Children (0 to 15 years)
SAMSS Questionnaire

July 2012 – December 2012

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Last updated: 25 June 2012
A. SELECTION OF RESPONDENT (DEMOGRAPHICS)

1. DEM3 Age of respondent
   (Single Response. Enter 999 if not stated)
   1. Enter year ___
   2. Enter months ___
   3. Enter weeks ___
   4. Not stated [999]

2. DEM4 Which age group [are you / is the person who was last to have a birthday] in? Would it be
   (Read Options. Single Response)
   1. 0 to 5 months
   2. 6 to 11 months
   3. 1 year
   4. 2 years
   5. 3 years
   6. 4 years
   7. 5 to 9
   8. 10 to 11
   9. 12 years
   10. 13 to 15
   11. 16 to 19
   12. Other ages
   13. Not stated [999] Terminate

   Sequence guide: if AGE < 16 years Go to IntroA2 (Q5)

3. IntroA1 Are you that person in the household who was last to have a birthday?

   Interviewer select the appropriate type:
   1. Yes - speaking
   2. No - somebody else
   3. Foreign language interviewer required Enter language
   4. Refusal Enter reasons

   Intro 3 : Confidentiality and assurance

   I can assure you that information given will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on. Whilst your input to the survey is very important to us, participation is voluntary and you can choose not to answer any particular question or any section and you are free to withdraw from the survey at any time. And before we start, I just need to let you know that this call may be monitored by my supervisor for training and coaching purposes.

4. IntroA5 Are you happy for us to continue?
   (Single Response)
   1. Yes
   2. No

   Sequence guide: if IntroA5 = no. Interviewer note:
   Thank the person for their time and terminate.

   Sequence guide: If IntroA1 = 1, Go to NS
   If IntroA1 = 2, repeat Intro 1, 2 & 3, clarify age, then Go to NS

5. IntroA2 Would you be the most appropriate person to answer questions on their behalf?
   (Single response)
   1. Yes
   2. No

   Intro 3 : Confidentiality and assurance

   I can assure you that information given will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on. Whilst your input to the survey is very important to us, participation is voluntary and you can choose not to answer any particular question or any section and you are free to withdraw from the survey at any time. And before we start, I just need to let you know that this call may be monitored by my supervisor for training and coaching purposes.

6. IntroA5 Are you happy for us to continue?
   (Single Response)
   1. Yes
   2. No

   Sequence guide: if IntroA5 = no. Interviewer note:
   Thank the person for their time and terminate.

   Sequence guide:
   If IntroA2 = 1, Go to IntroA3 (Q7)
   If IntroA2 = 2 Either
   a) Get the person & repeat Intro 1, 2 & 3, clarify age, Go to IntroA3 (Q7)
   b) Make an appointment to call back later (within 24 hours)
7 IntroA3  Because we are going to ask questions about this child, would you mind telling me this child’s first name so that we can use this during the interview?
(Single response)
1. Yes, enter name
2. Refused

8 IntroA4  Could you please tell me your relationship to [child’s name]?
(Single response)
1. Mother
2. Father
3. Step-mother
4. Step-father
5. Other relative
6. Other (specify)

B. INITIAL DEMOGRAPHICS

9 DEM5  Gender of respondent or child
1. Male
2. Female

10 DEM6  Including yourself how many people aged 16 years and over live in this household?
(Single Response. Interviewer note: enter number of people 16 years and over)
1. Enter number ______
2. Not stated [999]

11 DEM7  How many children (including babies) under 16 years live in your household?
(Single Response. Interviewer note: enter number of people 16 years and over.)
1. None [0]
2. Enter number ______
3. Not stated [999]

C. OVERALL HEALTH STATUS

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This first question asks for your views about [your / child’s name] health.

12 SF1  In general, would you say [your / child’s name] health is:
(Read Options. Single Response)
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
### D. HEALTH CARE UTILISATION

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13 **SER6** In the last 12 months, how many times have you/has child’s name used a general practitioner in South Australia?

(Single response. Interviewer note: enter 0 = none, 998 = don’t know, 999 = refused)

1. Enter No. of times
2. None [ 0 ]
3. Don’t know [ 998 ]
4. Refused [ 999 ]

14 **SER1** In the last four weeks, how many times have you/has child’s name used these health services in South Australia?

(Read Options. Multiple Response. Interviewer note: Enter 99 if none, 990 don’t know & 999 if refused)

1. General Practitioner
2. Hospital - Accident & Emergency department
3. Hospital admission
4. Hospital - Clinic (outpatient, specialist or other clinic)
5. Specialist doctor (not in hospital)
6. None
7. Refused

### E. CO-MORBIDITY, INJURY, DISABILITY

(Health Status)

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15 DIA1  [Have you / has child’s name] ever been told by a doctor that [you have / he has / she has] diabetes?
(Single Response)
1. Yes
2. No
3. Don’t know/Refused

16 DIA10 How old [were you / was your child] when first diagnosed with diabetes?
(Single Response)
1. Enter age ______
2. Don’t know / refused

17 DIA5  [Other than the diabetes when you were pregnant] What type of diabetes [were you / was child’s name] told [you / he / she] had?
(Single Response)
1. Type 1 – Insulin dependent – Juvenile onset
2. Type 2 – Non-insulin dependent – Mature onset
3. Don’t know
4. Other (specify)

18 AST5  [Have you / has child’s name] ever been told by a doctor that [you have / he has / she has] asthma?
(Single Response)
1. Yes
2. No
3. Don’t know

19 AST10 How old [were you / was your child] when first diagnosed with asthma?
(Single Response) Enter age ______
1. Don’t know / refused

20 AST7 Symptoms of asthma include cough, wheezing, shortness of breath and chest tightness.

During the past 12 months, did [you / child’s name] have any symptoms of asthma?
(Single Response)
1. Yes
2. No
3. Don’t know

21 AST3 During the past 12 months, did [you / child’s name] take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler, puffer or nebuliser.
(Single Response)
1. Yes
2. No
3. Don’t know

22 AST8 Have [ you / child’s name] had wheezing or whistling in [your/his/her] chest at any time in the last 12 months?
(Single Response)
1. Yes
2. No
3. Don’t know

23 CAC1  [Have you / has child’s name] ever been told by a doctor that [you have / he has / she has] cancer?
(Single Response)
1. Yes
2. No
3. Don’t know/Refused

24 CAC2 What type of cancer was it?
(Multiple Response)
1. Gastrointestinal (colon (bowel)/ liver/ pancreatic/ stomach)
2. Leukemia/Lymphoma (lymph nodes and bone marrow)
3. Male cancers (prostate or testicular)
4. Skin melanoma
5. Skin non-melanoma (Squamous cell carcinoma / basal cell carcinoma)
6. Thoracic (heart/ lung)
7. Urinary (bladder/kidney)
8. Breast
9. Other Female (cervical/ uterus/ ovarian)
10. Head/Neck (head/ neck/ throat/ thyroid)
11. Brain
12. Other specify________
13. Don’t know / Not sure
14. Refused
25 CAC3 How old [were you / was your child] when first diagnosed with cancer?  
(Single Response)  
1. Enter age _____  
2. Don’t know / refused

26 COM1 Does [child’s name] have a long term illness or ongoing pain that puts pressure on you or the family as a whole?  
(Single Response)  
1. Yes  
2. No  
3. Don’t know  
4. Refused

27 COM5 I am going to read you a list of problems or difficulties that some children have. Please tell me if a health care professional or other professional (e.g. teacher) has ever told you that [child’s name] has:  
(Read options. Multiple Response)  
1. Severe behavioural problems  
2. Migraines and headaches  
3. A problem with coordination and clumsiness  
4. Developmental delay  
5. Learning disorder or difficulty  
6. Any other physical or intellectual disability  
7. Attention Deficit Hyperactivity Disorder  
8. None of the above

F. CARERS

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G. BLOOD PRESSURE (Risk Factors)

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H. CHOLESTEROL (Risk Factors)

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28 PA20  How many days in the past week, have [you/child] done any vigorous or moderate physical activity for a total of at least 60 minutes (this could be made up of different activities during the day like cycling or walking to and from school, playing sport at lunchtime or after school, doing an exercise class, doing household chores etc)?

(Single Response)
1. None
2. Enter number of days _____
3. Unsure/Don't know/Can't remember
4. Refused

29 PA12  On average, how many hours per day or per week does [child’s name] spend doing organised sport?

(Single Response. Interviewer note: Does not = PE at school, organised means regular commitment to activity. Enter number of hours/ day or hours/week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]

30 PA13  On average how many hours per day or per week does [child’s name] spend reading for pleasure?

(Single Response. Interviewer note enter number of hours/ day or hours/week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]

31 PA21  On an average school day, about how many hours a day does [child’s name] spend doing HOMEWORK [when they are not at school]?

(Single Response. Interviewer note: Enter number of hours/ day or hours/week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]

32 PA15  On average how many hours per day or per week does [child’s name] spend watching TV, videos or playing video or computer games?

(Single Response. Interviewer note enter number of hours/ day or hours/ week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]

33 PA22  On an average school day, about how many hours a day does [child’s name] spend WATCHING TV/VIDEOS/DVDS [when they are not at school]?

(Single Response. Interviewer note: Enter number of hours/ day or hours/ week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 99 ]
5. Refused [ 999 ]

34 PA23  On an average school day, about how many hours a day does [child’s name] spend USING THE INTERNET OR PLAY COMPUTER GAMES [when they are not at school]?

(Single Response. Interviewer note: Enter number of hours/ day or hours/ week Does not include computer use for homework.)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]

35 PA16  On average how many hours per day or per week do you/ does child’s name spend sleeping?

(Single Response. Interviewer note enter number of hours/ day or hours/ week)
1. None [ 0 ]
2. Enter hours per day _____
3. Enter hours per week _____
4. Don’t know [ 999 ]
5. Refused [ 998 ]
J. HEIGHT AND WEIGHT - BODY MASS INDEX (BMI) (Risk Factors)

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36 BMI1 What is [your / child’s name] height without shoes?
(Single Response)
1. Centimetres ___
OR
2. Feet : Inches ___ ___
3. Don’t know
4. Refused

37 BMI3 Interviewer note: DO NOT READ. Has respondent measured height?
(Single Response)
1. Yes
2. No

38 BMI2 What is [your / child’s name] weight? (Undressed in the morning)
(Single Response)
1. Kilograms (Kg) ___
OR
2. Stones : Pounds ___ ___
3. Don’t know
4. Refused

39 BMI4 Interviewer note: DO NOT READ. Has respondent measured weight?
(Single Response)
1. Yes
2. No

K. SMOKING (Risk Factors)

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The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.

40 SMO6 Which of the following best describes your home situation?
(Read options. Single Response)
1. My home is smoke free (includes smoking is allowed outside)
2. People occasionally smoke in the house
3. People frequently smoke in the house
4. Don’t know
5. Refused

L. ALCOHOL CONSUMPTION (Risk Factors)

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M. BREASTFEEDING (Additional Module)

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The following questions are about breastfeeding.

41 NUT40 For our calculations could you please tell us the age of your child in weeks, months AND year (Single response)
   1. Enter years __________
   And
   2. Enter months __________
   And
   3. Enter weeks __________
   4. Not sure / Don’t know [    ]
   5. Refused [    ]

42 NUT19 Has [child’s name] ever been breastfed?
   (Single Response. Interview note: Ever given breastmilk, even just once. This includes putting the infant to the breast to feed or giving expressed breastmilk)
   1. Yes
   2. No
   3. Not sure / Don’t know

43 NUT20 Since this time yesterday, has [child’s name] been breastfed?
   (Single Response. Interview note: includes expressed breastmilk)
   1. Yes
   2. No
   3. Not sure / Don’t know

44 NUT21 Since this time yesterday, did [child’s name] received any of the following?
   (Read options. Multiple Response)
   1. Vitamins, mineral supplements, medicine
   2. Plain water

3. Sweetened or flavoured water eg cordial, soft drinks, ‘fruit box’, ribena
4. Fruit juice
5. Tea or infusion
6. Infant formula
7. Tinned, powered or fresh milk
8. Solid or semi-solid food eg ‘farex’, baby cereal, home-prepared or bought baby food
9. Oral Rehydration salts
10. Other
11. Not sure / Don’t know
12. None, only breastfeeding

45 NUT22 Including times of weaning, what is the total time that [child’s name] was breastfed?
   (Single Response. Interview note: includes expressed breastmilk. Weaning is period during which infants are introduced to breastmilk substitutes, and/or solid foods with the intention of replacing some or all of the breastmilk in the diet)
   1. Enter weeks __________
   2. Enter months __________
   3. Not sure / Don’t know

N. BREASTFEEDING (Protective factors)

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O. NUTRITION - Food Consumption (Protective Factors)

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Now to some questions about food. The following question is about eating vegetables which includes fresh, dried, frozen and tinned vegetables.

46 NUT1 How many serves of vegetables [do you / does child’s name] usually eat each day? A ‘serve’ is ½ cup cooked vegetables or 1 cup of salad.
(Single Response)
1. Less than one serve
2. Enter number of serves
3. Don’t eat vegetables
4. None
5. Don’t know

The next question is about eating fruit, which includes fresh, dried, frozen and tinned fruit.

47 NUT2 How many serves of fruit [do you / does child’s name] usually eat each day? A ‘serve’ is 1 medium piece or 2 small pieces of fruit, 1 cup of diced pieces, or 1 tablespoon of dried fruit.
(Single Response)
1. Less than one serve
2. Enter number of serves
3. Don’t eat fruit
4. None
5. Don’t know

48 NUT3 What type of milk [do you/does child’s name] usually have?
(Single Response Interview note: If brand of milk given, prompt for type, ie whole milk or reduced fat)
1. Whole milk
2. Low or reduced fat
3. Skim
4. Soya
5. Evaporated/ sweetened condensed
6. Other (specify)
7. None of the above
8. Don’t know
9. High calcium, low fat
10. Breast milk
11. Formula
12. Rice milk
13. Doesn’t drink milk

49 NUT4 How often [do you/does child’s name] eat chips, french fries, wedges, fried potatoes or crisps?
(Single Response. Interview note: enter number of times per day, week or month)
1. Enter number of times per day
2. Enter number of times per week
3. Enter number of times per month
4. Rarely (< once / month)
5. Never
6. Don’t know/can’t say

50 NUT8 How often [do you/does child’s name] eat meat products such as sausages, frankfurters, devon (fritz), salami, meat pies, bacon or ham?
(Single Response. Interview note: enter number of times per day, week or month)
1. Enter number of times per day
2. Enter number of times per week
3. Enter number of times per month
4. Rarely (< once / month)
5. Never
6. Don’t know/can’t say
51 NUT17 How many times a week on average [do you/does child’s name] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut or Red Rooster?
(Single Response. Interview note: enter number of times per day, week or month)
1. Enter number of times per day ___
2. Enter number of times per week ___
3. Enter number of times per month ___
4. Rarely
5. Never
6. Don’t know/can’t say

52 NUT18 During the last four weeks, on average, how many glasses of water [do you / does child’s name] usually have in a day?
(Single Response. Interviewer note: water is tap, bottled, rain. This does not include fruit juice, cordial, fizzy or energy drinks, milk, tea or coffee. A glass = 200 mls)
1. Enter number of glasses ___
2. Enter mls ___
3. Enter litres ___
4. None
5. Don’t know

53 NUT46 How many cups of fruit or vegetable juice [do you / does child’s name] usually drink each day? This does not include fruit juice drinks and fruit drinks (eg Fruitbox).
(Single Response. Interviewer note: 1 cup = 250 mls)
1. Enter cups ___
2. Enter litres ___
3. Don’t know
4. Refused

54 NUT47 On average, how many litres of soft drink (eg coke, lemonade, flavoured mineral water) [do you / does child’s name] usually have in a day?
(Single Response. Interviewer note: 1 cup=250mls. Include diet soft drinks)
1. Enter ___
2. Don’t know
3. Refused

55 NUT50 On average, how many cups or litres of sports drink (eg Powerade, Gatorade) [do you / does child’s name] usually have in a day?
(Single Response. Interviewer note: 1 cup=250mls. Include diet soft drinks)
1. Enter MLS ___
2. Enter litres ___
3. Don’t know
4. Refused

56 NUT57 On average, how many cups or litres of energy drink (eg Red Bull, V, Mother) [do you / does child’s name] usually have in a day?
(Single Response. Interviewer note: 1 cup=250mls. Energy drinks contain large amounts of caffeine. Do not include tea, coffee or soft drinks like cola)
1. Enter MLS ___
2. Enter litres ___
3. Don’t know
4. Refused

P. NUTRITION – Folate (Protective Factors)

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Last updated 8/03/2013
Q.  FOOD SECURITY (Social Factor)

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Changing the subject for a moment to some more questions about food.

57 NUT43  In the last twelve months, were there any times that you ran out of food and you couldn’t afford to buy more?
(Single Response)
1. Yes
2. No
3. Don’t know
4. Refused

58 NUT32  How often did this happen?
(Single Response. Interviewer note: enter number of times per day, week or month)
1. Enter number of times per week ___
2. Enter number of times per fortnight ___
3. Enter number of times per month ___
4. Enter number of times per year ___
5. Rarely
6. Never
7. Don’t know/ can’t say

R.  CHILDCARE

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Now some questions about the use of childcare

59 CHC4  In total, how many hours per week is [child’s name] usually cared for in formal childcare?
(Single Response)
1. Hours per week ___
2. None
3. Don’t know
4. Refused

S.  EARLY YEARS

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Now we would like to ask some questions about [child’s name] development.

60 CHD1  A premature birth or a ‘pre-term’ birth is one that occurs at less than 37 weeks gestation. Was [child’s name] born prematurely?
(Single Response)
1. Yes
2. No
3. Don’t know
4. Refused
T. SCHOOL PERFORMANCE

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61 SCH1 Thinking about the previous month, can you tell me about how many days (other than holidays) [child’s name] has been away from school for any reason?
(Single Response)
1. None [0]
2. Enter number of days ____
3. Doesn’t go to school [999]
4. Don’t know [9999]
5. Refused

62 SCH4 Is [child’s name] ever unhappy at school?
(Read options. Single Response.)
1. Never
2. Rarely
3. Sometimes
4. Often
5. Always
6. Not applicable
7. Don’t know
8. Refused

63 SCH5 Does [child’s name] have a special friend or a really close mate?
(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused

64 SCH6 Does [child’s name] have a group of friends to play with or hang around with?
(Single Response)
1. Yes
2. No
3. Don’t know
4. Refused

65 SCH7 Do you use after school or vocational care?
(Single Response.)
1. Yes
2. No
3. Never needed care
4. Don’t know
5. Refused

66 SCH9 The next questions are about bullying at school. Bullying is when someone is picked on, hit, kicked, threatened, actively excluded or ignored by other children.
In the last month, has [child’s name] been bullied?
(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused

67 SCH10 Was the bullying emotional or physical?
(Single Response.)
1. Emotional
2. Physical
3. Both
4. Don’t know
5. Refused

68 SCH9B Bullying can also include cyber bullying, using text messages or racial/cultural insults. In the last month, has [child’s name] been bullied in this way?
(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused
U. MENTAL HEALTH

Now some questions about concentration and behaviour

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69 MTL16 Overall, does [child’s name] have trouble with emotions, concentration, behaviour or getting on with people? Would you say

(Read options. Single Response)
1. No
2. Only a little
3. Quite a lot
4. Very much
5. Don’t know / refused

70 MTL17 Do you think [child's name] needs special help for this?

(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused

71 MTL18 Has [child’s name] ever been treated for an emotional, mental health or behavioural problem?

(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused

72 MTL19 Who has treated [child’s name]?

(Multiple Response)
1. School counsellor
2. Psychologist
3. Youth worker
4. Social worker
5. Psychiatrist
6. Other (specify)
7. Don’t know
8. Paediatrician
9. GP
10. Neurologist
11. CAM practitioner
12. C&YH
V. KESSLER PSYCHOLOGICAL DISTRESS SCALE+ (K10+) (Health Status)

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W. SUICIDAL IDEATION (Health Status)

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X. MENTAL HEALTH (Health Status)

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Y. SOCIAL CAPITAL (Social Factor)

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Now some general questions about your neighbourhood.

73 SOC2 Overall, do you feel that your neighbourhood is a safe place?
(Single response)
1. Yes
2. No
3. Don’t know / not sure

74 SOC3 Do you think that in this neighbourhood people generally trust one another?
(Single response)
1. Yes
2. No
3. Don’t know / not sure

75 SOC4 Do you feel safe in your home?
(Read Options. Single response)
1. All of the time
2. Most of the time
3. Some of the time
4. None of the time
5. Don’t know

76 SOC5 Do you agree or disagree with the following statement?
I have control over the decisions that affect my life.
(Read Options. Single response)
1. Strongly agree
2. Agree
3. Neutral/don’t know
4. Disagree
5. Strongly disagree

77 SOC8 How often do you have problems with transport when you want to go, for example, to hospital, medical appointments, recreational facilities, visiting people, shopping, school or childcare?
(Read Options. Single Response)
1. Never
2. Sometimes
3. All the time
4. Don’t know
Z. ECONOMICS

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AA. Customer Satisfaction

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BB. Rural Access to Health Services

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CC. Life Course

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DD. SOCIAL CHARACTERISTICS

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Now to finish off with some general questions.

78 DEM8  What is the Postcode of the house?
(Single Response)
1. Enter postcode    [____]
2. Not stated    [9999]

79 DEM9  What town, suburb or community do you live in?
(Single Response.)
1. Enter town/suburb [____]
2. Not stated
80 DEM10  How would you best describe your family structure? Please listen to the descriptions and then tell me which one is the closest to your family situation.

(Read options. Single Response. Interviewer note: only read out appropriate categories)
1. A family with a child or children living with both biological or adoptive parents
2. A step or blended family
3. A sole parent family
4. Shared care parenting
5. Adult living alone
6. Adult living with partner and no children
7. Related adults living together
8. Unrelated adults living together
9. Other (specify)
10. Refused

81 DEM12  Which of these best describes your current employment status? Are you

(Read Options. Single Response)
1. Self employed
2. Employed for wages, salary or payment in kind
3. Unemployed
4. Engaged in home duties
5. Student
6. Retired
7. Unable to work
8. Other (Specify)
9. Not stated/ Don’t know

82 DEM13  How many hours do you work per week?

(Single Response)
1. Enter number of hours per week
2. Don’t know

83 DEM14  Now some questions about the other partner in the household.

Which of these best describes the other partner’s current employment status? Are they…?

(Read Options. Single Response)
1. Self employed
2. Employed for wages, salary or payment in kind
3. Unemployed
4. Engaged in home duties
5. Student
6. Retired
7. Unable to work
8. Other (Specify)
9. Not stated/ Don’t know

84 DEM15  How many hours do they work per week?

(Single Response)
1. Enter number of hours per week
2. Don’t know

85 DEM16  In which country [were you / was child’s name] born?

(Single Response)
1. Australia
2. Austria
3. Bosnia-Herzegovina
4. Canada
5. China
6. Croatia
7. France
8. Germany
9. Greece
10. Holland / Netherlands
11. Hong Kong
12. Iran
13. Italy
14. Japan
15. Malaysia
16. New Zealand
17. Philippines
18. Poland
19. Slovenia
20. Spain
21. U.K. and Ireland
22. USA
23. Vietnam
24. Former Yugoslav Republic of Macedonia
25. Former Yugoslav Republics of Serbia & Montenegro
26. Other country (specify)  
27. Refused  
28. Fiji [1602]  
29. India [6104]  
30. South Africa [9220]  

86 DEM17  [Are you / is child’s name] of Aboriginal or Torres Strait Islander origin?  
(Single Response)  
1. No  
2. Aboriginal  
3. Torres Strait Islander  
4. Both  
5. Not stated  

87 DEM18  [Do you / does child’s name] speak a language, other than English, at home?  
(Single Response)  
1. Yes  
2. No  
3. Not stated  

88 DEM20  What is the highest level of education you have completed?  
(Single Response.  Interviewer note: Prompt if necessary)  
1. Never attended school  
2. Some primary school  
3. Completed primary school  
4. Some high school  
5. Completed high school (i.e. Year 12, Form 6, HSC)  
6. TAFE or trade certificate or diploma  
7. University, CAE or some other tertiary institute degree  
8. Other (specify)  

89 DEM21  What is the highest level of education the other partner in the house has completed?  
(Single Response.  Interviewer note: Prompt if necessary)  
1. Never attended school  
2. Some Primary school  
3. Completed Primary School  
4. Some High School  
5. Completed High School (i.e. Year 12, Form 6, HSC)  
6. TAFE or Trade Certificate or Diploma  
7. University, CAE or some other Tertiary Institute degree  
8. Other (specify)  
9. Not stated  

90 DEM22  The next question is about housing. Is this dwelling …  
(Read Options. Single Response)  
1. Owned or being purchased  
2. Rented from Housing SA  
3. Rented privately  
4. Other (specify)  
5. Community Housing  
6. Retirement Village  
7. Don’t know  
8. Refused  

91 DEM23  Which best describe your family’s money situation?  
(Read Options. Single Response)  
1. [I am / we are] spending more money than [I / we] get  
2. [I / we] have just enough money to get [me / us] through to the next pay day  
3. There’s some money left over each week but [I / we] just spend it  
4. [I / we] can save a bit every now and then  
5. [I / we] can save a lot  
6. Don’t know  
7. Refused  

92 DEM24  Can you tell me the approximate annual gross income of your household?  
That is, for all people in the household before tax is taken out. I’ll read out some categories and could you please tell me into which one your household’s income falls?  
(Read Options. Single Response)  
1. Up to $12,000  
2. $12,001 - $20,000  
3. $20,001 - $40,000  
4. $40,001 - $60,000  
5. $60,001 - $80,000  
6. $80,001 - $100,000  
7. $100,001 - $150,000  
8. $150,001 - $200,000  
9. More than $200,000  
10. Not stated/refused  
11. Don’t know
CHILD’S BMI MEASUREMENT CALLBACK

Good morning / afternoon. I am ______ calling on behalf of the SA Department of Health. We have previously rung your household and somebody indicated that they would be willing to answer further questions in relation to [enter name of child] height and weight measurements.

93 BMI40 Would you be the most appropriate person to answer questions about [child’s name] measurements?
   (Single response)
   1. Yes
   2. No

94 BMI40a Are you happy to do this now?
   (Single response)
   1. Yes
   2. No

If person not available, make an appointment to call back later (within 24 hours)

95 BMI41 Have you been able to measure [child’s name] height and weight?
   (Single response)
   1. Yes
   2. No

If no, make an appointment to call back later (within 24 hours)

96 BMI100 What is [child’s name] height without shoes?
   (Single Response)
   1. Centimetres ___
      OR
   2. Feet : Inches ___ ___
   3. Don’t know [ ]
   4. Refused [ ]

97 BMI200 What is [child’s name] weight? (Undressed in the morning)
   (Single Response)
   1. Kilograms (Kg) ___
      OR
   2. Stones : Pounds ___ ___
   3. Don’t know [ ]
   4. Refused [ ]