



# **NATIONAL HEALTH SURVEY (NHS) 2014/15**

Sunday 6 July 2014 – Saturday 27 June 2015

## **PROMPT CARDS**

**SSS94**



# HF1.

1. Never Married
2. Widowed
3. Divorced
4. Separated
5. Married (in a registered marriage)
6. Other – De facto
7. Other – Single/not married

# A1.

1. Consulted a GP
2. Consulted a specialist
3. Consulted a dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

## A2.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
17. Chiropractor
18. Diabetes educator
19. Dietitian/Nutritionist
20. Naturopath
21. Herbalist
22. Hypnotherapist
23. Nurse
24. Occupational therapist
25. Optician/Optommetrist/Orthoptist
26. Orthotist/Prosthetists
27. Osteopath
28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

## **A3.**

1. Less than 3 months ago
2. 3 to less than 6 months ago
3. 6 to less than 9 months ago
4. 9 to 12 months ago

## **A4.**

1. Reducing or quitting smoking
2. Drinking alcohol in moderation
3. Reaching a healthy weight
4. Increasing physical activity
5. Eating healthy food or improving diet
6. Family planning
7. Safe sexual practices

# A5.

1. Less than 3 months ago
2. 3 to 6 months ago
3. 6 to 9 months ago
4. 9 to 12 months ago



## **A6.**

1. 1 year to 2 years ago
2. More than 2 years ago
3. Never

# B1.

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

## **B2.**

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe

# C1.

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

## C2.

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

## Self-care

For example:

- Bathing / showering
- Dressing / undressing
- Eating / feeding
- Going to the toilet
- Bladder / bowel control

## Mobility

For example:

- Moving around away from home
- Moving around at home
- Getting in or out of a bed or chair

## Communication in own language

For example:

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

## **C4.**

1. Not attending school / further study due to condition
2. Need time off school / study
3. Attend special classes / school
4. Other related difficulties

## **C5.**

1. Type of job could do
2. Number of hours that can be worked
3. Finding suitable work
4. Needing time off work
5. Permanently unable to work



# D1.

For example:

- Reading
- Eating
- Talking on the phone
- Listening to music
- Visiting friends
- Doing crafts or hobbies
- Other activities (not including watching television or using a computer)

# E1.

For example:

- Infant formula products
- Soft or semi-soft foods (baby food)
- Biscuits
- Water
- Cow's milk
- Goat's milk
- Soy milk
- Other cereal based milks – Oat, rice, almond etc.
- Yoghurt based food or drink
- Cordial (water based drinks) or soft drink
- Fruit juice
- Tea or coffee

**F1.**

1. Cow's milk
2. Soy milk
3. Evaporated or sweetened condensed milk
4. Other type of milk - specify

## F2.

1. Whole milk / regular / full cream  
(3% or more)
2. Reduced fat  
e.g. Low / Lite / HiLo  
(around 1% or 2%)
3. Skim  
e.g. Skinny / Shape / Fat Free  
(less than 1%)

## Vegetables – examples of serving size

### A standard serve is about 75g or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin) – including frozen or tinned
- ½ cup cooked dried or canned beans, peas or lentils
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn – including frozen or tinned
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)



Source: Australian Dietary Guidelines Summary 2013. National Health and Medical Research Council. Commonwealth of Australia 2013

## Fruit – examples of serving size

### A standard serve is about 150g or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit
- 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)



OR



OR



1  
cup

OR



OR



1½  
Table  
spoons

Source: Australian Dietary Guidelines Summary 2013. National Health and Medical Research Council. Commonwealth of Australia 2013

# F4.

# G1.

10. Light beer
11. Medium strength beer
12. Full strength beer
13. White wine
14. Red wine
15. Low alcohol wine
16. Champagne / sparkling wine
17. Pre-mixed / Ready to drink
18. Liqueurs
19. Spirits
20. Fortified wine
21. Cider
22. Cocktail
23. Other - specify

## Beer / Cider:

1. 5oz / 140ml glass
2. 7oz / 200ml glass / Pony / Butcher
3. 10oz / 285ml glass / Pot / Middy / Handle / Schooner (SA)
4. 330ml glass / bottle / can
5. 375ml glass / bottle / can (average serve)
6. 15oz / 425ml glass / Schooner / Pint (SA)
7. 20oz / 575ml glass / Pint
8. 750ml Bottle / Longneck
  
17. Other - specify



## Wine:

1. 60ml glass
2. 120ml glass
3. 140ml glass (average serve)
4. 150ml glass
5. 200ml glass
17. Other - specify

## Champagne / Sparkling wine:

1. 120ml glass (small)
2. 140ml glass (medium)
3. 170ml glass (average serve)
4. 200ml glass (large)
17. Other - specify

**G5.**

Ready to Drink:

1. 200ml bottle / can
2. 275ml bottle / can
3. 300ml bottle / can
4. 330ml bottle / can (average serve)
5. 375ml bottle / can
6. 400ml bottle / can
17. Other - specify

## Liqueurs / Spirits

1. Half nip (15ml)
2. Nip (30ml)
3. Double nip (60ml)
17. Other – specify

## Fortified Wine

1. 1oz / 30ml / Nip
2. 2oz / 60ml Port / Sherry glass
3. 3oz / 90ml Port glass
4. 140ml glass
17. Other – specify

## Cocktail

1. 120ml glass (small)
2. 140ml glass (medium)
3. 200ml glass (large)
17. Other – specify

# Standard Drink Guide

G9.



**1.1** 285ml  
Full Strength Beer  
4.9% Alc./Vol

**1.6** 425ml  
Full Strength Beer  
4.9% Alc./Vol



**0.8** 285ml  
Mid Strength Beer  
3.5% Alc./Vol

**1.2** 425ml  
Mid Strength Beer  
3.5% Alc./Vol



**0.6** 285ml  
Light Beer  
2.7% Alc./Vol

**0.9** 425ml  
Light Beer  
2.7% Alc./Vol



**1.5**  
375ml  
Full Strength Beer  
4.9% Alc./Vol



**1**  
375ml  
Mid Strength Beer  
3.5% Alc./Vol



**0.8**  
375ml  
Light Beer  
2.7% Alc./Vol



**1.5**  
375ml  
Pre-mix Spirits  
5% Alc./Vol



**1.2**  
300ml  
Pre-mix Spirits  
5% Alc./Vol



**1**  
30ml  
Spirit Nip  
40% Alc./Vol



**22**  
700ml  
Bottle of Spirits  
40% Alc./Vol



**1**  
30ml  
Spirit Shot  
40% Alc./Vol



**1**  
60ml  
Port/Sherry  
Glass  
20% Alc./Vol



**1.5**  
170ml  
Average Serve of  
Sparkling Wine/  
Champagne  
11.5% Alc./Vol



**1.5**  
150ml  
Average Serve  
of Wine  
12.5% Alc./Vol



**7.5**  
750ml  
Bottle  
of Wine  
12.5% Alc./Vol

**Note.** Labels on alcoholic drink containers state the number of Standard Drinks in the container.

**Check the label to find out how many Standard Drinks are in the bottle or can.**

**The Standard Drinks shown are calculated to one decimal place. To make counting your drinks easier, you can round the numbers up or down. For example count 0.9 as 1.0 and 1.6 as 1.5.**

# H1.

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic



## H2.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
17. Chiropractor
18. Diabetes educator
19. Dietitian/Nutritionist
20. Naturopath
21. Herbalist
22. Hypnotherapist
23. Nurse
24. Occupational therapist
25. Optician/Optomtrist/Orthoptist
26. Orthotist/Prosthetists
27. Osteopath
28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

# 11.

1. Bowel (e.g. had a faecal occult blood test)
2. Prostate
3. Other

# 12.

1. Bowel (e.g. had a faecal occult blood test)
2. Breast (e.g. had a mammogram)
3. Cervical cancer (e.g. had a pap smear)
4. Other

# 13.

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# 14.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
17. Chiropractor
18. Diabetes educator
19. Dietitian/Nutritionist
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22. Hypnotherapist
23. Nurse
24. Occupational therapist
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29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

# J1.

10. Rheumatic heart disease
11. Heart attack
12. Heart failure
13. Stroke (including after effects of stroke)
14. Transient ischaemic attack (TIA, 'mini stroke')
15. Angina
16. High blood pressure / hypertension
17. Low blood pressure / hypotension
18. Hardening of the arteries / atherosclerosis / arteriosclerosis
19. Fluid problems / fluid retention / oedema
20. High cholesterol
21. Rapid or irregular heartbeats / tachycardia / palpitations
22. Heart murmur / heart valve disorder
23. Haemorrhoids
24. Varicose veins
25. Other

## For example

Medications that help with:

- Cholesterol
- Hypertension (high blood pressure)
- Heart failure
- Recovery from heart attack
- Abnormal heart rhythms (cardiac arrhythmia)
- Ischemic heart disease and Angina
- Fluid (water) retention in circulatory conditions
- Thinning the blood (after blood clot or stroke)

# J3.

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic



# J4.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
17. Chiropractor
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23. Nurse
24. Occupational therapist
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26. Orthotist/Prosthetists
27. Osteopath
28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

# K1.

1. Did weight / strength / resistance training
2. Obtained and/or used physical aids (used at home or work)
3. Water therapy
4. Massage
5. Changed eating pattern / diet
6. Losing weight
7. Exercised most days
8. Other action taken

## **K2.**

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# K3.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
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27. Osteopath
28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

# L1.

1. Did weight / strength / resistance training
2. Obtained and/or used physical aids (used at home or work)
3. Water therapy
4. Massage
5. Changed eating pattern / diet
6. Losing weight
7. Exercised most days
8. Other action taken

## **L2.**

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# L3.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
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23. Nurse
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26. Orthotist/Prosthetists
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28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
31. Social worker/Welfare officer
32. Sonographer
33. Speech therapist/Pathologist
34. Other

# M1.

1. Losing weight
2. Exercised most days
3. Taken vitamin / mineral supplements
4. Taken natural / herbal treatments
5. Other



## **M2.**

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# M3.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
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28. Physiotherapist/Hydrotherapist
29. Psychologist
30. Radiographer
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32. Sonographer
33. Speech therapist/Pathologist
34. Other

## **M4.**

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# M5.

10. Aboriginal Health Worker
11. Accredited counsellor
12. Acupuncturist
13. Alcohol and drug worker
14. Audiologist/Audiometrist
15. Chemist/Pharmacist (for advice only)
16. Chiropodist/Podiatrist
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30. Radiographer
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33. Speech therapist/Pathologist
34. Other

# N1.

1. Astigmatism
2. Short-sightedness / Myopia / difficulty seeing objects in the distance
3. Macular degeneration
4. Other age related sight problems / Presbyopia
5. Long-sightedness / Hyperopia / difficulty seeing objects close up
6. Other – please specify

## **N2.**

1. Total deafness
2. Deaf in 1 ear
3. Hearing loss/partially deaf
4. Tinnitus
5. Meniere's Disease
6. Otitis Media
7. Other - please specify

## **Affective (mood) conditions, such as:**

10. Depression, including Persistent depressive disorder
11. Feeling depressed
12. Bipolar disorder
13. Mania

## **Anxiety conditions, such as:**

14. Anxiety disorder
15. Feeling anxious, nervous or tense
16. Panic disorder
17. Panic attacks
18. Post-Traumatic Stress Disorder (PTSD)
19. Agoraphobia
20. Obsessive-Compulsive Disorder (OCD)
21. Social phobia

## **Other Affective or Anxiety conditions:**

22. Other – please specify

## **Substance use disorders, such as:**

25. Harmful use or dependence on alcohol
26. Harmful use or dependence on drugs
27. Harmful use or dependence on medicinal / prescription drugs

## **Developmental and learning conditions, such as:**

28. Autism spectrum disorders, such as Rett's syndrome and Asperger syndrome
29. Intellectual impairment / mental retardation

## **Behavioural conditions, such as:**

30. Attention Deficit Hyperactivity Disorder (ADHD)
31. Conduct disorder

## **Other mental and behavioural conditions, such as:**

32. Dementia, including Alzheimer's Disease
33. Schizophrenia
34. Any other mental or behavioural condition – please specify



# O3.

1. Sleeping tablets or capsules
2. Tablets or capsules for anxiety or nerves
3. Tranquillisers
4. Antidepressants
5. Mood stabilisers
6. Other medications for mental, behavioural or cognitive conditions

# O4.

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

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34. Other

# P1.

10. Hayfever
11. Sinusitis or sinus allergy
12. Food allergy
13. Drug allergy
14. Other allergy
15. Anaemia
16. Bronchitis
17. Emphysema
18. Epilepsy
19. Fluid problems / fluid retention / oedema  
(exclude those due to heart or circulatory condition)
20. Hernias
21. Kidney stones
22. Migraine
23. Psoriasis
24. Stomach ulcers or other gastrointestinal ulcers
25. Thyroid trouble / goitre
26. Back – slipped disc or other disc problems
27. Back pain or back problems

## **P2.**

1. Conditions that recur from time to time
2. Conditions that have lasted for a long time and that may have been adjusted to
3. Conditions which are under control because of long term treatment or taking medication

## For example:

- Amputation or loss of limbs
  - e.g. arm, foot, finger
- Behavioural or emotional disorders
- Deformity or disfigurement from birth
  - e.g. club foot, cleft palate
- Other deformity or disfigurement
  - e.g. effects of burns
- Dependence on drugs or alcohol
- Difficulties in learning or understanding
- Feeling anxious or nervous
- Gallstones
- Incontinence
- Paraplegia or other paralysis
- Speech impediment

# P4.

1. Consulted a GP
2. Consulted a Specialist
3. Consulted a Dentist
4. Consulted other health professional
5. Admitted to hospital as an inpatient
6. Visited an outpatient clinic
7. Visited emergency / casualty
8. Visited day clinic

# P5.

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34. Other



# Q1.

1. Hospital only
2. Ancillary only ('extras')
3. Hospital and ancillary ('extras')

## Q2.

10. Security / protection / peace of mind
11. Life time cover / avoid age surcharge
12. Choice of doctor
13. Allows treatment as private patient
14. Provides benefits for ancillary services / 'extras'
15. Shorter wait for treatment / concern over public hospital waiting lists
16. Always had it / parents pay it / condition of job
17. To gain government benefits / avoid extra Medicare levy
18. Other financial reasons
19. Has illness / condition that requires treatment
20. Elderly/ getting older / likely to need treatment
21. Other

## Q3.

10. Can't afford it / too expensive
11. High risk category
12. Lack of value for money / not worth it
13. Medicare cover sufficient
14. Don't need medical care / in good health / have no dependants
15. Won't pay Medicare and private health insurance premium
16. Disillusioned about having to pay 'out of pocket' costs/ gap fees
17. Prepared to pay costs of private treatment from own resources
18. Pensioner / Veteran's Affairs / health concession card
19. Not high priority / previously included in parents' cover
20. Other

# Q4.

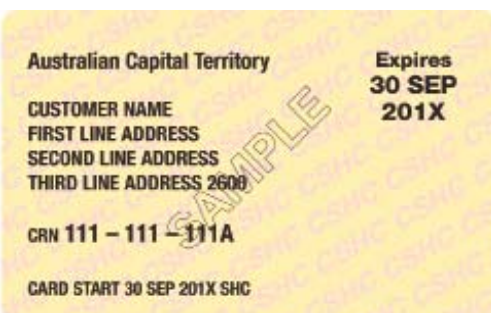
## 1. Health Care Card



## 2. Pensioner Concession Card



## 3. Commonwealth Seniors Health Card



# R1.

1. Australian Age Pension
2. Service Pension from the Department of Veterans' Affairs. (Exclude Defence force superannuation benefits)
3. Disability Support Pension from Centrelink
4. Newstart Allowance
5. Carer Payment
6. Partner Allowance
7. Widow Allowance from Centrelink
8. Wife Pension
9. Sickness Allowance
10. Special benefit

## R2.

1. Family Tax Benefit as a regular payment from the Family Assistance Office
2. Parenting Payment
3. Youth Allowance
4. Carer Allowance
5. War Widow's or Widower's Pension from the Department of Veterans' Affairs, including Income Support Supplement
6. Disability Pension from the Department of Veterans' Affairs
7. Overseas government pension
8. Any other government payment

## **R3.**

1. Child support or maintenance
2. Superannuation, an annuity or private pension
3. Workers' compensation

# S1.

- 10. Real estate agent
- 11. State or Territory housing authority

## Person not in the same household

- 12. Parent / other relative
- 13. Other person
- 14. Owner / Manager of caravan park

## Employer

- 15. Government employer
- 16. Other employer

## Other

- 17. Housing co-operative,  
Community or Church group
- 18. Other