or mineral supplements**
- 8. Any other natural or herbal treatments**

You may choose one or more of the following:

10. Visited a GP or specialist

11. Visited an Other Health Professional
(For example: physiotherapist, chiropractor, occupational therapist)

12. Did weight / strength / resistance training

13. Obtained and / or used physical aids (used at work or home)

14. Water therapy

15. Massage

16. Followed a changed eating pattern/diet

17. Losing weight

18. Exercised most days

19. Any other action taken

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- 2. Calcium supplements**
- 3. Glucosamine**
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- 5. Fish liver oils**
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14. Water therapy

15. Massage

16. Followed a changed eating pattern/diet

17. Losing weight

18. Exercised most days

19. Any other action taken

You may choose more than one of the following:

- 1. Losing weight**
- 2. Exercised most days**
- 3. Taken vitamin or mineral supplements**
- 4. Taken natural or herbal medicines**
- 5. Other**

You may choose more than one of the following:

- 1. Work**
- 2. Study**
- 3. Other day to day activities**

You may choose one or more of the following:

- 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 (specify)**
- 7. Don't know**

You may choose one or more of the following:

- 10. Hayfever**
- 11. Sinusitis or sinus allergy**
- 12. Other allergy**
- 13. Anaemia**
- 14. Bronchitis**
- 15. Emphysema**
- 16. Epilepsy**
- 17. Fluid problems, fluid retention or oedema**
(Exclude: those due to a heart or circulatory condition)
- 18. Hernias**
- 19. Kidney stones**
- 20. Migraine**
- 21. Psoriasis**
- 22. Stomach ulcers or other gastrointestinal ulcers**
- 23. Thyroid trouble or goitre**
- 24. Tuberculosis**
- 25. Back - slipped disc or other disc problem**
- 26. Back pain or back problems.**

For example:

Amputation or loss of limb

(For example: arm, foot, finger)

Behavioural or emotional disorders

Deformity or disfigurement from birth

(For example: club foot, cleft palate)

Other deformity or disfigurement

(For example: effects of burns)

Dependence on drugs or alcohol

Difficulties in learning or understanding

Feeling anxious or nervous

Feeling depressed

Gallstones

Incontinence

Paraplegia or other paralysis

Speech impediment

Conditions that recur from time to time

Conditions that have lasted for a long time and that may have been adjusted to

Conditions which are under control because of long term treatment or taking medication

- 10. Being attacked by another person**
- 11. Being hit by something**
- 12. Bites or stings**
- 13. Bruising**
- 14. Burns or scalds**
- 15. Choking**
- 16. Cuts**
- 17. Dislocations, sprains, strains**
- 18. Electric shocks**
- 19. Falling over**
- 20. Fractures and broken bones**
- 21. Hitting something**
- 22. Inhaling fumes**
- 23. Internal injuries**
- 24. Loud sounds**
- 25. Near drowning**
- 26. Swallowing poisons**
- 27. Vehicle accidents**
- 28. Other injuries**

1. Treating the injury

For example:

- using a band aid
- using a bandage
- using an ice pack
- using a heat pack or rub
- applying antiseptic
- taking medication
- bed rest

2. Reducing usual activities

3. Receiving medical treatment

4. Seeking medical advice

5. Consulting a health professional

You may choose more than one of the following:

10. Vehicle accident

(For example: car accident, motorbike accident, train accident or any other type of accident)

11. Low fall (falling 1 metre or less)

(For example: falling, slipping or tripping)

12. High fall (falling more than 1 metre)

(For example: from a bed, window ledge or climbing frame)

13. Hitting something or being hit by something

14. Attack 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

You may choose more than one of the following:

10. Vehicle accident

(For example: car accident, motorbike accident, train accident or any other type of accident)

11. Low fall (falling 1 metre or less)

(For example: falling, slipping or tripping)

12. High fall (falling more than 1 metre)

(For example: from a bed, window ledge or climbing frame)

13. Hitting something or being hit by something

14. Attack 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

You may choose more than one of the following:

10. Fractures and broken bones

11. Dislocations, sprains, strains, torn muscles or ligaments

12. Internal injury

(Include: organs in the chest, abdomen, pelvis and brain damage)

13. Open wound

(For example: cuts, scrapes, puncture wounds or amputation)

14. Bruising

15. Burns and scalds

16. Concussion

17. Choking

(Include: smoke inhalation)

18. Poisoning

(Include: illness or other harmful effects of swallowed poison, drug overdose, inhaled fumes, insect stings or venomous bites)

19. Other injuries

(Include: crushing injuries, foreign bodies and self inflicted injuries)

20. No injury sustained

1. Sports activities

(Include: organised team and individual sports)

2. Leisure activities

(Exclude: organised team and individual sports)

3. Resting, sleeping, eating or other personal activities**4. Being nursed or cared for****5. Attending pre-school, school, college or university****6. Domestic activities****7. Other activities**

- 10. Inside own or someone else's home**
- 11. Outside own or someone else's home**
- 12. At pre-school, school, college or university**
- 13. Residential institution**
(For example: dormitory, barracks or nursing home)
- 14. Health care facility**
- 15. Sports facility, athletics field or park**
- 16. Street or highway**
(Include: public roads and footpaths)
- 17. Commercial place**
(For example: shop, office, hotel, railway station)
- 18. Industrial place**
(For example: factory)
- 19. Farm**
(Include: land under cultivation, grazing property, timber plantation; Exclude: farm houses)
- 20. Other**

You may choose more than one of the following:

- 1. Inpatient stay in hospital**
- 2. Emergency or casualty department**
- 3. Outpatient clinic at hospital**

You may choose more than one of the following:

- 10. Doctor (General Practitioner or Specialist)**
- 11. Injury clinic**
(Include: sports or occupational injury clinic)
- 12. Acupuncturist**
- 13. Audiologist**
- 14. Chiropractor**
- 15. Nurse**
- 16. Optician or Optometrist**
- 17. Osteopath**
- 18. Occupational Therapist**
- 19. Physiotherapist or Hydrotherapist**
- 20. Speech Therapist or Speech Pathologist**
- 21. Aboriginal Medical Centre or Service**
- 22. First Aid Post or Officer**
- 23. Poisons Information Centre**

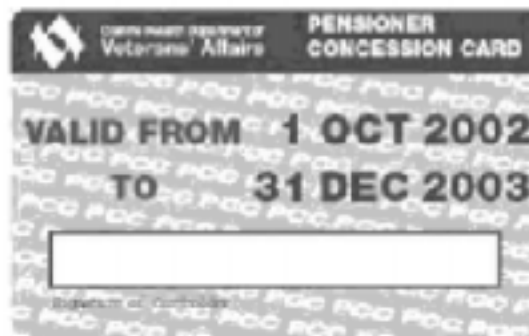
- 1. Hospital only**
- 2. Ancillary only (“extras”)**
- 3. Both hospital and ancillary (“extras”)**

You may choose one or more of the following:

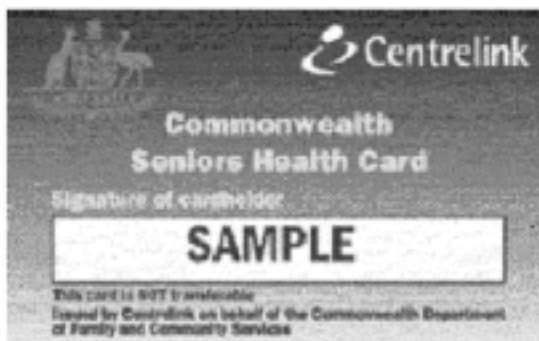
1. Health Care Card



2. Pensioner Concession Card



3. Commonwealth Seniors Health Card



- 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. Never**
- 6. Don't know**

- 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**

You may choose more than one of the following:

- 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 / Optometrist**
- 25. Osteopath**
- 26. Physiotherapist / Hydrotherapist**
- 27. Psychologist**
- 28. Social Worker / welfare officer**
- 29. Speech therapist / Pathologist**
- 30. Traditional Healer**

- 1. Worse than non-Indigenous people**
- 2. The 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 the last 12 months**

- 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**

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

You may choose one or more of the following:

- 1. Profit or loss from own unincorporated business or share in a partnership**
- 2. Profit or loss from rental property**
- 3. Dividends or interest**
- 5. No / none of the above**

You may choose one or more of the following:

- 2. Wages or salary**
(Including from own incorporated business)
- 3. Government pension or allowance**
(Include: Family Tax Benefit if received as a 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**

You may choose one or more of the following:

- 1. CDEP (Community Development Employment Project)**
- 2. Wages or salary**
(Including from own incorporated business)
- 3. Government pension or allowance**
(Include: Family Tax Benefit if received as a 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**

You may choose one or more of the following:

- 10. Australian Age Pension**
- 11. Newstart Allowance**
- 12. Mature Age Allowance**
- 13. Service Pension (DVA)**
(Exclude: superannuation, e.g. DFRDB)
- 14. Disability Support Pension (Centrelink)**
- 15. Wife Pension**
- 16. Carer Payment**
- 17. Sickness Allowance / benefit**
- 18. Widow Allowance (Centrelink)**
- 19. Widow B Pension (Centrelink)**
- 20. Special Benefit**
- 21. Partner Allowance**
- 22. No / none of these**

You may choose one or more of the following:

- 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**

- 11. Profit or loss from own unincorporated business or share in a partnership**
- 12. Profit or loss from rental property**
- 13. Dividends or interest**
- 14. Wages or salary**
(Including from own incorporated business)
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- 18. Workers' Compensation**
- 19. Any other regular source**

10. Real estate agent

11. State housing commission / trust

Person not in the same household:

12. Parent / Other relative

13. Other person

Person in the same household:

14. Parent / Other relative

15. Other person

16. Owner / Manager of caravan park

Employer:

17. Government Authority

18. Other employer

Other:

19. Housing co-operative, Community or Church group

20. Other

You may choose one or more of the following:

- 1. Serious illness**
- 2. Serious accident**
- 3. Death of family member or close friend**
- 4. Mental illness**
- 5. Serious disability**
- 6. No problems**

You may choose one or more of the following:

- 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**

You may choose one or more of the following:

- 1. Member of family sent to jail / currently in jail**
- 2. Overcrowding at home**
- 3. Pressure to fulfil cultural responsibilities**
- 4. Treated badly because an Aboriginal or Torres Strait Islander person**
- 5. No**

You may choose one or more of the following:

- 2. Wages or salary**
- 3. Profit or loss from own unincorporated business or share in a partnership**
- 4. Any Government pension or allowance**
(Include: Family Tax Benefit if received as a payment from Centrelink)
- 5. Any other regular source**
- 6. No / none of the above**

You may choose one or more of the following:

- 1. CDEP (Community Development Employment Project)**
- 2. Wages or salary**
- 3. Profit or loss from own unincorporated business or share in a partnership**
- 4. Any Government pension or allowance**
(Include: Family Tax Benefit if received as a payment from Centrelink)
- 5. Any other regular source**
- 6. No / none of the above**