



Survey of Disability, Ageing and Carers Establishment Component Questionnaire

In correspondence, please quote this number ▼

Please correct any errors

Purpose of Collection

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

Collection Authority

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

Confidentiality

Your completed form remains confidential to the Australian Bureau of Statistics.

Due Date

Please complete this form and return it in the reply paid envelope to the Australian Bureau of Statistics by **25 June 2012**.

Help Available

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

Brian Pink
Australian Statistician



Help available

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

Mail: Australian Bureau of Statistics
Reply Paid 76746
Sydney NSW 2000

Person we should contact if any queries arise regarding this form

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

Please read this first

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

		2	8	5					✓
- Leave answer boxes blank where you have no response or data to enter.
- Do not use 'nil', 'n/a' or draw a line in the data entry boxes.
- If a mistake is made, cross out the incorrect answer and either write the answer in the remaining boxes, or if not enough space is left, write next to the relevant item.
- The items listed under *Including* and *Excluding* are examples and should not be taken as a complete list of items to be included or excluded.
- You will need to report an estimate of time taken when you have completed this form.

Notes

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

Restriction in everyday activities

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

Help/assistance

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

Supervision

- Being watched over or directed during a task.

Part 1 – Details of the occupant

1 Identification of occupant

Note

- Please transcribe the identifier you provided in Column A of the Selection Form.

ID

2 What is the occupant’s sex?

Male 1

Female 2

3 What was the occupant’s age last birthday?

Note

- If the occupant is less than one year old, record ‘0’.

Years ...

4 What is the occupant’s present marital status?

Note

- Married refers to registered marriages.

Tick one box only

(a) Never married 1

(b) Widowed 2

(c) Divorced 3

(d) Separated but not divorced 4

(e) Married 5

(f) Don’t know 6

5 In which country was the occupant born?

Tick one box only

(a) Australia 1

(b) England... .. 2

(c) New Zealand 3

(d) Italy 4

(e) Vietnam 5

(f) India... .. 6

(g) Scotland 7

(h) Philippines... .. 8

(i) Greece 9

(j) Germany 10

(k) Don’t know 11

(l) Other 12

(Please specify in BLOCK letters)

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Part 2 – Health conditions

Note

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

6 Does the occupant have any loss of sight?

No 1 ▶ Go to Q10

Yes 2

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

No 1

Yes 2 ▶ Go to Q10

8 Does the occupant have total loss of sight?

No 1

Yes 2

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

Tick one box only

(a) Cataracts 1

(b) Glaucoma 2

(c) Retinal disorder 3

(d) Retinal defect 4

(e) Macular degeneration 5

(f) Other 6

(Please specify in BLOCK letters)

10 Does the occupant have any loss of hearing?

(a) No, not at all ... 1 ▶ Go to Q16

(b) Yes, partial ... 2

(c) Yes, total ... 3

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

Tick one box only

(a) Noise induced hearing loss... 1

(b) Congenital hearing loss ... 2

(c) Hearing loss due to accident ... 3

(d) Stroke 4

(e) Dementia 5

(f) Other 6

(Please specify in BLOCK letters)

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

No 1

Yes 2

13 Does the occupant have a cochlear implant?

No 1

Yes 2

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

No 1

Yes 2

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

- (a) No 1
- (b) Yes 2
- (c) Don't know ... 3

16 Does the occupant have any speech difficulties?

- (a) No, not at all ... 1 ▶ Go to Q18
- (b) Yes, has some difficulty ... 2
- (c) Yes, cannot speak at all ... 3

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

Tick one box only

- (a) Stroke 1
- (b) Dementia 2
- (c) Alzheimer's disease 3
- (d) Parkinson's disease 4
- (e) Dyslexia 5
- (f) Other 6
(Please specify in BLOCK letters)

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

- No 1 ▶ Go to Q21
- Yes 2

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

- No 1
- Yes 2

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

Tick one box only

- (a) Asthma 1
- (b) Cardiovascular disease 2
- (c) Chronic Obstructive Airway Disease 3
- (d) Dyspnea/dyspnoea (shortness of breath) 4
- (e) Emphysema 5
- (f) Other 6
(Please specify in BLOCK letters)

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

- No 1 ▶ Go to Q24
- Yes 2

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

- No 1
- Yes 2

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

Tick one box only

- (a) Arthritis 1
- (b) Osteoporosis 2
- (c) Back problems (dorsopathies) ... 3
- (d) Stroke 4
- (e) Leg/knee/foot/hip damage from injury/accident 5
- (f) Other 6
(Please specify in BLOCK letters)

Part 2 – Health conditions – (continued)

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

- No 1 ▶ Go to **Q26**
 Yes 2

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

Tick one box only

- (a) Epilepsy 1
- (b) Trans Ischemic Attacks (TIAs) 2
- (c) Diabetes 3
- (d) Stroke 4
- (e) Hypotension (low blood pressure) 5
- (f) Hypertension (high blood pressure) 6
- (g) Other 7
 (Please specify in BLOCK letters)

26 Does the occupant have difficulty learning or understanding things?

- No 1 ▶ Go to **Q28**
 Yes 2

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

Tick one box only

- (a) Dementia 1
- (b) Alzheimer’s disease 2
- (c) Stroke 3
- (d) Brain damage – acquired 4
- (e) Schizophrenia 5
- (f) Other 6
 (Please specify in BLOCK letters)

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

Note
 • If occupant is missing arm(s) or finger(s), please answer ‘No’.

- No 1
 Yes 2 ▶ Go to **Q30**

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

Tick one box only

- (a) Arthritis 1
- (b) Stroke 2
- (c) Dementia 3
- (d) Parkinson’s disease 4
- (e) Osteoporosis 5
- (f) Other 6
 (Please specify in BLOCK letters)

30 Does the occupant have difficulty gripping or holding things?

- No 1 ▶ Go to **Q32**
 Yes 2

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

Tick one box only

- (a) Arthritis 1
- (b) Stroke 2
- (c) Dementia 3
- (d) Parkinson’s disease 4
- (e) Osteoporosis 5
- (f) Other 6
 (Please specify in BLOCK letters)

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

Note

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

No 1

Yes 2 ▶ Go to Q34

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

Tick one box only

- (a) Arthritis 1
 - (b) Stroke 2
 - (c) Dementia 3
 - (d) Parkinson's disease 4
 - (e) Leg/knee/foot/hip damage from injury/accident 5
 - (f) Other 6
- (Please specify in BLOCK letters)

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34 Does the occupant have a nervous or emotional condition?

Including

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

Excluding

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

No 1 ▶ Go to Q38

Yes 2

35 Is the occupant having treatment for this condition?

Note

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

No 1

Yes 2

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

No 1

Yes 2

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

Tick one box only

- (a) Depression (excluding postnatal) 1
- (b) Bi-polar disorder 2
- (c) Anxiety disorder 3
- (d) Dementia 4
- (e) Schizophrenia 5
- (f) Other 6

(Please specify in BLOCK letters)

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.....

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

No 1 ▶ Go to Q40

Yes 2

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

Tick one box only

- (a) Dementia 1
- (b) Arthritis 2
- (c) Stroke 3
- (d) Parkinson's disease 4
- (e) Alzheimer's disease 5
- (f) Other 6

(Please specify in BLOCK letters)

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Part 2 – Health conditions – (continued)

40 Does the occupant have a disfigurement or deformity?

No 1 ▶ Go to **Q43**

Yes 2

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

No 1

Yes 2

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

Tick one box only

(a) Arthritis 1

(b) Stroke 2

(c) Back problems (dorsopathies)... 3

(d) Amputation of toe/foot/leg 4

(e) Osteoporosis 5

(f) Other 6

(Please specify in BLOCK letters)

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

Including

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

No 1 ▶ Go to **Q45**

Yes 2

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

Note

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

Tick one box only

(a) Dementia 1

(b) Depression (excluding postnatal) 2

(c) Bi-polar disorder 3

(d) Alzheimer’s disease... .. 4

(e) Schizophrenia... .. 5

(f) Other 6

(Please specify in BLOCK letters)

45 Has the occupant ever had a head injury?

(a) No 1 ▶ Go to **Q48**

(b) Yes 2

(c) Don’t know ... 3 ▶ Go to **Q48**

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

No 1 ▶ Go to **Q48**

Yes 2

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

Tick all that apply

- (a) Loss of sight ... 10
 - (b) Loss of hearing ... 11
 - (c) Speech difficulties ... 12
 - (d) Breathing difficulties ... 13
 - (e) Chronic or recurring pain or discomfort ... 14
 - (f) Blackouts, seizures or loss of consciousness ... 15
 - (g) Learning or understanding difficulties ... 16
 - (h) Incomplete use of arms or fingers 17
 - (i) Difficulty gripping or holding things ... 18
 - (j) Incomplete use of feet or legs ... 19
 - (k) Nervous or emotional conditions 20
 - (l) Restriction in physical activities or work ... 21
 - (m) Disfigurement or deformity ... 22
 - (n) Mental illness or condition... 23
 - (o) Other ... 24
- (Please specify in BLOCK letters)

48 Has the occupant ever had a stroke?

No 1 ▶ Go to Q51

Yes 2

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

No 1 ▶ Go to Q51

Yes 2

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

Tick all that apply

- (a) Loss of sight ... 10
 - (b) Loss of hearing ... 11
 - (c) Speech difficulties ... 12
 - (d) Breathing difficulties ... 13
 - (e) Chronic or recurring pain or discomfort ... 14
 - (f) Blackouts, seizures or loss of consciousness ... 15
 - (g) Learning or understanding difficulties ... 16
 - (h) Incomplete use of arms or fingers 17
 - (i) Difficulty gripping or holding things ... 18
 - (j) Incomplete use of feet or legs ... 19
 - (k) Nervous or emotional conditions 20
 - (l) Restriction in physical activities or work ... 21
 - (m) Disfigurement or deformity ... 22
 - (n) Mental illness or condition... 23
 - (o) Other ... 24
- (Please specify in BLOCK letters)

51 Has the occupant ever had any other kind of brain damage?

No 1 ▶ Go to Q55

Yes 2

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

No 1 ▶ Go to Q54

Yes 2

Part 2 – Health conditions – (continued)

53 What are the long-term effects that this brain damage has caused?

Tick all that apply

- (a) Loss of sight 10
- (b) Loss of hearing 11
- (c) Speech difficulties 12
- (d) Breathing difficulties 13
- (e) Chronic or recurring pain or discomfort 14
- (f) Blackouts, seizures or loss of consciousness 15
- (g) Learning or understanding difficulties 16
- (h) Incomplete use of arms or fingers 17
- (i) Difficulty gripping or holding things 18
- (j) Incomplete use of feet or legs ... 19
- (k) Nervous or emotional conditions 20
- (l) Restriction in physical activities or work 21
- (m) Disfigurement or deformity 22
- (n) Mental illness or condition... .. 23
- (o) Other 24

(Please specify in BLOCK letters)

54 What was the main cause of this brain damage?

Tick one box only

- (a) Present at birth 1
- (b) Just came on/old age 2
- (c) Illness (e.g. meningitis, encephalitis) 3
- (d) Accident 4
- (e) Substance abuse (e.g. alcohol, glue)... .. 5
- (f) Poisoning 6
- (g) Drug overdose 7
- (h) Oxygen loss (e.g. drowning) ... 8
- (i) Other 9

(Please specify in BLOCK letters)

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

- No 1 ▶ Go to Q58
- Yes 2

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

Note

- If more than one condition, please use a comma between conditions.
- If more than five conditions, please list the **five** which cause the most restriction.
- Please specify in BLOCK letters.

57 Even though the occupant is being treated, is he/she still restricted in everyday activities by this/these long-term condition(s) you have reported in Question 56?

- No 1
- Yes 2

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

No 1 ▶ Go to Q61

Yes 2

59 What other conditions does the occupant have?

Note

- If more than one condition, please use a comma between conditions.
- If more than three conditions, please list the **three** which cause the most restriction.
- Please specify in BLOCK letters.

60 Is the occupant restricted in everyday activities because of the condition(s) reported in Question 59?

No 1

Yes 2

61 In Questions 6 to 59, did you record more than one long-term health condition for this occupant?

Note

- Where the same condition has been reported multiple times in Questions 6 - 59, it is considered to be only **one** condition.

(a) No, none recorded 1 ▶ Go to Part 3

(b) No, only one condition ... 2 ▶ Go to Q63

(c) Yes, two or more conditions ... 3

62 Which long-term health condition, of those previously reported, causes the occupant the most problems?

Note

- If unable to nominate one condition, please indicate the condition that requires the most help or supervision.
- Please specify in BLOCK letters.

63 What was the main cause of this condition?

Tick one box only

- (a) Just came on ... 1
- (b) Disease/illness/hereditary ... 2
- (c) Accident/injury ... 3
- (d) Working conditions/work/overwork ... 4
- (e) Present at birth ... 5
- (f) Old age ... 6
- (g) Stress ... 7
- (h) War/peacekeeping service ... 8
- (i) Personal/family problems/death ... 9
- (j) Allergy (e.g. food, climate, medication, environment) ... 10
- (k) Medication/medical procedure ... 11
- (l) Smoking ... 12
- (m) Own pregnancy/childbirth ... 13
- (n) Overweight ... 14
- (o) Alcohol/substance use ... 15
- (p) Don't know ... 16
- (q) Other ... 17

64 Do you expect this condition to change over the next two years?

Tick one box only

- (a) Yes, total recovery ... 1
- (b) Yes, improve ... 2
- (c) No change ... 3
- (d) Yes, worsen ... 4
- (e) Don't know ... 5

Part 3 – Mobility

Note

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

65 Does the occupant ever need help or supervision:

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

Including

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

Excluding

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

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty 1
- (ii) No, does not need help or supervision, but has difficulty 2
- (iii) Yes, sometimes needs help or supervision 3
- (iv) Yes, always needs help or supervision 4
- (v) Does not leave health establishment 5

(b) to move about the health establishment?

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty 1
- (ii) No, does not need help or supervision, but has difficulty 2
- (iii) Yes, sometimes needs help or supervision 3
- (iv) Yes, always needs help or supervision 4
- (v) Does not move about health establishment 5

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

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty 1
- (ii) No, does not need help or supervision, but has difficulty 2
- (iii) Yes, sometimes needs help or supervision 3
- (iv) Yes, always needs help or supervision 4
- (v) Does not get out of bed 5

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

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Question 65.

Tick **one** box only

- (a) 6 or more times a day 1
- (b) 3 to 5 times a day 2
- (c) Twice a day 3
- (d) Once a day 4
- (e) 2 to 6 times a week 5
- (f) Once a week 6
- (g) 1 to 3 times a month 7
- (h) Less than once a month, but at least once a year 8
- (i) Less than once a year 9
- (j) Does not need help 10

67 Can the occupant walk 200 metres?

Tick **one** box only

- (a) No, not at all 1
- (b) Yes, but would take longer than most people of the same age ... 2
- (c) Yes, easily 3
- (d) Don't know 4

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

Tick **one** box only

- (a) No, not at all 1
- (b) Yes, with difficulty 2
- (c) Yes, easily 3
- (d) Does not move about the health establishment 4
- (e) Don't know 5

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

- (a) No 1
- (b) Yes 2
- (c) Don't know 3

Part 4 – Personal care

Note

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

70 Does the occupant ever need help or supervision:

(a) to shower or bathe him/herself?

Including

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

Excluding

- Dressing or undressing before or after showering or bathing

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty 1
- (ii) No, does not need help or supervision, but has difficulty 2
- (iii) Yes, sometimes needs help or supervision 3
- (iv) Yes, always needs help or supervision 4

(b) to dress him/herself?

Including

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

Excluding

- Adjusting clothes after toileting
- Fitting own prosthesis

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty 1
- (ii) No, does not need help or supervision, but has difficulty 2
- (iii) Yes, sometimes needs help or supervision 3
- (iv) Yes, always needs help or supervision 4

Part 4 – Personal care – (continued)

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

(c) when eating a meal?

Including

- Serving food
- Cutting food into pieces, etc.

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty ... 1
- (ii) No, does not need help or supervision, but has difficulty ... 2
- (iii) Yes, sometimes needs help or supervision ... 3
- (iv) Yes, always needs help or supervision ... 4

(d) using the toilet?

Including

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

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty ... 1
- (ii) No, does not need help or supervision, but has difficulty ... 2
- (iii) Yes, sometimes needs help or supervision ... 3
- (iv) Yes, always needs help or supervision ... 4
- (v) Does not use toilet ... 5

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

Including

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

Excluding

- Inserting enemas

Tick **one** box only

- (i) No, does not need help or supervision and has no difficulty ... 1
- (ii) No, does not need help or supervision, but has difficulty ... 2
- (iii) Yes, sometimes needs help or supervision ... 3
- (iv) Yes, always needs help or supervision ... 4

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

Note

- Record the average number of times the occupant needs help or supervision with any of the tasks listed in Question 70.

Tick **one** box only

- (a) 6 or more times a day ... 1
- (b) 3 to 5 times a day ... 2
- (c) Twice a day ... 3
- (d) Once a day ... 4
- (e) 2 to 6 times a week ... 5
- (f) Once a week ... 6
- (g) 1 to 3 times a month ... 7
- (h) Less than once a month, but at least once a year ... 8
- (i) Less than once a year ... 9
- (j) Does not need help ... 10

Part 5 – Vocal communication

Note

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

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

- (a) No ... 1 ▶ Go to **Q74**
- (b) Yes, but can still understand them some what ... 2
- (c) Yes, cannot understand them at all ... 3 ▶ Go to **Q74**

73 Does he/she ever need help with this?

- (a) No, not at all ... 1
- (b) Yes, sometimes 2
- (c) Yes, always ... 3

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

- (a) No ... 1 ▶ Go to **Q76**
- (b) Yes, but can still understand them some what ... 2
- (c) Yes, cannot understand them at all ... 3 ▶ Go to **Q76**

75 Does he/she ever need help with this?

- (a) No, not at all ... 1
- (b) Yes, sometimes 2
- (c) Yes, always ... 3

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

- (a) No ... 1 ▶ Go to **Q78**
- (b) Yes, but can be understood some what ... 2
- (c) Yes, cannot be understood at all ... 3 ▶ Go to **Q78**

77 Does he/she ever need help with this?

- (a) No, not at all ... 1
- (b) Yes, sometimes 2
- (c) Yes, always ... 3

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

- (a) No ... 1 ▶ Go to **Q80**
- (b) Yes, but can be understood some what ... 2
- (c) Yes, cannot be understood at all ... 3 ▶ Go to **Q80**

79 Does he/she ever need help with this?

- (a) No, not at all ... 1
- (b) Yes, sometimes 2
- (c) Yes, always ... 3

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

Note

- Record the average number of times the occupant needs help or assistance with any of the tasks reported in Questions 72 to 79.

Tick **one** box only

- (a) 6 or more times a day ... 1
- (b) 3 to 5 times a day ... 2
- (c) Twice a day ... 3
- (d) Once a day ... 4
- (e) 2 to 6 times a week ... 5
- (f) Once a week ... 6
- (g) 1 to 3 times a month ... 7
- (h) Less than once a month, but at least once a year ... 8
- (i) Less than once a year ... 9
- (j) Does not need help ... 10

Part 6 – Use of aids

Excluding

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

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

Tick all that apply

- (a) Showering/bathing 1
- (b) Toileting 2
- (c) Managing incontinence 3
- (d) Dressing 4
- (e) Eating 5
- (f) Getting into or out of bed/chair 6
- (g) Moving around the health establishment 7
- (h) Moving around places away from the health establishment 8
- (i) None of these 9 **▶ Go to Q83**

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

Tick all that apply

- (a) Canes (sonar canes, etc.) 10
 - (b) Crutches 11
 - (c) Walking frames 12
 - (d) Walking sticks 13
 - (e) Wheelchair (manual) 14
 - (f) Wheelchair (electric) 15
 - (g) Scooter/gopher 16
 - (h) Specially modified car or car aid(s) 17
 - (i) Braces/belts/corsets 18
 - (j) Built-up shoes... .. 19
 - (k) Calipers/splints 20
 - (l) Ejector chair 21
 - (m) Lifting machine/hoist 22
 - (n) Any other aid for mobility 23
- (Please specify in BLOCK letters)

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

- No 1 **▶ Go to Q89**
- Yes 2

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

- No 1
- Yes 2

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85 Does the occupant use any electronic aids to assist with reading or writing (e.g. audio tapes, a talking word processor, special computer software and printout system, etc.)?

No 1

Yes 2

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

No 1

Yes 2

87 Does the occupant use any electronic aids to assist with speaking (e.g. digitised or synthesised speech output systems, etc.)?

No 1

Yes 2

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

Tick all that apply

(a) Sign language (e.g. Auslan) 1

(b) Picture cards/boards 2

(c) Handwriting 3

(d) Typed/computer messages 4

(e) Other non-spoken communication 5

(f) None of these 6

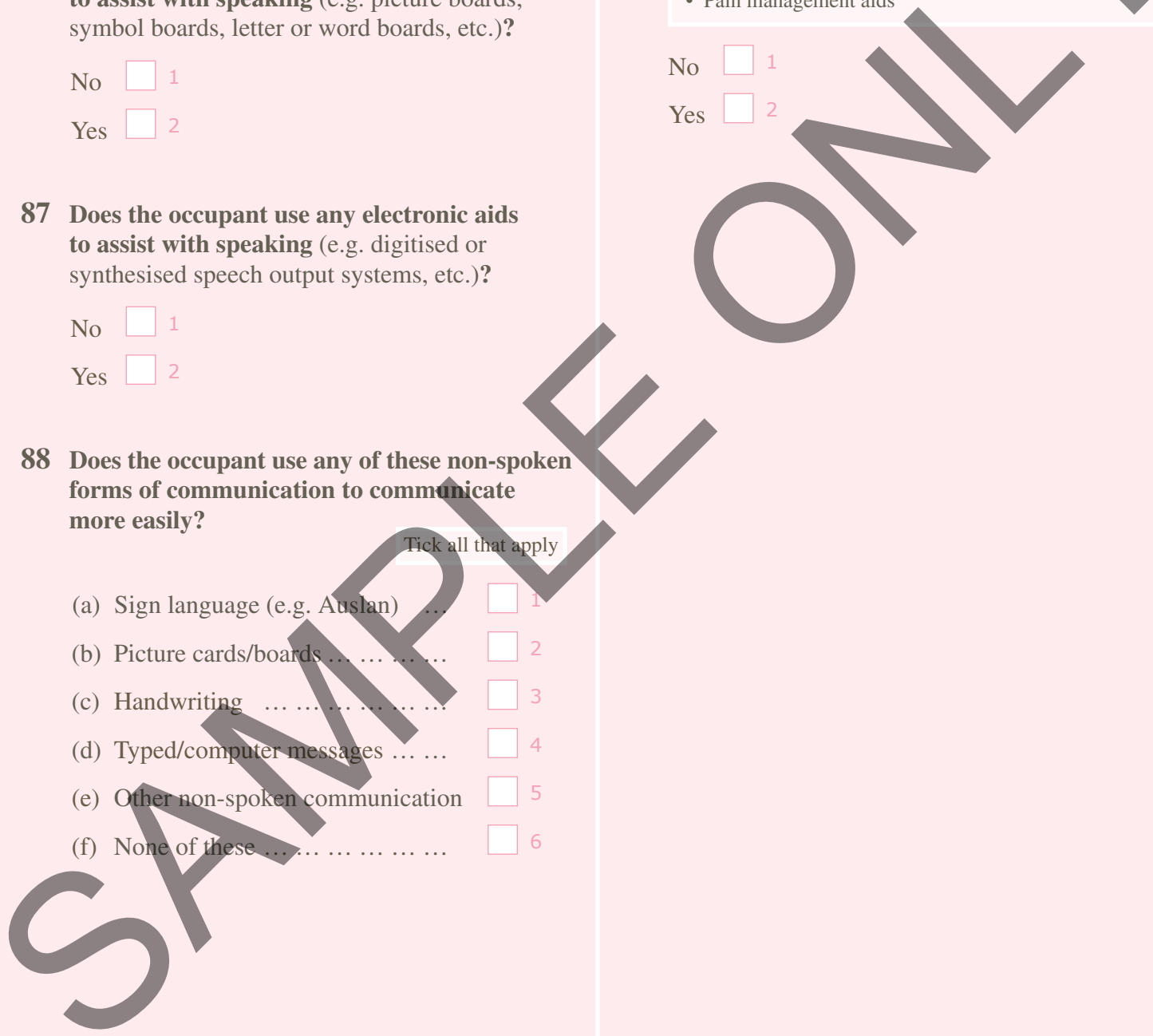
89 Does the occupant use any medical aids to help manage his/her condition?

Including

- Nebulisers
- Dialysis machines (including portable)
- Feeding pumps
- Pacemakers
- Oxygen concentrator or cylinder
- Ventilators
- Medical dressings
- Surgical stockings
- Pain management aids

No 1

Yes 2



Part 7 – Other assistance provided

Note

- If the occupant is under 5 years of age, help or supervision should be taken to mean more than the usual amount of help or supervision for a child of that age.
- If no conditions have been recorded in Questions 6 - 59, please answer '(a) No, does not need help or supervision and has no difficulty' in the applicable questions below.

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

Including

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

Excluding

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

Tick one box only

- (a) No, does not need help or supervision and has no difficulty 1
- (b) No, does not need help or supervision, but has difficulty ... 2
- (c) Yes, sometimes needs help or supervision ... 3
- (d) Yes, always needs help or supervision ... 4

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

Tick one box only

- (a) No, does not need help or supervision and has no difficulty 1
- (b) No, does not need help or supervision, but has difficulty ... 2
- (c) Yes, sometimes needs help or supervision ... 3
- (d) Yes, always needs help or supervision ... 4
- (e) Does not have feet ... 5

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

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Questions 90 to 91.

Tick one box only

- (a) 6 or more times a day ... 1
- (b) 3 to 5 times a day ... 2
- (c) Twice a day ... 3
- (d) Once a day ... 4
- (e) 2 to 6 times a week ... 5
- (f) Once a week ... 6
- (g) 1 to 3 times a month ... 7
- (h) Less than once a month, but at least once a year ... 8
- (i) Less than once a year ... 9
- (j) Does not need help ... 10

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

Tick one box only

- (a) No, does not need help or supervision and has no difficulty 1
- (b) No, does not need help or supervision, but has difficulty ... 2
- (c) Yes, sometimes needs help or supervision ... 3
- (d) Yes, always needs help or supervision ... 4
- (e) Don't know ... 5

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

Tick one box only

- (a) No, does not need help and has no difficulty ... 1
- (b) No, does not need help, but has difficulty ... 2
- (c) Yes, sometimes needs help ... 3
- (d) Yes, always needs help ... 4
- (e) Don't know ... 5

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

Tick **one** box only

- (a) No, does not need help and has no difficulty 1
- (b) No, does not need help, but has difficulty 2
- (c) Yes, sometimes needs help 3
- (d) Yes, always needs help 4
- (e) Don't know 5

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

Tick **one** box only

- (a) No, does not need help and has no difficulty 1
- (b) No, does not need help, but has difficulty 2
- (c) Yes, sometimes needs help 3
- (d) Yes, always needs help 4
- (e) Don't know 5

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

Note

- Record the average number of times the occupant needs help with any of the tasks referred to in Questions 93 to 96.

Tick **one** box only

- (a) 6 or more times a day 1
- (b) 3 to 5 times a day 2
- (c) Twice a day 3
- (d) Once a day 4
- (e) 2 to 6 times a week 5
- (f) Once a week 6
- (g) 1 to 3 times a month 7
- (h) Less than once a month, but at least once a year 8
- (i) Less than once a year 9
- (j) Does not need help 10

98 Is the occupant aged 15 years or more?

No 1 ▶ Go to **Part 8**

Yes 2

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

Tick **one** box only

- (a) No, does not need help and has no difficulty 1 ▶ Go to **Part 8**
- (b) No, does not need help, but has difficulty 2 ▶ Go to **Part 8**
- (c) Yes, sometimes needs help 3
- (d) Yes, always needs help 4

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

Note

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

Tick **one** box only

- (a) 6 or more times a day 1
- (b) 3 to 5 times a day 2
- (c) Twice a day 3
- (d) Once a day 4
- (e) 2 to 6 times a week 5
- (f) Once a week 6
- (g) 1 to 3 times a month 7
- (h) Less than once a month, but at least once a year 8
- (i) Less than once a year 9
- (j) Does not need help 10

Part 8 – Comments and time taken

101 Please provide comments

- on any information you have supplied on this form (e.g. related to unusual situations or other factors)
(Please use BLOCK letters)

- on any difficulties you had providing the requested information, or suggested improvements to this form
(Please use BLOCK letters)

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

Including

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

..... hrs mins

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Thank you for completing this form

SAMPLE ONLY