



SSS11

PROMPT CARDS

Book 1

October 2016 – June 2017

1. Never married
2. Widowed
3. Divorced
4. Separated
5. Married (in a registered marriage)

You may choose more than one response

1. Wages or salary
2. Profit or loss from unincorporated business or share in a partnership
3. Profit or loss from rental investment property
4. Any Government pension, benefit or allowance
5. Superannuation, an annuity or private pension
6. Any other regular source

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You may choose more than one response

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

You may choose more than one response

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

Examples of types of help:

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

Examples of types of crisis support:

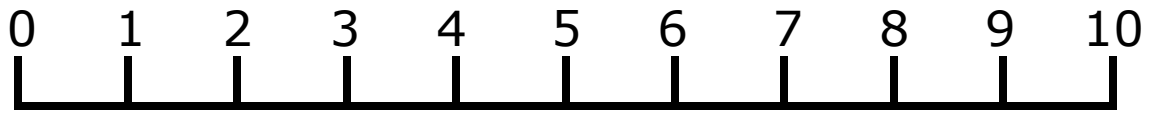
- Advice on what to do
- Emotional support
- Help out when you have a serious illness or injury
- Help to maintain family or work responsibilities
- Provide emergency money, accommodation or food

You may choose more than one response

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

Not at all
Satisfied

Completely
Satisfied



You may choose more than one response

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

You may choose more than one response

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

Only a Yes or No response is required**Self-care**

For example:

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

Mobility

For example:

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

Communication in own language

For example:

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

Only a Yes or No response is required

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

Only a Yes or No response is required

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