SAMSS Questionnaire

January 2012 –

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Last updated: 23 November 2011
INTRODUCTION

Intro 1 : Call for the first time

Good ....... My name is ....... and I am calling on behalf of SA Dept of Health in collaboration with University of Adelaide. We are conducting a survey about the health needs of South Australians.

Intro 2 : Receiving the letter

We recently sent you a letter telling you about the survey. Did you receive the letter?

(Single Response)
1. Yes
2. No
3. Don't know

Interviewer note: If respondent did not receive the letter, Interviewer to offer to either read it out over the telephone or to send out a copy in the mail.

A. SELECTION OF RESPONDENT (DEMOGRAPHICS)

IntroA5 Records prior to survey are randomly allocated into three aged groups:
1. 0 to 15 years Go to A5IntA
2. 16 to 24 years Go to A5IntB
3. 25 to 34 years Go to A5IntC

A5IntA This survey includes children aged less than 16 years living in the household where a parent or guardian answers these health questions on their behalf. To ensure that we get a good representation of the community, could you please tell me if there are any children in the household aged less than 16 years, including newborn babies.

(Single Response)
1. Yes Go to A7Int
2. No / Not stated Go to A6Int

A5IntB To ensure that we get a good representation of the community can you please tell me if there is anyone in your household who is aged between aged 16 to 24 years.

(Single Response)
1. Yes Go to A8Int
2. No / Not stated Go to A6Int
A5IntC  To ensure that we get a good representation of the community can you please tell me if there is anyone in your household who is aged between aged 25 to 34 years.  
(Single Response)  
1. Yes  Go to A9Int  
2. No / Not stated  Go to A6Int

A6Int  Since there is no one in this age group, can you please tell me the age of the person in the household who was the last to have a birthday. (This includes children and newborn babies living in the household).  
(Interviewer note: some of the questions are only asked of people in certain age groups.)  
Sequence guide: go to DEM4 (Q1)

A7Int  Can you please tell me the age of the child in the household who was the last to have a birthday. (This includes children and newborn babies living the household).  
(Interviewer note: some of the questions are only asked of people in certain age groups.)  
Sequence guide: go to DEM4 (Q1)

A8Int  Can you please tell me the age of the person aged between 16 and 24 years in the household who was last to have a birthday.  
(Interviewer note: some of the questions are only asked of people in certain age groups.)  
Sequence guide: go to DEM4 (Q1)

A9Int  Can you please tell me the age of the person aged between 25 and 34 years in the household who was last to have a birthday.  
(Interviewer note: some of the questions are only asked of people in certain age groups.)  
Sequence guide: go to DEM4 (Q1)

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]

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

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. 20 to 24  
13. 25 to 34  
14. 35 to 44  
15. 45 to 50  
16. 51 to 54  
17. 55 to 64  
18. 65 to 74  
19. 75 years or older  
20. 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
SAMSS Questionnaire 2012

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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Sequence guide: If AGE < 5 go to NS

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? (new qn 200901)

(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 ]

Sequence guide: if Q13 SER6 = 0, (has not visited a GP in last 12 months go to Q14 (SER1.2))

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

Sequence guide: If age < 16 Go to NS

SER3 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. Psychologist
2. Psychiatrist
3. Other community mental health services
4. None
5. Refused
### E. CO-MORBIDITY, INJURY, DISABILITY (Health Status)

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Sequence guide: If AGE < 2 Go to Q38 (COM1), seq ch 2-15yrs 200307

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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

Sequence guide:  
If Q15 (DIA1) = 2,3 Go to Q21 (AST5)

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

Sequence guide: If AGE ≥ 16 & SEX = 1 Go to Q19 (DIA4)  
If AGE 2-15 Go to Q20 (DIA5)  
If DIA10 ≥ 45 and < 100 Go to Q19 (DIA4)

17 DIA2  Were you pregnant when you were first told you had diabetes?  
(Single Response)  
1. Yes  
2. No

Sequence guide: If Q16 (DIA2) = 2 Go to Q19 (DIA4)

18 DIA3  Have you ever been told by a doctor that you have diabetes other than when you were pregnant?  
(Single Response)  
1. Yes  
2. No

Sequence guide: If Q18 (DIA3) = 2 Go to Q21 (AST5)

19 DIA4  Have you got diabetes now?  
(Single Response)  
1. Yes  
2. No
20 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) seq ch 2-15yrs 200307
1. Type 1 – Insulin dependent – Juvenile onset
2. Type 2 – Non-insulin dependent – Mature onset
3. Don’t know
4. Other (specify)

21 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

Sequence guide: if Q21 (AST5) ≥ 2 go to Q23 (AST7)

22 AST10 How old [were you / was your child] when first diagnosed with asthma?
(Single Response) new qn 200701
1. Enter age _____
2. Don’t know / refused

23 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) new qn 200501
1. Yes
2. No
3. Don’t know

24 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

25 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) new qn 200501
1. Yes
2. No
3. Don’t know

Sequence guide:
If AGE < 16 Go to Q38 (COM1)
If Q21 (AST5) ≥ 2 Go to Q27 (COP3)

26 AST6 [Do you / does person’s name] still have asthma?
(Single Response)
1. Yes
2. No
3. Don’t know

27 COP3 Have you ever been told by a doctor that you have chronic bronchitis or emphysema?
(Single Response) new qn 200501 del COP1 & COP2
1. Yes
2. No
3. Don’t know

Sequence guide: If Q27 (COP3) ≥ 2 go to Q29 (CVD1)
28 COP10 How old were you when you were first diagnosed with chronic bronchitis or emphysema?  
(Single Response)  
1. Enter age _____  
2. Don’t know / refused

29 CVD1 Have you ever been told by a doctor that you have had any of the following conditions?  
(Read Options. Multiple Response)  
1. Heart attack  
2. Angina  
3. Heart disease  
4. Stroke  
5. None of the above

Sequence guide: If Q29 CVD1 = 5 go to Q31 ART1

30 CVD10 How old were you when you were first diagnosed with [heart attack / angina / heart disease / stroke]?  
(Single Response)  
1. Enter age _____  
2. Don’t know / refused

31 ART1 Have you ever been told by a doctor that you have arthritis?  
(Read Options. Multiple Response. Interviewer note: if yes, prompt what type?)  
1. Yes, Osteoarthritis  
2. Yes, Rheumatoid Arthritis  
3. Yes, Juvenile Rheumatoid Arthritis (JRA)  
4. Yes, other (specify)  
5. No, don’t have arthritis  
6. Yes, don’t know type

Sequence guide: If Q31 ART1=5 go to Q33 OST1

32 ART10 How old were you when you were first diagnosed with arthritis?  
(Single Response)  
1. Enter age _____  
2. Don’t know / refused

33 OST1 Have you ever been told by a doctor that you have osteoporosis?  
(Single Response)  
1. Yes  
2. No  
3. Don’t know

Sequence guide: If Q33 (OST1) ≥ 2 AGE ≤16 go to Q38 (COM1)  
If Q33 (OST1) ≥ 2 and AGE ≥ 16 Go to Q40 (DIS1)

34 OST10 How old were you when you were first diagnosed with osteoporosis?  
(Single Response.)  
1. Enter age _____  
2. Don’t know / refused

35 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

Sequence guide:  
If Q35 (CAC1) >1 and AGE ≥ 16 Go to Q15 (DIS1)  
If Q35 (CAC1) >1 and AGE < 16 Go to Q38 (COM1)

36 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
37 CAC3 How old [were you / was your child] when first diagnosed with cancer?
(Single Response)  
1. Enter age ______
2. Don’t know / refused

Sequence guide: If AGE ≥ 16 Go to Q40 (DIS1)

38 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

Sequence guide: If AGE < 2 Go to NS seq ch aged 2-15 yrs only 200401

39 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
   (new resp optn 20/1001)
8. None of the above

Sequence guide: If AGE < 2 Go to NS seq ch aged 2-15 yrs only 200401

40 DIS1 These next questions are about disabilities, that is, physical, mental, or emotional problems or limitations you may have in your daily life.

Are you limited in any way in any activities because of any impairment or health problem?
(Single Response)
1. Yes
2. No
3. Don’t know/not sure
4. Refused

Sequence guide: If AGE < 65 Go to NS

41 INJ1 Now I would like to ask you about falls that you may have had in the past year including those falls that did not result in injury as well as those that did.

How many falls (including slips, trips and falls to the ground) did you have in the past year?
(Single Response)
1. Enter number of falls ______
2. None
3. Don’t know

Sequence guide: If Q41 (INJ1) > 1 Go to NS

42 INJ2 Did you receive medical treatment for injuries from any of these falls or did you limit your usual activity for more than two days due to injuries from any of these falls?
(Single Response)
1. Medical treatment
2. Limit activity
3. Both
4. Neither
**F. CARERS**

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Sequence guide: If age < 16 Go to NS

1  **CAR1**  Do you provide long-term care at home for a parent, partner, child, other relative or friend who has a disability, is frail, aged or who has a chronic mental or physical illness? *(Interviewer note: Long-term care is a minimum of 6 months and may extend into years.)*

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

**G. BLOOD PRESSURE (Risk Factors)**

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Sequence guide: If AGE < 16 Go to NS seq ch 16+ instead of 20-64 yrs only 200307

43  **HBP1**  Have you ever been told by a doctor or a nurse that you have high blood pressure?

   (Single Response. Interviewer note: do not include other health professional)
   1. Yes
   2. No
   3. Don’t know
   4. Never measured

Sequence guide: If Q43 (HBP1) = 4 Go to NS.

44  **HBP3**  When did you last have your blood pressure measured (by a doctor or nurse)?

   (Single Response)
   1. Less than 1 year ago
   2. One to less than two years ago
   3. Two to three years ago
   4. More than 3 years ago
   5. Never measured
   6. Don’t know

Sequence guide: If Q44 (HBP3) = 5,6 Go to NS. If Q43 (HBP1) ≥ 2 Go to NS.

45  **HBP4**  Do you still have high blood pressure?

   (Single Response. Interviewer Note: Enter yes if controlled by tablets or medication)
   1. Yes
   2. No
   3. Don’t know

46  **HBP5**  Are you on tablets or other prescribed medication for blood pressure?

   (Single Response)
   1. Yes
   2. No
H. CHOLESTEROL (Risk Factors)

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Sequence guide: If AGE < 16 Go to NS seq ch 16+ instead of 20-64 yrs only 201001

47 CHO1 Have you ever been told by a doctor or a nurse that you have high cholesterol?
(Single Response)
1. Yes
2. No
3. Don’t know
4. Never measured

Sequence guide: If Q47 (CHO1) = 4 Go to NS.

48 CHO2 When did you last have your cholesterol measured (by a doctor or nurse)?
(Single Response)
1. Less than 1 year ago
2. One to less than two years ago
3. Two to three years ago
4. More than 3 years ago
5. Never measured
6. Don’t know

Sequence guide: If Q48 (CHO2) = 5,6 Go to NS. If Q47 (CHO1)≥ 2 Go to NS.

49 CHO3 Do you still have high cholesterol?
(Single Response. Interviewer Note: Enter yes if controlled by tablets or medication
1. Yes
2. No
3. Don’t know

50 CHO4 Are you on tablets or other prescribed medication for high cholesterol?
(Single Response)
1. Yes
2. No

I. PHYSICAL ACTIVITY (Protective Factors)

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Sequence guide: seq ch 16+ instead of 20-64 yrs only 201001; seq ch 5+ instead of 16+ only 201001

If AGE < 2 Go to NS
If AGE ≥ 2 & < 5 Go to Q61 (PA15)

The next few questions are about physical activity.

51 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

The next few questions are about any physical activities that you may have done in the last week. They are similar to the previous question but it would help our research if you could also answer these questions.
52 PA1 In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?
(Single Response. Enter number of times. Enter 0 if none)
1. None Go to Q54 (PA7)
2. Enter number of times _____
3. Not stated/Don’t know [999]

53 PA2 What do you estimate was the total time that you spent walking in this way in the last week?
(Single Response. Enter number of hours AND/OR minutes.)
1. Hours _____
2. Minutes _____
3. Not stated/Don’t know [999]

54 PA7 This question excludes household chores or gardening. In the last week, how many times did [you /child] do any vigorous physical activity which made [you /child] breathe harder or puff and pant? (e.g. tennis, jogging, cycling, keep fit exercises).
(Single Response. Enter number of times. Enter 0 if none)
1. None Go to Q56 (PA9)
2. Enter number of times _____
3. Not stated/Don’t know [999]

55 PA8 What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?
(Single Response. Enter number of hours AND/OR minutes.)
1. Hours _____
2. Minutes _____
3. Not stated/Don’t know [999]

56 PA9 This question excludes household chores or gardening. In the last week, how many times did [you /child] do other more moderate physical activities that you have not already mentioned? (e.g. lawn bowls, golf, gentle swimming, etc)
(Single Response. Enter number of times. Enter 0 if none)
1. None Go to Q58 (PA12)
2. Enter number of times _____
3. Not stated/Don’t know [999]

57 PA10 What do you estimate was the total time that [you /child] spent doing these activities in the last week?
(Single Response. Enter number of hours AND/OR minutes.)
1. Hours _____
2. Minutes _____
3. Not stated/Don’t know [999]

Sequence guide: If AGE ≥ 16 Go to NS

58 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 ]

59 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 ]
60 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]

61 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]

63 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]

64 PA16  On average how many hours per day or per week 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]

Sequence guide: If AGE ≥ 2 & < 5 Go to 64 (PA16) seq ch aged 5-15 yrs only 200401 seq ch aged 2-15 yrs 201001

The following two questions are similar to the previous question. It would help our research if you could also answer these questions.

62 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]
J. HEIGHT AND WEIGHT - BODY MASS INDEX (BMI) (Risk Factors)

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65 BMI1 What is [your / child’s name] height without shoes?
(Single Response) seq ch all ages 200401
1. Centimetres ___
2. Feet : Inches ___ ___
3. Don’t know
4. Refused

66 BMI3 Interviewer note: DO NOT READ. Has respondent measured height?
(Single Response) new qn all ages 200607
1. Yes
2. No

67 BMI2 What is [your / child’s name] weight? (Undressed in the morning)
(Single Response) new qn all ages 200607
1. Kilograms (Kg) ___
2. Stones : Pounds ___ ___
3. Don’t know
4. Refused

68 BMI4 Interviewer note: DO NOT READ. Has respondent measured weight?
(Single Response) new qn all ages 200607
1. Yes
2. No

Sequence guide: If AGE ≥ 16 Go to NS

69 BMI5 How much did you weigh a year ago?
[If female & age < 46: If you were pregnant a year ago, how much did you weigh before your pregnancy?]
(Single Response) new qn all ages 200712
1. Kilograms (Kg) ___
2. Stones : Pounds ___ ___
3. Don’t know / Not sure
4. Refused

Interviewer note:
Subtract weight one year ago from current weight. If weight is same, Go to NS.

70 BMI6 Was the change between your current weight and your weight a year ago intentional?
(Single Response) new qn all ages 200712
1. Yes
2. No
3. Don’t know / Not sure
4. Refused
5. No change
The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.

71 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

72 SMO1 Which of the following best describes your smoking status?
(Read options. Single Response)
1. I smoke daily
2. I smoke occasionally
3. I don’t smoke now but I used to
4. I’ve tried it a few times but never smoked regularly
5. I’ve never smoked
6. Refused

73 SMO3 On average how many cigarettes do you smoke per day or each week?
(Single Response. Enter number)
1. Daily
2. Weekly
3. Monthly
4. Don’t know

74 SMO7 Over your lifetime would you have smoked at least 100 cigarettes or similar amount of tobacco?
(Single Response)
1. Yes
2. No
3. Don’t know
4. Refused
### L. ALCOHOL CONSUMPTION (Risk Factors)

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Sequence guide: If AGE < 16 Go to NS

The following questions are about drinking alcohol.

#### 75 ALC1 How often do you usually drink alcohol?
(Single Response)
1. I don’t drink alcohol Go to NS
2. Less than once a week
3. Specify number of days per week ___
4. Refused Go to NS

#### 76 ALC2 A Standard Drink is equivalent to a schooner or midi of full strength beer, a glass of wine or a nip of spirits. On a day when you drink alcohol, how many drinks do you usually have?
(Single Response)
1. Specify number drinks ___
2. Refused

### M. BREASTFEEDING (Additional Module)

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Sequence guide: seq ch 201001

The following questions are about breastfeeding.

#### 77 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 [   ]

Sequence guide: seq ch 201001

#### 78 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

Sequence guide: page

If Q78 (NUT19) = 2,3 and AGE < 12 months, Go to Q80 (NUT21)
If Q78 (NUT19) = 2,3 and AGE >= 12 months, Go to NS
79 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

Sequence guide: ^p
If AGE >= 12 months and Q79 (NUT20) = 2,3 Go to QO. (NUT22)
If AGE >= 12 months and Q79 (NUT20) = 1, Go to NS

80 NUT21 Since this time yesterday, did [child's name] receive 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

Sequence guide: ^seq ch 200401
If Q78 (NUT19) = 2,3 Go to NS
If Q79 (NUT20) = 1, Go to NS

81 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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Sequence guide: female, aged < 50 years ^seq ch 201001

Now some questions about breastfeeding

82 NUT41 Can you please tell me the number of babies you have given birth to, who are currently aged three years or under
(Single response) ^new qn 200710
1. None
2. Enter number
3. Not sure / Don't know
4. Refused

Sequence guide: if Q82 (NUT41) = 1,3 or 4 go to NS.

For each child, starting with the youngest,

83 NUT51 Could you please tell me the age of your child in years, weeks AND months
(Single response) ^new qn 201001
1. Enter years
2. Enter months
3. Enter weeks
4. Not sure / Don't know
5. Refused

Sequence guide: ask NUT52 to NUT55 for each child aged four or less in the household.

84 NUT52 Has [your child] 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
Sequence guide: If Q84 (NUT52) = 2, 3 and NUT51 < 12 months, Go to Q86 (NUT54)
If Q84 (NUT52) = 2, 3 and NUT51 >= 12 months Go to NS

85 NUT53 Since this time yesterday, has [your child] been breastfed? [new qn 201001]

(Single Response. Interview note: includes expressed breastmilk)
1. Yes
2. No
3. Not sure / Don't know

Sequence guide: If Q83 NUT51 >= 12 months and Q85 (NUT53) = 2, 3 Go to Q87 (NUT55)
If Q83 NUT51 >= 12 months and Q85 (NUT53) = 1, Go to NS

86 NUT54 Since this time yesterday, did [your child] receive any of the following? [new qn 201001]

(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, powdered 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

Sequence guide: If Q84 (NUT52) = 2, 3 Go to NS
If Q85 (NUT53) = 1, Go to NS

87 NUT55 Including times of weaning, what is the total time that [your child] was breastfed? [new qn 201001]

(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

O. NUTRITION - Food Consumption (Protective Factors)

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Sequence guide: If AGE < 1 Go to NS

Now to some questions about food. The following question is about eating vegetables which includes fresh, dried, frozen and tinned vegetables. [qn ch 201007]

88 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. [qn ch 201007]

89 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
90 NUT3 What type of milk do you [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. Evaporated/ sweetened condensed
5. Other (specify)
6. None of the above
7. Don’t know
8. High calcium, low fat
9. Breast milk
10. Formula
11. Rice milk
12. Doesn't drink milk
13. Other

Sequence guide change 200501, 200601

91 NUT4 How often do you [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

92 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

93 NUT17 How many times a week on average do you [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

94 NUT18 During the last four weeks, on average, how many glasses of water do you [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/can’t say

95 NUT46 How many cups of fruit or vegetable juice do you [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

96 NUT47 On average, how many litres of soft drink (eg coke, lemonade, flavoured mineral water) do you [do you/does child’s name] usually have in a day?

(Single Response)

1. Enter
2. Don’t know
3. Refused
97 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) 
1. Enter MLS  
2. Enter litres  
3. Don’t know  
4. Refused

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Sequence guide: If AGE < 16 go to NS  

98 NUT24  Do you know when folic acid needs to be taken by a woman to reduce her chance of having a baby with spina bifida?  
(Read options. Single Response)  
1. During the menstrual period  
2. Before pregnancy  
3. Before pregnancy and in first three months of pregnancy  
4. In first three months of pregnancy only  
5. In the first six months of pregnancy  
6. Throughout pregnancy  
7. Before pregnancy and throughout pregnancy  
8. Other (specify)  
9. Not sure

Sequence guide: If (SEX=1) OR ((AGE < 16 or ≥ 50) & SEX = 2) Go to Q. 103 (NUT43)  
If (NUT41) = 1, 3 or 4 go to Q100 (NUT27).  
Else Go to Q. 103 (NUT43)

The following question is similar to one we asked you earlier about babies you have given birth to.

99 NUT26  Can you please tell me if you have given birth in the last three years?  
(Single Response. Interviewer note: If more than one birth, most recent only.)  
1. Yes, specify year  
2. No
100 NUT27 Can you tell me if you are currently pregnant?  
(Single Response. Interviewer note: Enter number of months or weeks) 
1. Yes, specify weeks ______ 
2. Yes, specify months ______ 
3. No

Sequence guide: If Q99 (NUT26) = 2 and Q100 (NUT27) = 3 Go to Q. 103 (NUT43)

101 NUT28 In the month before you became pregnant the last time, did you do any of the following?  
(Read options. Multiple Response err 200207 to 200307) 
1. Took folic acid tablets every day  
2. Ate cereals or other prepared foods/juices specially enriched with folic acid every day  
3. Increased your intake of foods rich in folate or folic acid, such as green leafy vegetables, cereals and fruits  
4. None  
5. Not sure

102 NUT29 In the first three months of your current or most recent pregnancy, did you do any of the following?  
(Read options. Multiple Response err 200207 to 200307) 
1. Took folic acid tablets every day  
2. Ate cereals or other prepared foods/juices specially enriched with folic acid every day  
3. Increased your intake of foods rich in folate or folic acid, such as green leafy vegetables, cereals and fruits  
4. None  
5. Not sure

Q. FOOD SECURITY (Social Factor) 

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Sequence guide: seq ch 200401; seq ch 200808

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

103 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

Sequence guide: If Q103 (NUT31) > 1 Go to NS

104 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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Sequence guide: If AGE > 5 Go to NS

Now some questions about the use of childcare

105 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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Sequence guide: If AGE ≥ 16 Go to NS

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

106 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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Sequence guide: If AGE < 5 AND ≥ 16 Go to NS

107 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 [ 99999 ]

Sequence guide: If Q107 (SCH1) = 3 Go to NS

108 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

109 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

110 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

Sequence guide: If AGE > 12 Go to Q112 (SCH9)

111 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

112 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

Sequence guide: If Q112 (SCH9) > 1 Go to NS

113 SCH10 Was the bullying emotional or physical?

(Single Response.)
1. Emotional
2. Physical
3. Both
4. Don’t know
5. Refused
114 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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Sequence guide: If AGE < 2 AND ≥ 16 Go to NS

115 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

Sequence guide: If Q115 (MTL16) = 1 Go to Q117 (MTL18)

116 MTL17 Do you think [child’s name] needs special help for this?
(Single Response.)
1. Yes
2. No
3. Don’t know
4. Refused

117 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

Sequence guide: If Q117 (MTL18) > 1 Go to NS

118 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

Sequence guide: If AGE < 2 AND ≥ 16 Go to NS
V. KESSLER PSYCHOLOGICAL DISTRESS SCALE+ (K10+)
(Health Status)

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Sequence guide: If AGE < 16 Go to NS

The next questions are about how you have been feeling in the last 4 weeks. Some of the questions might make you feel uncomfortable so you can refuse to answer them.

119 MTL1 In the past four weeks, about how often did you feel tired out for no good reason?
(Read Options. Single Response)
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

120 MTL2 In the past four weeks, about how often did you feel nervous?
(Read Options. Single Response)
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

Sequence guide: If Q120 (MTL2) = 5 Go to Q122 (MTL4)

121 MTL3 In the past four weeks, about how often did you feel so nervous that nothing could calm you down?
(Read Options. Single Response)
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

122 MTL4 In the past four weeks, about how often did you feel hopeless?
(Read Options. Single Response)
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

123 MTL5 In the past four weeks, about how often did you feel restless or fidgety?
(Read Options. Single Response)
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

Sequence guide: If Q123 (MTL5) = 5 Go to Q125 (MTL7)

124 MTL6 In the past four weeks, about how often did you feel so restless you could not sit still?
(Read Options. Single Response)
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
125 MTL7 In the past four weeks, about how often did you feel depressed?
(Read Options. Single Response)
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

126 MTL8 In the past four weeks, about how often did you feel everything was an effort?
(Read Options. Single Response)
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

127 MTL9 In the past four weeks, about how often did you feel so sad that nothing could cheer you up?
(Read Options. Single Response)
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

128 MTL10 In the past four weeks, about how often did you feel worthless?
(Read Options. Single Response)
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

W. SUICIDAL IDEATION (Health Status)

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Sequence guide: If AGE < 16 Go to NS seq ch 200808

Now I’m going to ask you some questions about when life may not be worth living. Remember that if you feel uncomfortable you don’t have to answer these questions.

129 MTL11 Over the past few weeks, have you felt that life isn’t worth living?
(Read Options. Single Response)
1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual
5. Don’t know
6. Refused

130 MTL12 [Over the past few weeks] Have you thought of the possibility that you might do away with yourself?
(Read Options. Single Response)
1. Definitely not
2. I don’t think so
3. Has crossed my mind
4. Definitely have
5. Don’t know
6. Refused

131 MTL13 [Over the past few weeks] Have you found yourself wishing you were dead and away from it all?
(Read Options. Single Response)
1. Not at all
2. No more than usual
3. Rather more than usual
4. Much more than usual
5. Don’t know
6. Refused
132 MTL14  [Over the past few weeks] Have you found that the idea of taking your own life kept coming into your mind?  
(Read Options. Single Response)  
1. Definitely not  
2. I don’t think so  
3. Has crossed my mind  
4. Definitely have  
5. Don’t know  
6. Refused  

133 PHO6  As some of the questions we have asked may have been distressing or caused some concern for some people, I would like to offer you the Adult Mental Health Service telephone number if you feel that you need to discuss some of these concerns with a qualified professional. This is a 24 hour crisis and emergency assistance service available for South Australians.  
Did the respondent accept the number?  
(Single Response)  
1. Yes  
2. No  

X. MENTAL HEALTH (Health Status)  

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Sequence guide: If AGE < 16 Go to NS  

134 MTL20  In the last 12 months have you been told by a doctor that you have any of the following conditions?  
(Read Options. Multiple Response)  
1. Anxiety  
2. Depression  
3. A stress related problem  
4. Any other mental health problem  
5. None Go to Q136 (MTL22)  
6. Refused Go to Q136 (MTL22)  

135 MTL21  Do you still have [this / any of these] condition(s)?  
(Single Response)  
1. Yes  
2. No  
3. Refused  

136 MTL22  Are you currently receiving treatment for anxiety, depression, stress related problems or any other mental health problem?  
(Single Response. Interviewer note: includes phone treatment)  
1. Yes  
2. No  
3. Refused  

137 MTL27  In the last 12 months were you FIRST told by a doctor that you either have anxiety, depression, a stress related problem or any other mental health problem?  
(Single Response)  
1. Yes  
2. No  
3. Don’t know  
4. Refused
Y. SOCIAL CAPITAL (Social Factor)

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Sequence guide: seq ch 200401; seq ch 200808

Now some general questions about your neighbourhood.

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

139 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

140 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

Sequence guide: If AGE < 16 Go to Q142 (SOC8)

141 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

142 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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Sequence guide: If AGE < 16 Go to NS

143 ECO1  Beginning yesterday, and going back 4 weeks, how many days out of the past 4 weeks were you totally unable to work or carry out your normal duties because of your health?

(Single Response. Enter number of days off. Enter 999 if unknown)

1. None [0]
2. Enter days ______
3. Don’t know [999]

144 ECO2  [Apart from (that day/these days)] how many days in the past 4 weeks were you able to work and carry out your activities, but had to cut down what you did, or did not get as much done as usual because of your health?

(Single Response. Enter number of days off. Enter 999 if unknown)

1. None [0]
2. Enter days ______
3. Don’t know [999]

AA. Customer Satisfaction

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Sequence guide: If AGE < 16 Go to NS

145 Sequence guide: If SER1.2, SER1.3 or SER1.4 ≠ 1 go to NS

146 SAP1 You mentioned earlier that you had used a [insert response to SER1.2 or SER1.3 or SER1.4] in the last four weeks. Were any of those services provided through the public health system?

(Multiple response)

1. Yes Hospital Accident and Emergency
2. Yes Hospital admission
3. Yes Hospital clinic (outpatient, specialist or other clinic)
4. No (private)
5. Don’t know
6. Refused

Sequence guide if SAP1 >3 go to NS

147 SAP2 What public health service did you use most recently?

(Single response)

1. Hospital Accident and Emergency
2. Hospital admission
3. Hospital clinic (outpatient, specialist or other clinic)
4. Don’t know
5. Refused

Sequence guide if SAP2 >3 go to NS
The next three questions are about how you rate your most recent experience with [enter SAP2] on a scale of 1 to 5 where 1 means very dissatisfied and 5 means very satisfied.

148 SAP 3 How satisfied were you with the overall quality of service delivery? (Single response)
   1. (Very dissatisfied)
   2. 2
   3. 3
   4. 4
   5. (Very satisfied)
   6. Don’t know
   7. Refused

149 SAP4 Overall, how satisfied were you with the accessibility of [enter SAP2]? (Single response)
   1. (Very dissatisfied)
   2. 2
   3. 3
   4. 4
   5. (Very satisfied)
   6. Don’t know
   7. Refused

150 SAP5 Overall, how satisfied were you with the amount of time it took to get the service? (Single response)
   1. (Very dissatisfied)
   2. 2
   3. 3
   4. 4
   5. (Very satisfied)
   6. Don’t know
   7. Refused

I am now going to ask you to rate the next four statements in relation to your experience with [enter SAP2] where 1 means you strongly disagree and 5 means you strongly agree.

151 SAP6 “I was treated fairly” (Single response. Interviewer note: if accessing services ONLINE then select “not applicable”)
   1. (Strongly disagree)
   2. 2
   3. 3
   4. 4
   5. (Strongly agree)
   6. Don’t know
   7. Refused
   8. Not applicable (online service)

152 SAP7 “I was informed of everything I had to do to get the service/product” (Single response. Interviewer note: if accessing services ONLINE then select “not applicable”)
   1. (Strongly disagree)
   2. 2
   3. 3
   4. 4
   5. (Strongly agree)
   6. Don’t know
   7. Refused
   8. Not applicable (online service)

153 SAP8 “Staff were knowledgeable and competent” (Single response. Interviewer note: if accessing services ONLINE then select “not applicable”)
   1. (Strongly disagree)
   2. 2
   3. 3
   4. 4
   5. (Strongly agree)
   6. Don’t know
   7. Refused
   8. Not applicable (online service)
154  **SAP9 “Staff went the extra effort to make sure I got what I needed” new qu 200901**

(Single response. *Interviewer note: if accessing services ONLINE then select “not applicable”*)
1. (strongly disagree)
2. 2
3. 3
4. 4
5. (strongly agree)
6. Don’t know
7. Refused
8. Not applicable (online service)

I am now going to ask you to rate the next four statements in relation to how important your experience with [enter SAP2] to you, where 1 means not at all important and 5 means very important.

155  **SAP10 “How important was it that you were treated fairly?” new qu 200901**

(Single response. *Interviewer note: if accessing services ONLINE then select “not applicable”*)
1. (Not at all important)
2. 2
3. 3
4. 4
5. (Very important)
6. Don’t know
7. Refused
8. Not applicable (online service)

156  **SAP11 “How important was it for you to be informed of everything you had to do to get the service or product?” new qu 200901**

(Single response. *Interviewer note: if accessing services ONLINE then select “not applicable”*)
1. (Not at all important)
2. 2
3. 3
4. 4
5. (Very important)
6. Don’t know
7. Refused
8. Not applicable (online service)

157  **SAP12 “How important was it for the staff to be knowledgeable and competent” new qu 200901**

(Single response. *Interviewer note: if accessing services ONLINE then select “not applicable”*)
1. (Not at all important)
2. 2
3. 3
4. 4
5. (Very important)
6. Don’t know
7. Refused
8. Not applicable (online service)

158  **SAP13 “How important was it for the staff to go the extra effort to make sure you’ve got what you needed” new qu 200901**

(Single response. *Interviewer note: if accessing services ONLINE then select “not applicable”*)
1. (Not at all important)
2. 2
3. 3
4. 4
5. (Very important)
6. Don’t know
7. Refused
8. Not applicable (online service)

159  **SAP14 In the end, did you get what you needed? new qu 200901**

(Read Options. Single response)
1. Yes
2. I got part of what I needed
3. No
4. Don’t know
5. Refused
BB. Rural Access to Health Services

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Sequence guide: If postcode = 5118, 5153, 5131, 5132, 5133, 5139 or >=5200 (not metro Adelaide) Go to SER7. Else Go to NS

The next few questions are about your experiences using health services in South Australia.

(Interviewer note: they only refer to respondent’s OWN health)

159 SER14 In the last 6 months did you travel over 100kms to use a health service? (Single Response)
1. Yes
2. No
3. Don’t know
4. Refused

Sequence guide: If SER14=1 Go to SER15

160 SER8 In the last 6 months was there a time you needed to travel to a health service over 100 kms away but couldn’t?
(Single response)
1. Yes
2. No
3. Don’t know
4. Refused

Sequence guide: If SER7>1 Go to NS

161 SER15 What was the reason you travelled over 100kms to use this health service? (Multiple response. Interviewer note: if more than one occasion or visit, the following questions refer to the most recent visit)
1. Earlier appointment or service available
2. Service not available in home community
3. Referral pattern of GP
4. Family support available
5. Own choice (eg to use particular health professional or service)
6. Other (specify)
7. Don’t know
8. Refused

Sequence guide: Go to SER13

162 SER11 How did you travel to this service?
(Multiple response)
1. Private car
2. Taxi
3. Public bus
4. Train
5. Plane
6. Royal Flying Doctor Service
7. Health/ Medical bus
8. Volunteer service
9. Ambulance
10. Other (specify)
11. Don’t know
12. Refused

163 SER16 The next question is about how you rate access to the health service that you travelled to. On a scale of 1 to 5 where 1 means very difficult and 5 means very easy.

How easy was it for you to get to this health service? (Single response)
1. (Very difficult)
2. 2
3. 3
4. 4
5. (Very easy)
6. Don’t know
7. Refused

Sequence guide: If SER16 >2 Go to NS
164  SER17  What was the main difficulty in getting to this health service? (Multiple Response)
1. Health service too far from home
2. Transport issues (e.g., no access to a car, no one to take them etc)
3. Financial considerations
4. Waiting time too long
5. Accommodation issues for themselves or family/friends
6. Lack of support for family members while in hospital
7. Other (specify)
8. Don’t know
9. Refused

CC. Life Course

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Sequence guide: If AGE < 16 Go to NS

The following questions are about you and your family’s situation when you were 10 years old.

165  DEM40  How would you best describe your family structure when you were 10 years old?
(Read options. Single response)
1. Family with child/children living with both biological or adoptive parents
2. A step or blended family
3. A sole parent family (lived only with mother)
4. A sole parent family (lived only with father)
5. Shared care parenting
6. Lived with relatives/grandparents
7. Boarded/orphanage/children’s home/foster care/other
8. Other (specify)
9. Don’t know
10. Refused

166  DEM41  When you were 10 years old, was the dwelling you were living in...
(Read options. Single response. Interviewer note: prompt if rent free, prompt if dwelling rented or owned)
1. Owned or being purchased
2. Rented from the housing trust or government
3. Rented privately
4. Provided with employment
5. Other (specify)
6. Don’t know
7. Refused
167 DEM42 Which best described your family’s money situation when you were 10 years old? (Read options. Single response)

1. We spent more money than we got
2. We had just enough money to get through to the next pay
3. Some money left over each week but we just spent it
4. We could save a bit every now and then
5. We could save a lot
6. Other (specify)
7. Don’t know
8. Refused

Now to finish off with some general questions.

168 DEM8 What is the Postcode of the house?

(Single Response)

1. Enter postcode
2. Not stated [9999]

Sequence Guide: If Q168 (DEM8) < 9999 Go to Q170 (DEM10)

169 DEM9 What town, suburb or community do you live in?

(Single Response)

1. Enter town/suburb
2. Not stated
170 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

Sequence guide:
If (AGE ≥ 16) Go to Q171 (DEM12)
If Q170 (DEM10) = 1 or >4 Go to Q171 (DEM12)

171 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

Sequence guide: If AGE ≥ 16 & Q171 (DEM12) > 2 Go to Q175 (DEM16)
If Q171 (DEM12) > 2 AND Q170 (DEM10) > 2 Go to Q175 (DEM16)
If Q171 (DEM12) > 2 AND Q170 (DEM10) ≤ 2 Go to Q173 (DEM14)

172 DEM13 How many hours do you work per week?

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

Sequence guide: If (AGE ≥ 16) Go to Q175 (DEM16)
If Q170 (DEM10) > 2 Go to Q175 (DEM16)

173 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

Sequence guide: If Q173 (DEM14) > 2 Go to Q175 (DEM16)

174 DEM15 How many hours do they work per week?

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

Sequence guide: If AGE ≥ 16 & Q171 (DEM12) > 2 Go to Q175 (DEM16)
If Q171 (DEM12) > 2 AND Q170 (DEM10) > 2 Go to Q175 (DEM16)
If Q171 (DEM12) > 2 AND Q170 (DEM10) ≤ 2 Go to Q173 (DEM14)
175 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]

Sequence guide: If Q175 (DEM16) > 1 Go to Q177 (DEM18)

176 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

Sequence guide: if AGE < 16 Go to Q179 (DEM20)

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

178 DEM19  What is your current marital status?
(Read Options. Single Response)
1. Married
2. Living with a partner (De Facto)
3. Divorced
4. Separated
5. Widowed
6. Never Married
7. Not stated

179 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)

Sequence guide: If (AGE ≥ 16) Go to Q181 (DEM22)
If Q170 (DEM10) > 2  Go to Q181 (DEM22)

180 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
181 DEM22  The next question is about housing. Is this dwelling …
(Read Options. Single Response) qn ch 200507, 200601
1. Owned or being purchased
2. Rented from Housing SA
3. Rented privately
4. Other (specify)
5. Community Housing qn ch 200507
6. Retirement Village qn ch 200507
7. Don’t know qn ch 200601
8. Refused qn ch 200601

182 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

183 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. More than $100,000
8. Not stated/refused
9. Don’t know

184 PHO1  How many residential telephone numbers, including mobile phones, can be used to speak to someone in this household?
(Single Response. Interviewer note: do not include Internet or fax numbers)
1. Enter number
2. Don’t know [99]

185 PHO2  How many times [do these / does this] number(s) appear in the White Pages?
(Single Response. Interviewer note: do not include Internet or fax numbers. Total number of entries includes numbers that are listed more than once.)
1. Enter number
2. Don’t know [99]
186 DEM25  All responses in this survey are strictly confidential. Sometimes we need to clarify issues which require further explanation or to gather extra information about you [or about the children in your household] when there is a serious public health problem. If we require further information from you regarding health issues, could we phone you at a later date for help?

(Single Response)
1. Yes (specify - record first name of respondent, not parent or guardian only) _______
2. No

187 PHO3  As some of the questions we have asked may have been distressing or caused some concern for some people, I would like to offer you the Adult Mental Health Service a telephone number if you feel that you need to discuss some of these concerns with a qualified professional. This is a 24 hour crisis and emergency assistance service available for South Australians [131-465]

Did the respondent accept the number?
1. Yes
2. No

173B If you have any queries regarding this survey or would like to speak to someone at SA Health please telephone 1800 635 352

188 DEM26  Please record what language this interview was conducted in

(Single Response)
1. English
2. Italian
3. Greek
4. Vietnamese
5. Other (specify)

That concludes the survey. On behalf of the SA Dept of Health, thank you very much for taking part in this survey. Note: if calling back for child measurements please say ‘we will call you in a week’s time’.