IN CONFIDENCE

POPULATION SURVEY

Australian Bureau of Statistics

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY

REMOTE AREAS: 2004–05

ADULT FORM

PSU	BLOCK	DWELLING	HH	PERSON

Interviewer: Commence interview at Q.21

2. SEX

Male … … … … … … ☐ 1

Female … … … … … … ☐ 2

3. AGE

Years … … … ☐☐

5. INDIGENOUS STATUS

Aboriginal … … … … … ☐ 1

Torres Strait Islander … ☐ 2

Both … … … … … … … ☐ 3

8. *Answering own schedule* … ☐ 1

Proxy (person in household) ☐ 2

LANGUAGE

21. I WILL BE ASKING YOU QUESTIONS ABOUT DIFFERENT HEALTH TOPICS LIKE (MEN'S/WOMEN'S) HEALTH, THINGS THAT YOU MAY DO THAT AFFECT YOUR HEALTH AND HOW YOU HAVE BEEN FEELING LATELY.
(WOULD YOU LIKE TO GO SOMEWHERE AND TALK ALONE?)

Yes … 1 ☐

No … 5 ☐

Already alone … 6 ☐

22. BEFORE I ASK YOU ABOUT YOUR HEALTH, I WOULD LIKE TO ASK YOU SOME OTHER QUESTIONS.

WHICH LANGUAGE DO YOU <u>MAINLY</u> SPEAK AT HOME?

<u>Interviewer:</u> 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 ☐

EDUCATION

30. *Sequence Guide*

. *If aged 18-24 and studying full-time (column E on HH form)* ……1 ☐ ▶ Go to Q.33

. *Otherwise* ……2 ☐ ▶ Go to Q.31

31. DO YOU GO TO SCHOOL, COLLEGE, TAFE OR UNIVERSITY?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.34

32. ARE YOU STUDYING THERE FULL-TIME?

Yes … 1 ☐

No … 5 ☐

33. WHERE ARE YOU 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) and aged 18-19* ……1 ☐ ▶ Go to Q.40

. *Otherwise* ……2 ☐ ▶ Go to Q.35

35. WHAT IS THE HIGHEST YEAR OF SCHOOL THAT YOU HAVE 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. (SINCE LEAVING SCHOOL) HAVE YOU 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 'HAVE YOU COMPLETED ANY OTHER EDUCATIONAL QUALIFICATIONS?'

Qualification level *(Specify)* .....

..... 1 ☐

Year 12 certificate or equivalent … … … … … … … … … … … … … … … 2 ☐ ▶ Go to Q.40

Statement of Attainment … … … … … … … … … … … … … … … … … … … 3 ☐ ▶ Go to Q.40

38. WHAT DID YOU STUDY?

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

.....

.....

.....

39. DID YOU FINISH THIS COURSE BEFORE 1998?

Yes … 1 ☐

No … 5 ☐

EMPLOYMENT

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

LAST WEEK, DID YOU 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.60

Permanently not intending to work (if aged 65+ only) … … … … … … … 7 ☐ ▶ Go to Q.60

41. DID YOU HAVE A JOB THAT YOU WERE AWAY FROM BECAUSE YOU WERE SICK OR ON HOLIDAYS OR ANY OTHER REASON?

Yes … 1 ☐ ▶ Go to Q.42

No … 5 ☐ ▶ Go to Q.50

Permanently not intending to work (if aged 65+ only) … … … … … … … 6 ☐ ▶ Go to Q.60

42. IS THAT JOB PART OF CDEP?

Yes … 1 ☐

No … 5 ☐

43. WHAT KIND OF WORK DO YOU DO?

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

.....

.....

44. WHO DO YOU WORK FOR?

Interviewer: Record name and address of employer.

.....

.....

.....

45. HOW MANY HOURS DO YOU 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.60

. *Otherwise* …… 2 ☐ ▶ Go to Q.51

51. AT ANY TIME IN THE LAST FOUR WEEKS, HAVE YOU 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.60

52. IN THE LAST FOUR WEEKS, WHAT HAVE YOU 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.60

Only looked in newspapers …… 09 ☐ ▶ Go to Q.60

None of the above …… 10 ☐ ▶ Go to Q.60

53. IF YOU HAD FOUND A JOB, COULD YOU HAVE STARTED WORK LAST WEEK?

Yes …… 1 ☐

No …… 5 ☐ ▶ Go to Q.60

Don't know …… 6 ☐

54. HOW LONG HAVE YOU 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. HAVE YOU EVER WORKED FULL-TIME (ie 35 HOURS OR MORE A WEEK)?

Yes …… 1 ☐

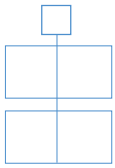
No …… 5 ☐ ▶ Go to Q.60

56. HOW LONG IS IT SINCE YOU 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



SELF-ASSESSED HEALTH

60. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR HEALTH.

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

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

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

- BETTER NOW THAN ONE YEAR AGO? … 1
- ABOUT THE SAME AS ONE YEAR AGO? … 2 ▶ Go to Q.63
- WORSE NOW THAN ONE YEAR AGO? … 3

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
- A bit better now than one year ago … 2
- A bit worse now than one year ago … 3
- Much worse now than one year ago … 4

63. DO YOU THINK YOU ARE THE RIGHT WEIGHT, TOO SKINNY OR TOO FAT?

- Just right *(Acceptable weight)* … 1
- Too skinny *(Underweight)* … 2
- Too fat *(Overweight)* … 3

EXERCISE

70. THE NEXT FEW QUESTIONS ARE ABOUT EXERCISE.

IN THE LAST 2 WEEKS, HAVE YOU 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, HAVE YOU DONE ANY EXERCISE OR PLAYED ANY SPORT THAT MADE YOU 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 YOU DO TO GO FROM PLACE TO PLACE. DO NOT INCLUDE WALKING YOU DO TO KEEP FIT OR STAY HEALTHY.)

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

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.85

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

Number … 1 ☐☐

Don't know … 2 ☐

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

Interviewer: Record time in minutes. Prompt for best estimate.

Minutes … 1 ☐☐☐☐

Don't know … 2 ☐

77. IS THE WALKING YOU DID YESTERDAY ABOUT THE SAME AMOUNT OF WALKING YOU DO MOST DAYS?

Yes … 1 ☐ ▶ Go to Q.85

No … 5 ☐

78. DO YOU USUALLY WALK MORE OR LESS THAN YOU DID YESTERDAY?

More … 1 ☐

Less … 2 ☐

SMOKING

85. THE NEXT FEW QUESTIONS ARE ABOUT SMOKING.

DO YOU CURRENTLY SMOKE?

Yes … 1

No … 5 ▶ Go to Q.88

86. DO YOU HAVE AT LEAST ONE SMOKE A DAY?

Yes … 1 ▶ Go to Q.92

No … 5

87. DO YOU SMOKE AT LEAST ONCE A WEEK?

Yes … 1

No … 5

88. HAVE YOU <u>EVER</u> SMOKED REGULARLY, THAT IS, AT LEAST ONE A DAY?

Yes … 1

No … 5

89. HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR ENTIRE LIFE?

Yes … 1 ▶ Go to Q.91

No … 5

90. HAVE YOU EVER SMOKED PIPES, CIGARS, OR OTHER TOBACCO PRODUCTS AT LEAST 20 TIMES IN YOUR ENTIRE LIFE?

Yes … 1

No … 5

91. <u>*Sequence Guide:*</u>

. *If (code '1') in Q.88* … 1 ▶ Go to Q.92

. *Otherwise* … 2 ▶ Go to Q.95

92. HOW OLD WERE YOU WHEN YOU FIRST STARTED TO SMOKE REGULARLY (AT LEAST ONE A DAY)?

Age in years … 1

Don't know … 2

93. <u>*Sequence Guide:*</u>

. *If (code '1') in Q.88* … 1 ▶ Go to Q.94

. *Otherwise* … 2 ▶ Go to Q.95

94. HOW OLD WERE YOU WHEN YOU STOPPED SMOKING REGULARLY (AT LEAST ONE A DAY)?

Age in years … 1

Don't know … 2

ADULT IMMUNISATION

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

HAVE YOU EVER HAD A FLU (NEEDLE/SHOT)?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.97

Don't know … 6 ☐ ▶ Go to Q.97

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

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

97. HAVE YOU EVER HAD A PNEUMONIA NEEDLE?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.100

Don't know … 6 ☐ ▶ Go to Q.100

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

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

SOCIAL AND EMOTIONAL WELL-BEING

100. THE NEXT QUESTIONS ARE ABOUT HOW YOU HAVE BEEN FEELING RECENTLY. PLEASE TELL ME IF YOU DON'T WANT TO ANSWER ANY OF THESE QUESTIONS.

I AM NOW GOING TO ASK SOME QUESTIONS USING THIS CARD TO HELP.

IN THE LAST 4 WEEKS, ABOUT HOW OFTEN DID YOU FEEL:

Interviewer probe: Prompt for each type of feeling.

Interviewer: Mark the indicator box for each type of feeling. Show prompt card 1 and prompt with response categories.

Type of feeling	*Indicator*							
	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	6. Don't know	7. Refused	
NERVOUS?	☐	☐	☐	☐	☐	☐	☐	*a*
WITHOUT HOPE?	☐	☐	☐	☐	☐	☐	☐	*b*
RESTLESS OR JUMPY?	☐	☐	☐	☐	☐	☐	☐	*c*
THAT EVERYTHING WAS AN EFFORT?	☐	☐	☐	☐	☐	☐	☐	*d*
SO SAD THAT NOTHING COULD CHEER YOU UP?	☐	☐	☐	☐	☐	☐	☐	*e*

101. THE LAST FEW QUESTIONS ASKED ABOUT FEELINGS THAT MIGHT HAVE OCCURRED DURING THE LAST 4 WEEKS.

TAKING THEM ALL TOGETHER, DID THESE FEELINGS OCCUR MORE OFTEN IN THE LAST 4 WEEKS THAN IS USUAL FOR YOU, ABOUT THE SAME AS USUAL, OR LESS OFTEN THAN USUAL?

More often than usual … 1 ☐

About the same as usual … … … … … … … … … … … … … … … … … … … 2 ☐

Less often than usual … 3 ☐

Don't know … 4 ☐

102. *Sequence Guide*

. *If any boxes are marked 1-4 in Q.100* … … … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.103

. *Otherwise* … 2 ☐ ▶ Go to Q.108

103. THE NEXT QUESTIONS ARE ABOUT HOW THESE FEELINGS MAY HAVE AFFECTED YOU IN THE LAST 4 WEEKS.

(IN THE LAST 4 WEEKS) WERE THERE ANY DAYS WHEN YOU WERE TOTALLY UNABLE TO WORK OR CARRY OUT YOUR NORMAL ACTIVITIES BECAUSE OF THESE FEELINGS?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.105

104. HOW MANY DAYS WERE LIKE THAT?

Number of days … 1 ☐☐

Don't know … 2 ☐

105. IN THE LAST 4 WEEKS DID YOU SEE A DOCTOR OR OTHER HEALTH PROFESSIONAL ABOUT THESE FEELINGS?

Yes … 1

No … 5 ▶ Go to Q.107

106. HOW MANY TIMES DID YOU SEE A DOCTOR OR HEALTH PROFESSIONAL?

Number of times … 1

Don't know … 2

107. HOW OFTEN HAVE PHYSICAL HEALTH PROBLEMS BEEN THE MAIN CAUSE OF THESE FEELINGS?

Interviewer: Show prompt card.

All of the time … 1

Most of the time … 2

Some of the time … 3

A little of the time … 4

None of the time … 5

Don't know … 6

108. IN THE LAST 4 WEEKS, ABOUT HOW OFTEN:

Interviewer probe: Prompt for each type of feeling.

Interviewer: Mark the indicator box for each type of feeling. Show prompt card 1 and prompt with response categories.

Type of feeling	*Indicator*							
	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	6. Don't know	7. Refused	
DID YOU FEEL CALM AND PEACEFUL?	☐	☐	☐	☐	☐	☐	☐	*a*
HAVE YOU BEEN A HAPPY PERSON?	☐	☐	☐	☐	☐	☐	☐	*b*
DID YOU FEEL FULL OF LIFE?	☐	☐	☐	☐	☐	☐	☐	*c*
DID YOU HAVE A LOT OF ENERGY?	☐	☐	☐	☐	☐	☐	☐	*d*

109. I AM NOW GOING TO ASK YOU ABOUT SOME PROBLEMS THAT PEOPLE MAY HAVE.

I AM GOING TO ASK THESE QUESTIONS USING THIS CARD TO HELP.

HOW OFTEN HAVE ANY OF THESE PROBLEMS BOTHERED OR UPSET YOU IN THE LAST 4 WEEKS – A LOT, SOME OR NOT AT ALL?

Interviewer probe: Prompt for each type of feeling, if 'Yes' Ask: 'HOW OFTEN?'

Interviewer: Mark the indicator box for each type of feeling. Show prompt card 2 and prompt with response categories.

Type of feeling	*Indicator*					
	1. A lot	2. Some	3. Not at all	4. Don't know	5. Refused	
FEELING EASILY ANNOYED OR IRRITATED?	☐	☐	☐	☐	☐	*a*
HAVING VIOLENT THOUGHTS LIKE WANTING TO BEAT, INJURE OR HARM SOMEONE?	☐	☐	☐	☐	☐	*b*
WANTING TO BREAK OR SMASH THINGS?	☐	☐	☐	☐	☐	*c*
GETTING INTO A LOT OF ARGUMENTS?	☐	☐	☐	☐	☐	*d*
SHOUTING OR THROWING THINGS?	☐	☐	☐	☐	☐	*e*

DIETARY BEHAVIOUR

112. THE NEXT FEW QUESTIONS ARE ABOUT WHAT YOU USUALLY EAT.

WHAT TYPE OF MILK DO YOU 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. DO YOU USUALLY EAT VEGETABLES EACH DAY?

Interviewer: Please prompt for fresh, frozen and tinned

Yes … 1 ☐
No … 5 ☐

114. DO YOU USUALLY EAT FRUIT EACH DAY?

Interviewer: Please prompt for fresh, frozen and tinned

Yes … 1 ☐
No … 5 ☐

115. HOW OFTEN DO YOU ADD SALT TO YOUR FOOD AFTER IT IS COOKED?

Never/rarely … 1 ☐
Sometimes … 2 ☐
Usually … 3 ☐

116. IN THE LAST 12 MONTHS WERE THERE ANY TIMES THAT YOU RAN OUT OF FOOD AND COULDN'T AFFORD TO BUY MORE?

Yes … 1 ☐
No … 5 ☐ ▶ Go to Q.120

117. WHEN THIS HAPPENED, DID YOU GO WITHOUT FOOD?

Yes … 1 ☐
No … 5 ☐

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ALCOHOL

120. *Interviewer: Mark day on which interview conducted*

Monday	1 ☐
Tuesday	2 ☐
Wednesday	3 ☐
Thursday	4 ☐
Friday	5 ☐
Saturday	6 ☐
Sunday	7 ☐

121. I AM NOW GOING TO ASK YOU ABOUT (ALCOHOL/GROG).

(SOME PEOPLE DRINK MORE OR LESS THAN OTHERS DEPENDING ON PERSONAL CHOICES.)

HOW LONG AGO DID YOU LAST HAVE (AN ALCOHOLIC/GROG TO) DRINK?

1 week or less	1 ☐	
More than 1 week to less than 2 weeks	2 ☐	▶ Go to Q.129
2 weeks to less than 1 month	3 ☐	▶ Go to Q.129
1 month to less than 3 months	4 ☐	▶ Go to Q.129
3 months to less than 12 months	5 ☐	▶ Go to Q.129
12 months or more	6 ☐	▶ Go to Q.135
Never	7 ☐	▶ Go to Q.135
Don't remember	8 ☐	▶ Go to Q.135

122. ON WHAT DAYS IN THE LAST WEEK DID YOU DRINK?

All	1 ☐	*a*
Monday	2 ☐	*b*
Tuesday	3 ☐	*c*
Wednesday	4 ☐	*d*
Thursday	5 ☐	*e*
Friday	6 ☐	*f*
Saturday	7 ☐	*g*
Sunday	8 ☐	*h*

123. *Interviewer: Tick the box relating to the most recent three days in the last week (if applicable) on which alcohol was consumed and ask Q.127 for each of those three days*

	124. *Most recent*	**125.** *2nd most recent*	**126.** *3rd most recent*
	a)	a)	a)
	Monday ☐ 1 Tuesday ☐ 2 Wednesday ☐ 3 Thursday ☐ 4 Friday ☐ 5 Saturday ☐ 6 Sunday ☐ 7	Monday ☐ 1 Tuesday ☐ 2 Wednesday ☐ 3 Thursday ☐ 4 Friday ☐ 5 Saturday ☐ 6 Sunday ☐ 7	Monday ☐ 1 Tuesday ☐ 2 Wednesday ☐ 3 Thursday ☐ 4 Friday ☐ 5 Saturday ☐ 6 Sunday ☐ 7
127. WHAT DID YOU HAVE TO DRINK ON (*Specify day*)? *Interviewer: Prompt for quantity and brand type if not given* (b) Beer: light/ mid strength	b)	b)	b)
(c) Beer: full strength *Interviewer: Specify if stout*	c)	c)	c)
(d) Wine/Cask wine *Interviewer: Specify if red, white, low alcohol or sparkling wine*	d)	d)	d)

Beer Glasses

Best
5oz - 140ml
7oz - 200ml
10oz - 285ml
15oz - 425ml
20oz - 575ml

Second best
7oz/glass/
butcher
middy
pot
schooner
pint

Third best

Small ***sg***
200ml

Medium ***mg***
285ml

Large ***lg***
425ml

Bottles/cans by size

Small ***sb/sc***
10oz/250ml
twist tops

Medium ***mb/mc***
13oz/375ml
stubbie,
normal can,
345ml
stubbie

Large ***lb***
26oz/750ml
bottle, 800ml
longneck

Interviewer: *Transfer day from Q.124, Q.125, Q.126 respectively.*	**124.** *Most recent*	**125.** *2nd most recent*	**126.** *3rd most recent*	**Glasses** **Small** ***sg*** 120ml **Medium** ***mg*** 140ml **Large** ***lg*** 200ml **Bottles** ***lb*** 26oz/750ml bottle of wine or champagne, litre bottle **Flagon** ***f*** **Cask** ***k*** 2 litres *2k* 4 litres *4k* 5 litres *5k* **Spirits** half nip = ***hn*** nip = ***n*** double nip = ***dn***
(e) Spirits/Rum/JB/ Bacardi *Interviewer:* *Specify whether spirit, liqueur or UDL*	e)	e)	e)	
(f) Port/Sherry	f)	f)	f)	
(g) Other *(Specify)*	g)	g)	g)	

128. IS THE AMOUNT OF (ALCOHOL/GROG) YOU DRANK LAST WEEK MORE, ABOUT THE SAME, OR LESS, COMPARED TO MOST WEEKS?

More … 1

About the same … 2

Less … 3

129. *Sequence Guide:*

. *If male* … 1 ▶ Go to Q.130

. *If female* … 2 ▶ Go to Q.132

130. IN THE LAST YEAR HOW MANY TIMES HAVE YOU HAD 11 OR MORE (ALCOHOLIC/GROG) DRINKS IN ONE DAY?

Interviewer: Refer to table page 23.
Interviewer: Enter number.

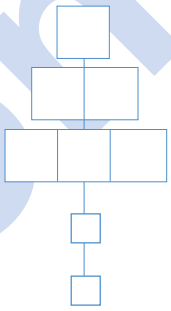
Number of times a week … … … … … … … … … … … … … … … … … … 1

Number of times a month … … … … … … … … … … … … … … … … … … 2

Number of times in last year … … … … … … … … … … … … … … … … 3

Never … 4

Don't know … 5



131. IN THE LAST YEAR HOW MANY TIMES HAVE YOU HAD 7 OR MORE (ALCOHOLIC/GROG) DRINKS IN ONE DAY?

Interviewer: Refer to table page 23.
Interviewer: Enter number.

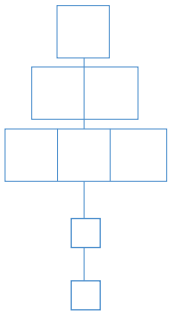
Number of times a week … … … … … … … … … … … … … … … … … … 1 ▶ Q.135

Number of times a month … … … … … … … … … … … … … … … … … … 2 ▶ Q.135

Number of times in last year … … … … … … … … … … … … … … … … 3 ▶ Q.135

Never … 4 ▶ Q.135

Don't know … 5 ▶ Q.135



132. IN THE LAST YEAR HOW MANY TIMES HAVE YOU HAD 7 OR MORE (ALCOHOLIC/GROG) DRINKS IN ONE DAY?

Interviewer: Refer to table page 23.
Interviewer: Enter number.

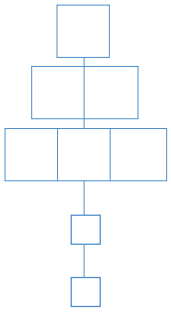
Number of times a week … … … … … … … … … … … … … … … … … … 1

Number of times a month … … … … … … … … … … … … … … … … … … 2

Number of times in last year … … … … … … … … … … … … … … … … 3

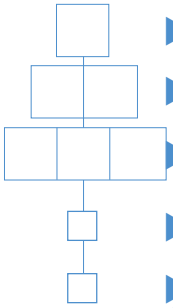
Never … 4

Don't know … 5



133. IN THE LAST YEAR HOW MANY TIMES HAVE YOU HAD 5 OR MORE (ALCOHOLIC/GROG) DRINKS IN ONE DAY?

Interviewer: Refer to table below.
Interviewer: Enter number.



Number of times a week … … … … … … … … … … … … … …	1	▶ Go to Q.135
Number of times a month … … … … … … … … … … … … … …	2	▶ Go to Q.135
Number of times in last year … … … … … … … … … … … … … …	3	▶ Go to Q.135
Never …	4	▶ Go to Q.135
Don't know …	5	▶ Go to Q.135

134. *Interviewer: STANDARD DRINK TABLE FOR REFERENCE*

STANDARD DRINKS IN ONE DAY	Equivalent to
11	14 cans/stubbies of light beer 11 cans/stubbies of mid strength beer 7 cans/stubbies of full strength beer 7 cans/bottles of pre-mixed spirits half a 700 ml bottle of spirits one and a half 750 ml bottles of wine 1/3 of a 4 litre wine cask 2/5 of a 2 litre port cask/flagon
7	9 cans/stubbies of light beer 7 cans/stubbies of mid strength beer 5 cans/stubbies of full strength beer 5 cans/bottles of pre-mixed spirits 1/3 of a 700 ml bottle of spirits one 750 ml bottle of wine 1/5 of a 4 litre wine cask 1/4 of a 2 litre port cask/flagon
5	6 cans/stubbies of light beer 5 cans/stubbies of mid strength beer 3 cans/stubbies of full strength beer 3 cans/bottles of pre-mixed spirits 1/4 of a 700 ml bottle of spirits 3/4 of a 750 ml bottle of wine 1/8 of a 4 litre wine cask 1/5 of a 2 litre port cask/flagon

LONG TERM CONDITIONS

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

ASTHMA

140. HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE ASTHMA?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.145

Don't know … 6 ☐ ▶ Go to Q.145

141. DO YOU STILL GET ASTHMA?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.145

142. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAVE YOU TAKEN ANY MEDICINE OR TABLETS, OR USED A PUFFER FOR YOUR ASTHMA IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

CANCER

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

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE ANY TYPE OF CANCER?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.155

146. WHAT TYPE(S) OF CANCER WERE YOU TOLD YOU 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 WERE YOU WHEN YOU WERE FIRST TOLD YOU HAD BREAST CANCER?

Age in years … 1 ☐☐

Don't know … 2 ☐

149. DO YOU 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 DO YOU 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.)

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE 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*
A HEART ATTACK?	05	☐ *e*
STROKE *(Including after effects of stroke)*?	06	☐ *f*
ANGINA?	07	☐ *g*
HARDENING OF THE ARTERIES?	08	☐ *h*
FLUID PROBLEMS/FLUID RETENTION?	09	☐ *i*
HEART MURMUR?	10	☐ *j*
FAST OR IRREGULAR HEARTBEATS *(Tachycardia/palpitations)*?	11	☐ *k*

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

(A) ☐	12	☐ *l*
(B) ☐	13	☐ *m*
(C) ☐	14	☐ *n*
No condition	15	☐ *o* ▶ Q.160

156. DO YOU 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*
A HEART ATTACK?	05	☐ *e*
STROKE *(Including after effects of stroke)*?	06	☐ *f*
ANGINA?	07	☐ *g*
HARDENING OF THE ARTERIES?	08	☐ *h*
FLUID PROBLEMS/FLUID RETENTION?	09	☐ *i*
HEART MURMUR?	10	☐ *j*
FAST OR IRREGULAR HEARTBEATS *(Tachycardia/palpitations)*?	11	☐ *k*

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

(A)	12	☐ *l*
(B)	13	☐ *m*
(C)	14	☐ *n*
No condition	15	☐ *o* ▶ Q.160

157. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAVE YOU USED OR TAKEN ANY MEDICINE OR TABLETS FOR YOUR 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.)

DO YOU HAVE OR HAVE YOU EVER HAD:

Interviewer: More than one response allowed

GOUT? … 1 ☐ *a*

RHEUMATISM? … 2 ☐ *b*

Neither of these … 3 ☐ *c*

161. DO YOU HAVE OR HAVE YOU 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. DO YOU 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. WERE YOU TOLD BY A DOCTOR OR NURSE THAT YOU HAVE ARTHRITIS?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

166. OTHER THAN VITAMINS OR HERBAL MEDICINES, HAVE YOU 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.

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE OSTEOPOROSIS?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.175

Don't know … 6 ☐ ▶ Go to Q.175

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

Yes … 1 ☐

No … 5 ☐

DIABETES

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

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE DIABETES OR SUGAR PROBLEMS?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.190

176. HOW OLD WERE YOU WHEN YOU WERE FIRST TOLD YOU 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. DO YOU STILL HAVE (DIABETES OR SUGAR PROBLEMS)?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.190

Don't know … 6 ☐ ▶ Go to Q.190

178. DO YOU 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 WERE YOU WHEN YOU 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), HAVE YOU USED OR TAKEN ANY MEDICINE OR TABLETS FOR YOUR (DIABETES OR SUGAR PROBLEMS) IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

181. DID YOU CHANGE THE FOOD YOU EAT BECAUSE OF YOUR (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. DO YOU STILL EAT THESE HEALTHIER FOODS?

Yes … 1 ☐

No … 5 ☐

183. IN THE LAST 2 WEEKS, HAVE YOU DONE ANYTHING ELSE TO HELP YOU WITH YOUR (DIABETES OR SUGAR PROBLEMS), LIKE:

TRYING TO LOSE WEIGHT FOR YOUR (DIABETES/ SUGAR PROBLEMS)? … … … … … … … … … … … … … … … … … … … 1 ☐ *a*

WALKING MORE, OR PLAYING SPORT MOST DAYS FOR YOUR (DIABETES/SUGAR PROBLEMS)? … … … … … … … … … 2 ☐ *b*

TAKING ANY VITAMINS OR MINERALS FOR YOUR (DIABETES/ SUGAR PROBLEMS)? … … … … … … … … … … … … … … … … … … 3 ☐ *c*

TAKING ANY NATURAL OR HERBAL MEDICINES, INCLUDING BUSH MEDICINES FOR YOUR (DIABETES/SUGAR PROBLEMS)? … 4 ☐ *d*

ANYTHING ELSE FOR YOUR (DIABETES/SUGAR PROBLEMS)? … 5 ☐ *e*

No action taken … 6 ☐ *f*

184. IN THE LAST 12 MONTHS, HAS YOUR (DIABETES OR SUGAR PROBLEMS) GOT IN THE WAY OF ANYTHING YOU USUALLY DO?

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. HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE KIDNEY DISEASE (SICK KIDNEYS)?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.192

191. DO YOU STILL HAVE KIDNEY DISEASE (SICK KIDNEYS)?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

192. HAVE YOU EVER USED A KIDNEY MACHINE (DIALYSIS)?

Yes … 1 ☐

No … 5 ☐

EYESIGHT

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

DO YOU WEAR GLASSES FOR YOUR EYESIGHT?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.197

196. WHAT SIGHT PROBLEMS DO YOU 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. DO YOU HAVE <u>ANY</u> (OTHER) PROBLEMS WITH YOUR 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. DO YOU HAVE ANY OTHER PROBLEMS WITH YOUR SIGHT OR EYES?

Yes	1	☐
No	5	☐ ▶ Go to Q.202
Don't know	6	☐ ▶ Go to Q.202

201. WHAT (OTHER) SIGHT PROBLEMS DO YOU HAVE?

Totally blind in both eyes	01	☐ *a*
Totally blind in 1 eye	02	☐ *b*
Partially blind in both eyes	03	☐ *c*
Partially blind in 1 eye	04	☐ *d*
Glaucoma	05	☐ *e*
Cataracts	06	☐ *f*
Trachoma	07	☐ *g*
Lazy eye	08	☐ *h*
Retinopathy	09	☐ *i*
Other (*Specify*)	10	☐ *j*
Don't know	11	☐ *k*

202. *Sequence Guide:*

. *If currently has diabetes or sugar problems (code '1') in Q.177*	1	☐ ▶ Go to Q.203
. *Otherwise*	2	☐ ▶ Go to Q.210

203. *Sequence Guide:*

. *If sight problem reported (code '1') in Q.195, Q.197 or Q.200*	1	☐ ▶ Go to Q.204
. *Otherwise*	2	☐ ▶ Go to Q.205

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

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

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

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

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

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

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.

DO YOU HAVE ANY HEARING PROBLEMS OR PROBLEMS WITH YOUR EARS?

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

Total deafness	1	☐ *a*
Deaf in 1 ear	2	☐ *b*
Hearing loss/partially deaf	3	☐ *c*
Ringing in your ears *(Tinnitus)*	4	☐ *d*
Ear infections *(Otitis media)*	5	☐ *e*
Other (*Specify*)	6	☐ *f*
Don't know *(Type of problem)*	7	☐ *g*
No problems	8	☐ *h*

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.

DO YOU 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,)

DO YOU 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*

YOU HAVE HAD FOR A LONG TIME BUT GOT USED TO? … … … 2 ☐ *b*

ARE NO LONGER A PROBLEM BECAUSE OF THE MEDICINE OR TABLETS YOU ARE 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 THE 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 YOU HAVE HAD, EVEN SMALL ONES.

AT ANY TIME IN THE LAST 4 WEEKS (MONTH) HAVE YOU HAD ANY ACCIDENTS, HURT YOURSELF OR BEEN HURT BY SOMEONE OR SOMETHING?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.245

226. WHEN YOU GOT HURT, DID YOU:

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 YOU GET HURT WHEN YOU 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 … … … … … …	☐	☐	☐	☐	☐	*a*
Tripping/slipping/low fall (1 metre or less) … … … … … …	☐	☐	☐	☐	☐	*b*
Falling from (tree/roof/wall)/ high fall (more than 1 metre) …	☐	☐	☐	☐	☐	*c*
Hitting something or being hit by something … … … … … …	☐	☐	☐	☐	☐	*d*
Attacked by another person/ fighting … … … … … … … … …	☐	☐	☐	☐	☐	*e*
Nearly drowned … … … … … …	☐	☐	☐	☐	☐	*f*
Burns by fire/heat … … … … …	☐	☐	☐	☐	☐	*g*
Burns by chemicals … … … … …	☐	☐	☐	☐	☐	*h*
Bite or sting … … … … … … …	☐	☐	☐	☐	☐	*i*
Cut with knife/tool/ other implement … … … … … …	☐	☐	☐	☐	☐	*j*
Other event requiring some action … … … … … …	☐	☐	☐	☐	☐	*k*
Food poisoning … … … … … …	☐	☐	☐	☐	☐	*l*

228. *Sequence Guide:*

. *If only food poisoning reported* …… 1 ☐ ▶ Go to Q.245

. *If only 1 type of event reported in Q.227, mark the appropriate box in Q.229 and ask Q.230* …… 2 ☐

. *Otherwise, ask Q.229* …… 3 ☐

229. WHICH HAPPENED MOST RECENTLY?

Interviewer: Only mark response from Q.227

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

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

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

(WHICH PART OF YOUR 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)

		a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*	*j*	*k*	*l*
			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	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	
11	Dislocations, sprains, strains, torn muscles/ ligaments	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
12	Internal injury	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
13	Open wounds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
14	Bruising	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
15	Burns and scalds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
16	Concussion	☐											
17	Choking	☐											
18	Poisoning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	No injury sustained	☐	▶ Q.245										

231. DID YOU RECEIVE THE INJURY/INJURIES WHILE:

WORKING FOR PAY? … … … … … … … … … … … … … … … … … 1 ☐

WORKING BUT NOT FOR PAY? … … … … … … … … … … … … … … 2 ☐ ▶ Go to Q.236

Neither … 3 ☐ ▶ Go to Q.235

232. *Sequence Guide:*

. *If had job last week ('1' in Q.40 or '1' in Q.41)* … … … … … … … … … … 1 ☐ ▶ Go to Q.233

. *Otherwise* … 2 ☐ ▶ Go to Q.236

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

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

234. ▶ Q.236

235. WHAT WERE YOU DOING WHEN YOU WERE 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 ☐

236. WHERE WERE YOU?

Inside own/someone else's home … … … … … … … … … … … … … 01 ☐

Outside own/someone else's home … … … … … … … … … … … … … 02 ☐

At school/college/university … … … … … … … … … … … … … … … 03 ☐

Residential institution *(Men's quarters or nursing home)* … … … … … 04 ☐

Health care facility … … … … … … … … … … … … … … … … … … … 05 ☐

Sports facility/athletics field/park … … … … … … … … … … … … … 06 ☐

Street or highway … 07 ☐

Commercial place *(Shop, office or hotel)* … … … … … … … … … … … 08 ☐

Industrial place *(Factory/CDEP depot)* … … … … … … … … … … … … 09 ☐

Farm … 10 ☐

Other *(Such as river, bush etc.)* … … … … … … … … … … … … … … 11 ☐

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

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.239

Don't know … 6 ☐ ▶ Go to Q.239

238. DID YOU STAY OVERNIGHT?

Yes … 1 ☐

No … 5 ☐

239. (APART FROM ANYONE YOU SAW AT THE HOSPITAL)

FOR THE INJURIES RECEIVED, DID YOU VISIT A:

DOCTOR/GP? … 1 ☐ *a*

NURSE/SISTER OR OTHER HEALTH WORKER? … … … … … … … … 2 ☐ *b*

None of these … 3 ☐ *c*

Don't know … 4 ☐ *d*

240. HAD YOU BEEN DRINKING (ALCOHOL/GROG) OR USING OTHER DRUGS WHEN YOU WERE INJURED?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

TIME OFF WORK/SCHOOL

245. *Sequence Guide:*

. *If aged 65 years or over* ……1 ☐ ▶ Go to Q.255

. *If had job last week ('1' in Q.40 or '1' in Q.41)* ……2 ☐ ▶ Go to Q.246

. *Otherwise* ……3 ☐ ▶ Go to Q.250

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

IN THE LAST 2 WEEKS HAVE YOU STAYED AWAY FROM YOUR WORK BECAUSE YOU WERE 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 HAVE YOU STAYED AWAY FROM YOUR WORK?

Number of days away … … … … … … … … … … … … … … … … … … ☐☐

248. IN THE LAST 2 WEEKS HAVE YOU 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 YOU 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.255

251. (I NOW WANT YOU TO THINK ABOUT ALL THE TIME YOU HAVE TAKEN OFF STUDY IN THE LAST 2 WEEKS)

IN THE LAST 2 WEEKS HAVE YOU STAYED AWAY FROM YOUR (SCHOOL/PLACE OF STUDY) BECAUSE YOU 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.253

252. ON HOW MANY DAYS IN THE LAST 2 WEEKS HAVE YOU STAYED AWAY FROM YOUR (SCHOOL/PLACE OF STUDY)?

Number of days away … … … … … … … … … … … … … … … … … … ☐☐

253. IN THE LAST 2 WEEKS HAVE YOU HAD ANY DAYS OFF YOUR (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.255

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

Number of days away … … … … … … … … … … … … … … … … … … … ☐☐

255. ON ANY (OTHER) DAYS IN THE LAST 2 WEEKS HAVE YOU HAD TO CUT DOWN ON ANYTHING YOU USUALLY DO BECAUSE YOU WERE HURT OR SICK?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.260

256. ON HOW MANY DAYS IN THE LAST 2 WEEKS HAVE YOU HAD TO CUT DOWN ON YOUR USUAL ACTIVITIES?

Number of days away … … … … … … … … … … … … … … … … … … … ☐☐

ACTIONS

260. WHERE DO YOU USUALLY GO WHEN YOU HAVE A PROBLEM WITH YOUR HEALTH?

- Aboriginal Medical Service/Community clinic … … … … … … … … … 1 ☐
- Hospital … 2 ☐
- Doctor/GP (outside AMS/hospital) … … … … … … … … … … … … … … 3 ☐
- Traditional healer … 4 ☐
- Other … 5 ☐
- Doesn't usually seek health care … … … … … … … … … … … … … 6 ☐

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

- Yes … 1 ☐
- No … 5 ☐

MEN'S HEALTH

265. *Sequence Guide:*

. *If male* ……1 ☐ ▶ Go to Q.266

. *Otherwise* ……2 ☐ ▶ Go to Q.275

266. SOME (HEALTH SERVICES/COMMUNITY CLINICS) ORGANISE ACTIVITIES WHICH ARE FOR MEN ONLY, LIKE HEALTH TESTING, BBQs OR CAMPING TRIPS.

ARE ANY ACTIVITIES JUST FOR MEN PROVIDED BY YOUR (HEALTH SERVICE/COMMUNITY CLINIC)?

Yes … 1 ☐

No … 5 ☐

267. HAVE YOU GONE TO ANY (OF THESE) ACTIVITIES JUST FOR MEN IN THE LAST YEAR (12 MONTHS)?

Yes … 1 ☐ ▶ Go to Q.270

No … 5 ☐

268. *Sequence Guide:*

. *If code '1' in Q.266* ……1 ☐ ▶ Go to Q.270

. *Otherwise* ……2 ☐ ▶ Go to Q.269

269. WOULD YOU HAVE GONE TO ANY ACTIVITIES JUST FOR MEN IF YOUR (HEALTH SERVICE/COMMUNITY CLINIC) PROVIDED THEM?

Yes … 1 ☐

No … 5 ☐

Don't know … 6 ☐

270. DID YOU GO TO A COMMUNITY GROUP TALK ABOUT MEN'S HEALTH ISSUES IN THE LAST 12 MONTHS?

Yes … 1 ☐

No … 5 ☐

HOSPITAL VISITS

275. IN THE LAST YEAR HAVE YOU STAYED OVERNIGHT IN A HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE YOU WERE HURT OR SICK?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.279

276. HOW MANY TIMES HAVE YOU BEEN TO HOSPITAL AND STAYED OVERNIGHT IN THE LAST YEAR?

Number … 1 ☐☐

Don't know … 2 ☐

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

Number … 1 ☐☐☐

Don't know … 2 ☐

278. DID YOU 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 YOU VISIT OUTPATIENTS, EMERGENCY OR CASUALTY AT A HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE YOU WERE HURT OR SICK?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.281

280. HOW MANY TIMES DID YOU 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 YOU NEEDED TO GO TO A HOSPITAL, BUT DIDN'T?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.290

282. WHY DIDN'T YOU 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*

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 HAVE YOU BEEN TO A NURSE, SISTER, OR AN ABORIGINAL (AND TORRES STRAIT ISLANDER) HEALTH WORKER FOR YOUR OWN HEALTH?

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

Aboriginal (and Torres Strait Islander) Health Worker … … … … … … …	1	☐ *a*
Nurse/Sister …	2	☐ *b*
Neither …	3	☐ *c*
Don't know …	4	☐ *d*

DOCTOR VISITS

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

IN THE LAST 2 WEEKS HAVE YOU BEEN TO THE DOCTOR FOR YOUR OWN HEALTH?

Yes … 1

No … 5 ▶ Go to Q.297

296. HOW MANY TIMES?

Number … 1 ▶ Go to Q.298

Don't know … 2 ▶ Go to Q.298

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

WHEN WAS THE LAST TIME YOU WENT TO THE DOCTOR FOR YOUR 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 YOU NEEDED TO GO TO A DOCTOR, BUT DIDN'T?

Yes … 1

No … 5 ▶ Go to Q.305

299. WHY DIDN'T YOU 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*

ORAL HEALTH

305. WHO WAS THE LAST PERSON YOU WENT TO SEE ABOUT YOUR 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 HAVE YOU BEEN TO THE DENTIST ABOUT YOUR TEETH?

Yes	1
No	5 ▶ Go to Q.308

307. HOW MANY TIMES?

Number ▶ Q.309

308. WHEN WAS THE LAST TIME YOU 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. DO YOU 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 YOU 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. HAVE YOU LOST ANY OF YOUR NATURAL TEETH OR HAD THEM TAKEN OUT (EXCLUDING WISDOM TEETH)?

Yes … 1 ☐

No … 5 ☐ ▶ Q.315

312. 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 ☐

313. DO YOU WEAR ANY DENTURES OR FALSE TEETH THAT CAN BE REMOVED?

Yes … 1 ☐ ▶ Q.315

No … 5 ☐

314. DO YOU NEED TO GET FALSE TEETH SO THAT YOU CAN EAT PROPERLY?

Yes … 1 ☐

No … 5 ☐

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

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.320

316. WHY DIDN'T YOU 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*

OTHER HEALTH PROFESSIONALS

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

FOR YOUR OWN HEALTH, IN THE LAST 2 WEEKS HAVE YOU 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 YOU 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.330

322. WHY DIDN'T YOU 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*

DISCRIMINATION

330. I AM NOW GOING TO ASK YOU SOME QUESTIONS ABOUT HOW YOU ARE TREATED AS (AN ABORIGINAL/A TORRES STRAIT ISLANDER) PERSON.

HOW DID YOU FEEL YOU WERE TREATED WHEN YOU SOUGHT HEALTH CARE DURING THE LAST 12 MONTHS COMPARED TO NON-INDIGENOUS PEOPLE? WORSE, THE SAME OR BETTER?

- Worse than non-Indigenous people … 1 ☐
- The same as non-Indigenous people … 2 ☐
- Better than non-Indigenous people … 3 ☐
- Only encountered Indigenous people … 4 ☐
- Don't know/not sure … 5 ☐
- Did not seek health care in last 12 months … 6 ☐
- Refused … 7 ☐

331. THE NEXT FEW QUESTIONS ARE ABOUT HOW YOU FEEL YOU ARE TREATED IN ANY SITUATION, NOT JUST WHEN YOU GET HEALTH CARE.

IN THE LAST 12 MONTHS DO YOU FEEL YOU HAVE BEEN TREATED BADLY BECAUSE YOU ARE (AN ABORIGINAL/A TORRES STRAIT ISLANDER) PERSON?

- Yes … 1 ☐
- No … 5 ☐ ▶ Go to Q.335

332. WHEN YOU ARE TREATED BADLY BECAUSE YOU ARE (AN ABORIGINAL/A TORRES STRAIT ISLANDER) PERSON, DO YOU USUALLY:

Interviewer: Multiple responses allowed.

- FEEL ANGRY? … 1 ☐ *a*
- FEEL SAD? … 2 ☐ *b*
- FEEL SORRY FOR THE PERSON WHO DID IT? … 3 ☐ *c*
- FEEL ASHAMED OR WORRIED ABOUT IT? … 4 ☐ *d*
- FEEL SICK? … 5 ☐ *e*
- FEEL ANY OTHER WAY? … 6 ☐ *f*
- None of these feelings … 7 ☐ *g*

333. WHEN YOU ARE TREATED BADLY BECAUSE YOU ARE (AN ABORIGINAL/ A TORRES STRAIT ISLANDER) PERSON, DO YOU USUALLY:

Interviewer: Multiple responses allowed.

TRY TO AVOID THE PERSON OR SITUATION? … … … … … … … 1	☐	*a*
TRY TO CHANGE THE WAY YOU ARE OR THINGS THAT YOU DO? … 2	☐	*b*
TRY TO DO SOMETHING ABOUT THE PEOPLE WHO DID IT? … … 3	☐	*c*
TALK TO FAMILY OR FRIENDS ABOUT IT? … … … … … … … … 4	☐	*d*
KEEP IT TO YOURSELF? … … … … … … … … … … … … … … … 5	☐	*e*
JUST FORGET ABOUT IT? … … … … … … … … … … … … … … 6	☐	*f*
DO ANYTHING ELSE? … … … … … … … … … … … … … … … … 7	☐	*g*
No action … 8	☐	*h*

WOMEN'S HEALTH

335. *Sequence Guide:*

. *If respondent is female* ……1 ☐ ▶ Go to Q.336

. *Otherwise* ……2 ☐ ▶ Go to Q.360

336. THE NEXT FEW QUESTIONS ARE ABOUT WOMEN'S (HEALTH/CHECK-UPS).

DO YOU KNOW WHAT A MAMMOGRAM IS?

Yes … 1 ☐

No … 5 ☐

337. A MAMMOGRAM IS (A/AN) (PICTURE/X-RAY) TAKEN OF THE BREASTS THAT PRESSES AGAINST THE BREAST WHILE THE (PICTURE/X-RAY) IS TAKEN. IT IS A WAY TO DETECT BREAST CANCER.

HAVE YOU EVER HAD A MAMMOGRAM?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.342

338. WHY DID YOU HAVE YOUR LAST MAMMOGRAM?

Interviewer: Multiple responses allowed

Symptoms of cancer present … 1 ☐ *a*

Family history of breast cancer … 2 ☐ *b*

Had breast cancer in the past … 3 ☐ *c*

Referred by doctor … 4 ☐ *d*

Participating in a screening programme … 5 ☐ *e*

Regular annual check-up … 6 ☐ *f*

Other reasons … 7 ☐ *g*

339. DO YOU HAVE REGULAR MAMMOGRAMS?

Interviewer Guide: Every 6 months, 12 months, 2 years, etc.

Yes … 1 ☐

Only had one … 3 ☐ ▶ Go to Q.342

No or not regularly … 5 ☐ ▶ Go to Q.341

340. WHAT IS THE USUAL TIME BETWEEN YOUR MAMMOGRAMS?

One year or less … 1 ☐ ▶ Go to Q.342

Greater than one year, up to and including two years … 2 ☐ ▶ Go to Q.342

Greater than two years … 3 ☐ ▶ Go to Q.342

341. DO YOU HAVE A MAMMOGRAM AT LEAST EVERY 2 YEARS?

Yes … 1 ☐

No … 5 ☐

342. DO YOU KNOW WHAT A PAP SMEAR TEST IS?

Yes … 1 ☐

No … 5 ☐

343. A PAP SMEAR TEST IS PART OF THE WOMEN'S CHECK-UP AND IS USED TO CHECK FOR CERVICAL CANCER.

HAVE YOU EVER HAD A PAP SMEAR TEST?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.347

344. DO YOU HAVE <u>REGULAR</u> PAP SMEAR TESTS?

<u>Interviewer Guide:</u> Every 6 months, 12 months, 2 years, etc.

Yes … 1 ☐

Only had one … 3 ☐ ▶ Go to Q.347

No or not regularly … 5 ☐ ▶ Go to Q.346

345. WHAT IS THE <u>USUAL</u> TIME BETWEEN YOUR PAP SMEARS?

One year or less … 1 ☐ ▶ Go to Q.347

Greater than one year, up to and including two years … … … … … … … … 2 ☐ ▶ Go to Q.347

Greater than two years … 3 ☐ ▶ Go to Q.347

346. DO YOU HAVE A PAP SMEAR AT LEAST EVERY 2 YEARS?

Yes … 1 ☐

No … 5 ☐

347. *<u>Sequence Guide:</u>*

. *If respondent is aged under 65 years old* … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.348

. *Otherwise* … 2 ☐ ▶ Go to Q.360

348. HAVE YOU EVER HAD ANY BABIES?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.350

349. HAVE YOU EVER BREASTFED ANY OF YOUR CHILDREN?

Yes … 1 ☐

No … 5 ☐

350. *<u>Sequence Guide:</u>*

. *If respondent is aged under 50 years old* … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.351

. *Otherwise* … 2 ☐ ▶ Go to Q.360

351. WOMEN CAN TAKE CONTRACEPTIVE PILLS TO STOP HAVING BABIES OR FOR HEALTH REASONS.

HAVE YOU EVER TAKEN THE CONTRACEPTIVE PILL?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.354

352. HOW OLD WERE YOU WHEN YOU FIRST STARTED TAKING THE CONTRACEPTIVE PILL?

Interviewer: Please enter age in years.
If 'Don't know' prompt for estimate.

Age in years … ☐☐

353. DO YOU CURRENTLY TAKE THE CONTRACEPTIVE PILL?

Yes … 1 ☐

No … 5 ☐

354. THE NEXT QUESTIONS ARE ABOUT THINGS THAT YOU MIGHT DO TO STOP HAVING BABIES.

WHICH OF THE FOLLOWING ARE CURRENTLY TRUE FOR YOU:

USE CONDOMS? … 01 ☐ *a*

HAVE A BABY NEEDLE *(DepoProvera)*? … … … … … … … … … … … 02 ☐ *b*

HAVE AN IMPLANT *(eg Implanon)*? … … … … … … … … … … … … 03 ☐ *c*

HAD YOUR TUBES TIED? … … … … … … … … … … … … … … … … … 04 ☐ *d*

USE OR DO ANYTHING ELSE TO STOP HAVING BABIES? *(Specify)* 05 ☐ *e*

Currently pregnant … … … … … … … … … … … … … … … … … … … 06 ☐ *f*

Trying to get pregnant … … … … … … … … … … … … … … … … … 07 ☐ *g*

Can't have babies (eg, infertile, menopause, medical reason) … … … 08 ☐ *h*

Don't have partner/not sexually active … … … … … … … … … … … 09 ☐ *i*

None of these apply … … … … … … … … … … … … … … … … … … 10 ☐ *j*

COMMENTS *(Write any other details supplied)*

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.....

INCOME

360. I AM NOW GOING TO ASK YOU ABOUT INCOME OR PAYMENTS.

DO YOU CURRENTLY RECEIVE ANY INCOME FROM:

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 toQ.400

361. BEFORE INCOME TAX AND OTHER EXPENSES ARE TAKEN OUT, HOW MUCH DO YOU USUALLY RECEIVE FROM:

Interviewer: Ask for amount of each type marked in Q.360

a) CDEP? *(prompt for top-up)* … … … … … … … … … … … … … … … 1 $ ☐☐☐☐☐☐

Don't know … 2 ☐

Refused … 3 ☐

Interviewer: Record period

(i) HOW OFTEN ARE YOU PAID THIS? Weeks 1 ☐☐

Months 2 ☐☐

b) A WAGE OR SALARY? … … … … … … … … … … … … … … … … … 1 $ ☐☐☐☐☐☐

Don't know … 2 ☐

Refused … 3 ☐

Interviewer: Record period

(ii) HOW OFTEN ARE YOU PAID THIS? Weeks 1 ☐☐

Months 2 ☐☐

c) THE GOVERNMENT FAMILY PAYMENT? … … … … … 1 $ ☐☐☐☐☐☐

Don't know … 2 ☐

Refused … 3 ☐

Interviewer: Record period

(iii) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

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 ☐

(iv) HOW OFTEN ARE YOU PAID THIS?

Interviewer: Record period

Weeks 1 ☐☐

Months 2 ☐☐

e) ANY OTHER REGULAR SOURCE? … … … … … … … … 1 $ ☐☐☐☐☐☐

Don't know … 2 ☐

Refused … 3 ☐

Interviewer: Record period

(v) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

CULTURAL IDENTIFICATION

400. THE NEXT FEW QUESTIONS ARE ABOUT WHETHER YOU OR ANY OF YOUR RELATIVES WERE TAKEN AWAY FROM THEIR NATURAL FAMILIES.

IS IT OKAY TO ASK ABOUT THIS?

Interviewer: Pause for response

WERE YOU TAKEN AWAY FROM YOUR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE?

Yes … 1 ☐

No … 5 ☐

Don't want to answer … 6 ☐ ▶ Go to Q.403

401. WERE ANY OF YOUR RELATIVES TAKEN AWAY FROM THEIR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE?

Yes … 1 ☐

No … 5 ☐ ▶ Go to Q.403

Don't know … 6 ☐ ▶ Go to Q.403

Don't want to answer … 7 ☐ ▶ Go to Q.403

402. WHICH OF YOUR RELATIVES WERE TAKEN AWAY FROM THEIR NATURAL FAMILIES?

Interviewer: Probe with response categories if required.

Your child(ren) …	01	☐ *a*
Your brother and/or sisters …	02	☐ *b*
Your parents …	03	☐ *c*
Your (great-) grandparents …	04	☐ *d*
Your aunties and/or uncles …	05	☐ *e*
Your cousins …	06	☐ *f*
Your nieces and/or nephews …	07	☐ *g*
Anyone else …	08	☐ *h*
Don't know who …	09	☐ *i*
Don't want to answer …	10	☐ *j*

403. THE NEXT FEW QUESTIONS ARE ABOUT THINGS THAT MAY HAVE BEEN A PROBLEM FOR YOU OR YOUR FAMILY OR FRIENDS, DURING THE LAST 12 MONTHS (YEAR).

HAVE ANY OF THESE BEEN A PROBLEM?

SOMEBODY VERY SICK OR DISABLED? … … … … … … … … … 1	☐	*a*
A BAD ACCIDENT? … … … … … … … … … … … … … … … … … 2	☐	*b*
DEATH OF A FAMILY MEMBER OR CLOSE FRIEND? … … … … … 3	☐	*c*
MEMBER OF FAMILY SENT TO JAIL OR IN JAIL? … … … … … … 4	☐	*d*
TOO MANY PEOPLE LIVING IN ONE HOUSE? … … … … … … … 5	☐	*e*
No/None of these … … … … … … … … … … … … … … … … … 6	☐	*f*

404. HAVE ANY OF THESE THINGS BEEN A PROBLEM FOR YOU OR YOUR FAMILY OR FRIENDS DURING THE LAST 12 MONTHS (YEAR)?

DIVORCE OR SEPARATION? … … … … … … … … … … … … … 01	☐	*a*
NOT ABLE TO GET A JOB? … … … … … … … … … … … … … 02	☐	*b*
GOT THE SACK? … … … … … … … … … … … … … … … … … 03	☐	*c*
(ALCOHOL/GROG) PROBLEMS? … … … … … … … … … … … 04	☐	*d*
DRUG PROBLEMS? … … … … … … … … … … … … … … … … 05	☐	*e*
SEEING FIGHTS, OR SEEING PEOPLE BEATEN UP? … … … … 06	☐	*f*
ABUSE OR VIOLENT CRIME? … … … … … … … … … … … … 07	☐	*g*
TROUBLE WITH THE POLICE? … … … … … … … … … … … … 08	☐	*h*
GAMBLING PROBLEM? … … … … … … … … … … … … … … 09	☐	*i*
TREATED BADLY BECAUSE YOU OR THEY ARE (AN ABORIGINAL/A TORRES STRAIT ISLANDER) PERSON? … 10	☐	*j*
No/None of these … … … … … … … … … … … … … … … 11	☐	*k*

WEIGHT & HEIGHT

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

HOW MUCH DO YOU WEIGH?

Interviewer: *Record reported weight in appropriate category.*
If respondent isn't sure, ask if they would like to know their weight.
Explain this is voluntary.

Please tick appropriate box.
Respondent measured ☐ *OR Respondent self reported* ☐

Kilograms …	1	10
Stone/pounds … … … … … … … … … … … … … … … … … … …	2	2
Pounds …	3	30
Don't know … … … … … … … … … … … … … … … … … … …	4	☐

411. HOW TALL ARE YOU WITHOUT SHOES?

Interviewer: *Record reported height in appropriate category.*
If respondent isn't sure, ask if they would like to have their height measured.
Explain this is voluntary.

Please tick appropriate box.
Respondent measured ☐ *OR Respondent self reported* ☐

Centimetres … … … … … … … … … … … … … … … … … … …	1	1
Feet/inches … … … … … … … … … … … … … … … … … … …	2	2
Don't know … … … … … … … … … … … … … … … … … … …	3	☐

412. **No more questions.**