IN CONFIDENCE

POPULATION SURVEY

Australian Bureau of Statistics

NATIONAL HEALTH SURVEY (I)

SPARSELY SETTLED: 2001

ADULT FORM

PSU	BLOCK	DWELLING	HH	PERSON

Interviewer: Commence interview at Q.18

1. OFFICE USE ONLY

Final household response status

2. SEX

Male … … … … … … 1

Female … … … … … … 2

3. AGE

Years … … … …

5. INDIGENOUS STATUS

Neither … … … … … … 1

Aboriginal … … … … … 2

Torres Strait Islander … 3

Both … … … … … … … 4

8. *Answering own schedule* … 1

Proxy (person in household) 2

10. HOUSEHOLD TYPE

1 *(Nothing further)* … ☐ 1
2 … … … … … … ☐ 2
3 … … … … … … ☐ 3
4 … … … … … … ☐ 4
5 … … … … … … ☐ 5
6 *(Complete Q.12)* … ☐ 6
7 *(Complete Q.12)* … ☐ 7
8 *(Complete Q.12)* … ☐ 8
9 *(Complete Q.13)* … ☐ 9

11.
Husband *(Nothing further)* … ☐ 1
Wife *(Nothing further)* … ☐ 2
Son/daughter *(Nothing further)* … ☐ 3

12.
Father/mother *(Nothing further)* … ☐ 1
Son/daughter *(Nothing further)* … ☐ 2

13.
Parent *(Nothing further)* … ☐ 1
Partner/spouse *(Nothing further)* … ☐ 2
Son/daughter in couple family *(Nothing further)* … ☐ 3
Son/daughter in lone parent family *(Nothing further)* … ☐ 4
Other relative *(Nothing further)* … ☐ 5
Not related *(Nothing further)* … ☐ 6

16. OFFICE USE ONLY

A Relationship	B Family Number	C UR Scope Exclusion	D Initial Schedule Response	E Incomplete Schedule Response
☐☐	☐	☐	☐	☐
F Income	**G Compulsion Queried**	**H Number of people aged 0-6 in household**	**I Number of people aged 7-14 in household**	**J Number of people aged 15-17 in household**
☐	☐	☐☐	☐☐	☐☐
K Number of people aged 18 or over in household	**L Selected adult attending educational institution (full-time 18-24)**	**M Social Marital Status**	**N Selected adult has child(ren) 0-14 in household**	**O Selected adult has child(ren) 15-24 in household**
☐☐	☐	☐☐	☐	☐
P Selected adult has child(ren) in household 15-24 who are full-time students	**S Registered Marital Status**			
☐	☐			

18. *Interviewer: Code best description of structure of respondent's dwelling*

- *Separate house* … 01 ☐
- *Semi-detached, row or terrace house, town house etc. with:*
  - *1 storey* … 02 ☐
  - *2 or more storeys* … … … … … … … … … … … … … … … … … 03 ☐
- *Flat attached to house* … … … … … … … … … … … … … … … … … 04 ☐
- *Other flat/unit/apartment:*
  - *in a 1 or 2 storey block* … … … … … … … … … … … … … … … 05 ☐
  - *in a 3 storey block* … … … … … … … … … … … … … … … … … 06 ☐
  - *in a 4 or more storey block* … … … … … … … … … … … … … … 07 ☐
- *Caravan/tent/cabin in a caravan park, houseboat in a marina, etc.* … … 08 ☐
- *Caravan not in a caravan park/houseboat not in a marina, etc.* … … … 09 ☐
- *Improvised home/campers out* … … … … … … … … … … … … … … … 10 ☐
- *House or flat attached to a shop, office, etc.* … … … … … … … … … 11 ☐

19. HOW MANY BEDROOMS ARE THERE IN THIS *(Specify dwelling type)*?

Interviewer: If bedsitter, code to zero

- Number … ☐☐
- Not applicable … 97 ☐

LANGUAGE

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

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH WITH YOUR FAMILY, RELATIVES AND FRIENDS?

Interviewer: If more than one language, prompt for language used most often

- No, English only … 1 ☐
- Yes, Aboriginal Language … … … … … … … … … … … … … … … … 2 ☐
- Yes, Torres Strait Islander Language … … … … … … … … … … … … 3 ☐
- Yes, Other *(Specify)* … … … … … … … … … … … … … … … … … … 4 ☐

OFFICE USE ONLY

22. ☐☐☐☐

EDUCATION

23. *Sequence Guide:*

. *If aged 25 or more* ..... 1 ☐ ▶ Go to Q.24

. *If currently attending school, TAFE, university, or other educational institution full-time (Column E on HF)* ..... 2 ☐ ▶ Go to Q.27

. *Otherwise* ..... 3 ☐ ▶ Go to Q.26

24. I AM NOW GOING TO ASK YOU ABOUT YOUR SCHOOLING.

ARE YOU CURRENTLY GOING TO A TAFE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION?

Yes ..... 1 ☐

No ..... 2 ☐ ▶ Go to Q.27

25. IS THIS ON A FULL-TIME OR PART-TIME BASIS?

Full-time ..... 1 ☐ ▶ Go to Q.27

Part-time ..... 2 ☐ ▶ Go to Q.27

26. I AM NOW GOING TO ASK YOU ABOUT YOUR SCHOOLING.

ARE YOU CURRENTLY GOING TO A TAFE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION, AS A PART-TIME STUDENT?

Yes ..... 1 ☐

No ..... 2 ☐

27. (I AM NOW GOING TO ASK YOU ABOUT YOUR SCHOOLING.)

AT WHAT AGE DID YOU MOST RECENTLY LEAVE SCHOOL?

Never went to school ..... 01 ☐ ▶ Go to Q.29

13 years and under ..... 02 ☐

14 years ..... 03 ☐

15 years ..... 04 ☐

16 years ..... 05 ☐

17 years ..... 06 ☐

18 years ..... 07 ☐

19 years ..... 08 ☐

20 years ..... 09 ☐

21 years and over ..... 10 ☐

Still at school ..... 11 ☐

28. WHAT IS THE HIGHEST YEAR OF SCHOOL YOU HAVE FINISHED?

Year 12 or equivalent	1	☐
Year 11	2	☐
Year 10	3	☐
Year 9	4	☐
Year 8 or lower	5	☐

29. (SINCE LEAVING SCHOOL,) HAVE YOU <u>FINISHED</u> A TRADE CERTIFICATE, DIPLOMA, DEGREE OR ANY OTHER EDUCATIONAL QUALIFICATION?

Yes	1	☐
No	2	☐ ▶ Go to Q.34

30. WHAT IS THE NAME OF THE HIGHEST QUALIFICATION YOU HAVE FINISHED?

<u>Interviewer:</u> If 'certificate', 'diploma' or 'degree', prompt for the type

Secondary school qualification	01	☐ ▶ Go to Q.34
Nursing qualification	02	☐ ▶ Go to Q.31
Teaching qualification	03	☐ ▶ Go to Q.32
Trade Certificate/Apprenticeship	04	☐ ▶ Go to Q.34
Technician's Certificate/Advanced Certificate	05	☐ ▶ Go to Q.34
Certificate other than above	06	☐ ▶ Go to Q.33
Associate Diploma	07	☐ ▶ Go to Q.33
Undergraduate Diploma	08	☐ ▶ Go to Q.33
Bachelor Degree	09	☐ ▶ Go to Q.34
Postgraduate Diploma/Graduate Certificate	10	☐ ▶ Go to Q.34
Masters Degree/Doctorate	11	☐ ▶ Go to Q.34
Other	12	☐ ▶ Go to Q.33

31. WHAT IS THE NAME OF THE HIGHEST NURSING QUALIFICATION YOU HAVE FINISHED?

Mothercraft Nurse	1	☐ ▶ Go to Q.34
Enrolled Nurse	2	☐ ▶ Go to Q.34
Nursing Aide/Auxiliary Nurse/Psychiatric Aide	3	☐ ▶ Go to Q.34
Registered Nurse/Sister	4	☐ ▶ Go to Q.34
Triple/Double Certificate Nurse/Theatre Nurse/Registered Midwife	5	☐ ▶ Go to Q.34
Other	6	☐ ▶ Go to Q.33

32. WHAT IS THE NAME OF THE HIGHEST TEACHING QUALIFICATION YOU HAVE FINISHED?

- Teaching certificate/TPTC/TSTC/TITC … 1 ☐ ▶ Go to Q.34
- Diploma of Teaching (Dip T) … 2 ☐ ▶ Go to Q.34
- Graduate Certificate/Diploma of Education (Dip Ed) … 3 ☐ ▶ Go to Q.34
- Other … 4 ☐ ▶ Go to Q.33

33. HOW LONG DOES THAT COURSE TAKE TO FINISH FULL-TIME?

- Less than 1 semester … 1 ☐
- 1 semester to less than 1 year … 2 ☐
- 1 year to less than 3 years … 3 ☐
- 3 years or more … 4 ☐

EMPLOYMENT

34. THE NEXT FEW QUESTIONS ARE ABOUT JOBS, INCLUDING CDEP WORK.

LAST WEEK DID YOU DO ANY WORK AT ALL IN A JOB?

- Yes … 1 ☐ ▶ Go to Q.36
- No … 2 ☐

35. EVEN THOUGH YOU DIDN'T WORK LAST WEEK DID YOU HAVE A JOB?

- Yes … 1 ☐
- No … 2 ☐ ▶ Go to Q.39

36. WHAT KIND OF WORK DID YOU DO?

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

.....

.....

OFFICE USE ONLY

37. WHO DID YOU WORK FOR?

Interviewer: Record name and address of employer

.....

.....

38. HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK?

Number of hours … [ ][ ] ▶ Go to Q.100

Less than 1 hour/no hours … … … … … … … … … … … … … … … … … 97 [ ]

39. HAVE YOU BEEN LOOKING FOR WORK IN THE LAST 4 WEEKS (MONTH)?

Yes, full-time … 1 [ ]

Yes, part-time … 2 [ ]

No … 3 [ ] ▶ Go to Q.100

40. WHAT THINGS HAVE YOU DONE IN THE LAST 4 WEEKS (MONTH) TO FIND WORK?

.....

.....

OFFICE USE ONLY [ ][ ]

SELF-ASSESSED HEALTH

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

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

Excellent … 1 [ ]

Very good … 2 [ ]

Good … 3 [ ]

Fair … 4 [ ]

Poor … 5 [ ]

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

BETTER NOW THAN ONE YEAR AGO? … … … … … … … … … … … … … 1 [ ]

ABOUT THE SAME AS ONE YEAR AGO? … … … … … … … … … … … … 2 [ ] ▶ Go to Q.103

WORSE NOW THAN ONE YEAR AGO? … … … … … … … … … … … … … 3 [ ]

102. IS THAT (MUCH BETTER OR A BIT BETTER) (A BIT WORSE OR MUCH WORSE) THAN ONE YEAR AGO?

Much better now than one year ago … … … … … … … … … … … … … 1 [ ]

A bit better now than one year ago … … … … … … … … … … … … … 2 [ ]

A bit worse now than one year ago … … … … … … … … … … … … … 3 [ ]

Much worse now than one year ago … … … … … … … … … … … … … 4 [ ]

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

Just right *(Acceptable weight)* ..... 1 ☐

Too skinny *(Underweight)* ..... 2 ☐

Too fat *(Overweight)* ..... 3 ☐

SMOKING

110. THE NEXT FEW QUESTIONS ARE ABOUT SMOKING.

DO YOU CURRENTLY SMOKE?

Yes ..... 1 ☐

No ..... 2 ☐ ▶ Go to Q.112

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

Yes ..... 1 ☐ ▶ Go to Q.113

No ..... 2 ☐

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

Yes ..... 1 ☐

No ..... 2 ☐

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

. *If single person household* ..... 1 ☐ ▶ Go to Q.120

. *Otherwise* ..... 2 ☐ ▶ Go to Q.114

114. DOES ANYONE ELSE IN YOUR HOUSE SMOKE REGULARLY, THAT IS, AT LEAST ONE SMOKE A DAY?

Yes ..... 1 ☐

No ..... 2 ☐ ▶ Go to Q.120

115. HOW MANY OTHER PEOPLE IN YOUR HOUSE SMOKE REGULARLY?

<u>Interviewer:</u> Record number

Number ..... ☐☐

Don't know ..... 98 ☐

ADULT IMMUNISATION

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

. *If aged 50 years or older* ..... 1 ☐ ▶ Go to Q.121

. *Otherwise* ..... 2 ☐ ▶ Go to Q.130

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

HAVE YOU EVER HAD A FLU NEEDLE?

Yes ..... 1 ☐

No ..... 2 ☐ ▶ Go to Q.123

Don't know ..... 3 ☐ ▶ Go to Q.123

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

Yes … 1 ☐
No … 2 ☐
Don't know … 3 ☐

123. HAVE YOU EVER HAD A PNEUMONIA NEEDLE?

Yes … 1 ☐
No … 2 ☐ ▶ Go to Q.130
Don't know … 3 ☐ ▶ Go to Q.130

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

Yes … 1 ☐
No … 2 ☐
Don't know … 3 ☐

HEARING

130. I AM NOW GOING TO ASK YOU ABOUT HEARING PROBLEMS.

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

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

Total deafness … 1 ☐ *a*
Deaf in 1 ear … 2 ☐ *b*
Hearing loss/partially deaf … … … … … … … … … … … … … … … … … 3 ☐ *c*
Ringing in your ears *(Tinnitus)* … … … … … … … … … … … … … … … 4 ☐ *d*
Ear infections *(Otitis media)* … … … … … … … … … … … … … … … … 5 ☐ *e*
Other (*Specify*) … 6 ☐ *f*

Don't know *(Type of problem)* … … … … … … … … … … … … … … … … 7 ☐ *g*
No problems … 8 ☐ *h*

OFFICE USE ONLY

131. ☐☐☐

DIABETES

140. THE NEXT QUESTIONS ARE ABOUT DIABETES OR SUGAR PROBLEMS.

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

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.150

141. HOW OLD WERE YOU WHEN YOU WERE FIRST TOLD YOU HAD (DIABETES OR SUGAR PROBLEMS)?

Interviewer: *Record age in years*
Get best estimate if 'not sure'

Years … ☐☐

Less than 1 year … 97 ☐

Don't know … 98 ☐

142. DO YOU STILL HAVE (DIABETES OR SUGAR PROBLEMS)?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.150

Don't know … 3 ☐ ▶ Go to Q.150

143. DO YOU HAVE INSULIN OR SUGAR NEEDLES EVERY DAY?

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

144. HAVE YOU TAKEN ANY TABLETS FOR YOUR (DIABETES OR SUGAR PROBLEMS) IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

145. DID YOU CHANGE THE FOOD YOU EAT BECAUSE OF YOUR (DIABETES OR SUGAR PROBLEMS)?

Interviewer probe: *Such as eating healthier food or less fatty or sugary foods*

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.147

146. DO YOU STILL EAT THESE HEALTHIER FOODS?

Yes … 1 ☐

No … 2 ☐

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

LOSING WEIGHT? …	1	☐ *a*
WALKING MORE, OR PLAYING SPORT MOST DAYS? … … … … … …	2	☐ *b*
TAKING ANY BUSH MEDICINES? … … … … … … … … … … … …	3	☐ *c*
ANYTHING ELSE? *(Other)* … … … … … … … … … … … … … …	4	☐ *d*
No action taken … … … … … … … … … … … … … … … … … …	5	☐ *e*

EYESIGHT

150. I WOULD NOW LIKE TO ASK ABOUT YOUR EYESIGHT.

DO YOU WEAR GLASSES FOR YOUR EYESIGHT?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.153

151. WHAT SIGHT PROBLEMS DO YOU WEAR GLASSES FOR?

Difficulty reading/reading glasses *(Long-sightedness)* … … … … … … …	1	☐ *a*
Can't see far away/driving glasses *(Short-sightedness/Myopia)* … … … …	2	☐ *b*
Other (*Specify*) …	3	☐ *c*
Don't know …	4	☐ *d*

OFFICE USE ONLY

152. ☐☐☐

153. DO YOU HAVE ANY (OTHER) PROBLEMS WITH YOUR SIGHT OR EYES?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.160
Don't know …	3	☐ ▶ Go to Q.160

154. CAN ANY OF THOSE PROBLEMS BE FIXED BY WEARING GLASSES?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.158
Don't know …	3	☐ ▶ Go to Q.158

155. WHICH PROBLEMS CAN BE FIXED BY GLASSES?

Difficulty reading/reading glasses *(Long-sightedness)* … … … … … … … 1 ☐ *a*

Can't see far away/driving glasses *(Short-sightedness/Myopia)* ……. 2 ☐ *b*

Other (*Specify*) … 3 ☐ *c*

Don't know … 4 ☐ *d*

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156. ☐☐☐

157. DO YOU HAVE ANY OTHER PROBLEMS WITH YOUR SIGHT OR EYES?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.160

Don't know … 3 ☐ ▶ Go to Q.160

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

Totally blind in both eyes … … … … … … … … … … … … … … … … … 01 ☐ *a*

Totally blind in 1 eye only … … … … … … … … … … … … … … … … … 02 ☐ *b*

Partially blind in both eyes … … … … … … … … … … … … … … … … 03 ☐ *c*

Partially blind in 1 eye only … … … … … … … … … … … … … … … … 04 ☐ *d*

Glaucoma … 05 ☐ *e*

Cataracts … 06 ☐ *f*

Trachoma … 07 ☐ *g*

Lazy eye … 08 ☐ *h*

Other (*Specify*) … 09 ☐ *i*

Don't know … 10 ☐ *j*

OFFICE USE ONLY

159. ☐☐☐

160. *Sequence Guide:*

. *If currently has diabetes or sugar problems (code '1') in Q.142* ..... 1 ☐ ▶ Go to Q.161

. *Otherwise* ..... 2 ☐ ▶ Go to Q.170

161. *Sequence Guide:*

. *If sight problem reported (code '1') in Q.150, Q.153 OR Q.157* ..... 1 ☐ ▶ Go to Q.162

. *Otherwise* ..... 2 ☐ ▶ Go to Q.164

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

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

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

OFFICE USE ONLY

163. ☐☐☐

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

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

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

ASTHMA

170. THE NEXT QUESTIONS ARE ABOUT ASTHMA OR BREATHING PROBLEMS.

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE ASTHMA OR BREATHING PROBLEMS?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.180
Don't know …	3	☐ ▶ Go to Q.180

171. DO YOU STILL GET (ASTHMA OR THESE BREATHING PROBLEMS)?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.180

172. HAVE YOU TAKEN ANY TABLETS OR USED A PUFFER FOR YOUR (ASTHMA OR BREATHING PROBLEMS) IN THE LAST 2 WEEKS?

Yes …	1	☐
No …	2	☐
Don't know …	3	☐

173. HAVE YOU BEEN TO THE HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE OF YOUR (ASTHMA OR BREATHING PROBLEMS) IN THE LAST 2 WEEKS?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.175

174. DID YOU STAY OVERNIGHT IN THAT HOSPITAL?

Yes …	1	☐
No …	2	☐

175. (APART FROM GOING TO HOSPITAL,) IN THE LAST 2 WEEKS, FOR YOUR (ASTHMA OR BREATHING PROBLEMS) DID YOU:

Interviewer: Only ask 'Code 4' if the respondent works in a job or is at school

VISIT A NURSE, SISTER OR OTHER HEALTH WORKER? … … … …	1	☐ *a*
VISIT A DOCTOR? …	2	☐ *b*
USE OR TAKE ANY BUSH MEDICINE? … … … … … … … … … …	3	☐ *c*
(HAVE DAYS AWAY FROM WORK OR SCHOOL)? … … … … … …	4	☐ *d*
ANYTHING ELSE? *(Other action taken)* … … … … … … … … … …	5	☐ *e*
None of the above … … … … … … … … … … … … … … … … … …	6	☐ *f*

CANCER

180. I AM NOW GOING TO ASK YOU ABOUT CANCER.

Interviewer: Pap smear tests for women are a type of test for cancer

HAVE YOU EVER HAD A TEST FOR CANCER?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.190

181. HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE CANCER?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.190

182. WHAT TYPE OF CANCER WERE YOU TOLD YOU HAD?

Interviewer probe: If respondent does not know what type, ask for part of body
Interviewer note: More than one response may be entered here

Skin cancer *(Include melanoma, basal cell carcinoma, squamous cell carcinoma)* … … … … … … … … … … … … … … … … … 01 ☐ *a*

Colon/rectum/bowel cancer *(Colorectal)* … … … … … … … … … … … 02 ☐ *b*

Breast … 03 ☐ *c*

Prostate … 04 ☐ *d*

Lung *(Include trachea, pleura and bronchus)* … … … … … … … … … … 05 ☐ *e*

Female reproductive organs *(Include cervix, uterus, ovary)* … … … … … 06 ☐ *f*

Bladder/kidney … 07 ☐ *g*

Stomach … 08 ☐ *h*

Leukaemia … 09 ☐ *i*

Lymphoma *(Include Non-Hodgkin's Lymphoma)* … … … … … … … … … 10 ☐ *j*

Cancer of unknown primary site … … … … … … … … … … … … … … 11 ☐ *k*

Other *(Specify)* … 12 ☐ *l*

Don't know … 13 ☐ *m*

OFFICE USE ONLY

183. ☐☐☐

184. *Sequence Guide:*

. *If breast cancer selected (code '03') in Q.182* … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.185

. *Otherwise* … 2 ☐ ▶ Go to Q.186

185. HOW OLD WERE YOU WHEN YOU WERE FIRST TOLD YOU HAD BREAST CANCER?

Interviewer: Record age in years …… ☐☐

186. DO YOU STILL HAVE CANCER?

Yes …… 1 ☐

No …… 2 ☐ ▶ Go to Q.190

187. WHAT TYPE OF CANCER DO YOU HAVE?

Interviewer: More than one response may be entered here

Skin cancer *(Include melanoma, basal cell carcinoma, squamous cell carcinoma)* ……	01	☐ *a*
Colon/rectum/bowel cancer *(Colorectal)* ……	02	☐ *b*
Breast ……	03	☐ *c*
Prostate ……	04	☐ *d*
Lung *(Include trachea, pleura and bronchus)* ……	05	☐ *e*
Female reproductive organs *(Include cervix, uterus, ovary)* ……	06	☐ *f*
Bladder/kidney ……	07	☐ *g*
Stomach ……	08	☐ *h*
Leukaemia ……	09	☐ *i*
Lymphoma *(Include Non-Hodgkin's Lymphoma)* ……	10	☐ *j*
Cancer of unknown primary site ……	11	☐ *k*
Other *(Specify)* ……	12	☐ *l*
Don't know ……	13	☐ *m*

OFFICE USE ONLY

188. ☐☐☐

189. HAVE YOU USED OR TAKEN ANY MEDICINE OR TABLETS FOR CANCER IN THE LAST 2 WEEKS?

Yes …… 1 ☐

No …… 2 ☐

HEART AND BLOOD PRESSURE PROBLEMS

190. THE NEXT QUESTIONS ARE ABOUT HEART OR BLOOD PRESSURE PROBLEMS.

HAVE YOU EVER BEEN TOLD BY A DOCTOR OR NURSE THAT YOU HAVE ANY HEART OR BLOOD PRESSURE PROBLEM, SUCH AS:

HIGH BLOOD PRESSURE *(Hypertension)*? … … … … … … … … …	01	☐ *a*
HIGH CHOLESTEROL OR FAT IN BLOOD? … … … … … … … … …	02	☐ *b*
RHEUMATIC HEART DISEASE? … … … … … … … … … … … …	03	☐ *c*
A HEART ATTACK? … … … … … … … … … … … … … … … … …	04	☐ *d*
STROKE *(Including after effects of stroke)*? … … … … … … … … …	05	☐ *e*
FAST OR IRREGULAR HEARTBEATS *(Tachycardia/palpitations)*? …	06	☐ *f*

ANYTHING ELSE?
<u>Interviewer:</u> write in the names of up to 3 conditions below

(A)	07	☐ *g*
(B)	08	☐ *h*
(C)	09	☐ *i*
No condition …	10	☐ *j* ▶ Go to Q.210

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191.(A)	192.(B)	193.(C)

194. DO YOU STILL HAVE ANY OF THESE PROBLEMS?

Interviewer: If 'yes', ask: WHICH ONES? *(for each type marked in Q.190)*

HIGH BLOOD PRESSURE *(Hypertension)*? … … … … … … … …	01	☐ *a*
HIGH CHOLESTEROL OR FAT IN BLOOD? … … … … … … … …	02	☐ *b*
RHEUMATIC HEART DISEASE? … … … … … … … … … … …	03	☐ *c*
A HEART ATTACK? … … … … … … … … … … … … … … …	04	☐ *d*
STROKE *(Including after effects of stroke)*? … … … … … … … …	05	☐ *e*
FAST OR IRREGULAR HEARTBEATS *(Tachycardia/palpitations)*?	06	☐ *f*

Other
Interviewer: write in the names of up to 3 conditions below

(A)	07	☐ *g*
(B)	08	☐ *h*
(C)	09	☐ *i*
No condition … … … … … … … … … … … … … … … … … …	10	☐ *j* ▶ Go to Q.210

OFFICE USE ONLY

195.(A)	196.(B)	197.(C)

198. *Sequence Guide:*

. *If 1 box only has been marked in Q.194* … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.201

. *Otherwise* … 2 ☐ ▶ Go to Q.199

199. HAVE YOU USED ANY TABLETS FOR YOUR HEART OR BLOOD PRESSURE PROBLEMS IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.210

200. DO YOU KNOW WHICH HEART OR BLOOD PRESSURE PROBLEMS YOU ARE TAKING TABLETS FOR?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.210

Some … 3 ☐

201. FOR *(Specify name of condition 1 recorded in Q.194)*, HAVE YOU USED OR TAKEN ANY TABLETS IN THE LAST 2 WEEKS?

Yes … 1 ☐
No … 2 ☐
Don't know … 3 ☐

202. *Sequence Guide:*

. *If only 1 condition reported in Q.194* … 1 ☐ ▶ Go to Q.210
. *Otherwise* … 2 ☐ ▶ Go to Q.203

203. FOR *(Specify name of condition 2 recorded in Q.194)*, HAVE YOU USED OR TAKEN ANY TABLETS IN THE LAST 2 WEEKS?

Yes … 1 ☐
No … 2 ☐
Don't know … 3 ☐

204. *Sequence Guide:*

. *If only 2 conditions reported in Q.194* … 1 ☐ ▶ Go to Q.206
. *Otherwise* … 2 ☐ ▶ Go to Q.205

205. FOR *(Specify name of condition 3 recorded in Q.194)*, HAVE YOU USED OR TAKEN ANY TABLETS IN THE LAST 2 WEEKS?

Yes … 1 ☐
No … 2 ☐
Don't know … 3 ☐

206. *Sequence Guide:*

. *If 'yes' (code '1') in Q.200* … 1 ☐ ▶ Go to Q.210
. *If 'some' (code '3') in Q.200* … 2 ☐ ▶ Go to Q.207

207. HAVE YOU USED OR TAKEN ANY OTHER TABLETS FOR YOUR HEART OR BLOOD PRESSURE PROBLEMS IN THE LAST 2 WEEKS?

Yes … 1 ☐
No … 2 ☐

LONG TERM HEALTH CONDITIONS

210. THE NEXT QUESTIONS ARE ABOUT ANY OTHER HEALTH PROBLEMS THAT YOU MAY HAVE.

DO YOU HAVE ANY OTHER HEALTH PROBLEMS, LIKE:

ARTHRITIS? … 1 ☐ *a*

KIDNEY DISEASE OR ON DIALYSIS? … … … … … … … … … … 2 ☐ *b*

HAYFEVER? … 3 ☐ *c*

(LOSS OF LIMB, [*Arm or leg*]?) … … … … … … … … … … … … 4 ☐ *d*

BACK PROBLEMS? *(Specify)* … … … … … … … … … … … … … … 5 ☐ *e*

(A) ☐

SKIN PROBLEMS? *(Specify)* … … … … … … … … … … … … … … 6 ☐ *f*

(B) ☐

None of these … … … … … … … … … … … … … … … … … … … 7 ☐ *g*

OFFICE USE ONLY

211.(A) ☐☐☐ **212.(B)** ☐☐☐

213. (APART FROM THE HEALTH PROBLEMS YOU HAVE ALREADY TOLD ME ABOUT,)

DO YOU HAVE ANY OTHER HEALTH PROBLEMS THAT:

KEEP COMING BACK NOW AND AGAIN? … … … … … … … … … 1 ☐ *a*

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

ARE NO LONGER A PROBLEM BECAUSE OF THE TABLETS YOU ARE TAKING? … … … … … … … … … … … … … … … … … 3 ☐ *c*

None of these … … … … … … … … … … … … … … … … … … 4 ☐ *d* ▶ Go to Q.220

214. WHAT HEALTH CONDITION(S) CAUSE YOU THESE PROBLEMS?

Interviewer: Write the condition(s) into the space provided

(a)

(b)

(c)

(d)

215. *Interviewer: Write the number of health conditions reported in Q.214*

OFFICE USE ONLY			
216.(a)	**217.(b)**	**218.(c)**	**219.(d)**

LONG TERM INJURIES

220. *Sequence Guide:*

. *If any condition reported anywhere (including sight and hearing conditions)* … … … … … … … … … … … 1 ☐ ▶ Go to Q.221

. *Otherwise* … 2 ☐ ▶ Go to Q.240

221. ARE ANY OF THE HEALTH PROBLEMS YOU HAVE TOLD ME ABOUT TODAY THE RESULT OF AN INJURY OR ACCIDENT?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.240

Don't know … 3 ☐ ▶ Go to Q.240

222. WHICH CONDITIONS ARE THEY?

Interviewer: Write the condition(s) into the space provided

(a)

(b)

(c)

(d)

(e)

223. *Interviewer: Write the number of health conditions reported in Q.222*

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224.(a)	225.(b)	226.(c)	227.(d)	228.(e)

229. *Interviewer: Ask Q.230, Q.231 and Q.232 for each condition reported in Q.222 (a-e)*
Mark the box in Q.230, Q.231 and Q.232 which corresponds to the code (a-e) in Q.222

230. DID YOU RECEIVE THIS INJURY:

WHILE AT (WORK/SCHOOL)?

	(a)	(b)	(c)	(d)	(e)	
Yes	☐	☐	☐	☐	☐	1
No	☐	☐	☐	☐	☐	2

231. (DID YOU RECEIVE THIS INJURY:)

IN A MOTOR VEHICLE/CAR ACCIDENT?

	(a)	(b)	(c)	(d)	(e)	
Yes	☐	☐	☐	☐	☐	1
No	☐	☐	☐	☐	☐	2

232. (DID YOU RECEIVE THIS INJURY:)

DURING EXERCISE OR SPORT?

	(a)	(b)	(c)	(d)	(e)	
Yes	☐	☐	☐	☐	☐	1
No	☐	☐	☐	☐	☐	2

INJURIES: SHORT TERM

240. I AM NOW GOING TO ASK YOU ABOUT ANY INJURIES.

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

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.310

241. WHEN YOU GOT HURT, DID YOU:

GO TO THE COMMUNITY CLINIC OR HOSPITAL? … … … … … … 1 ☐ *a*

DO ANYTHING FOR THE INJURY, LIKE BANDAGE IT OR STAY IN BED? … … … … … … … … … … … … … … … … … … … 2 ☐ *b*

DO ANYTHING ELSE? … … … … … … … … … … … … … … … … … 3 ☐ *c*

No action taken … … … … … … … … … … … … … … … … … … 4 ☐ *d* ▶ Go to Q.310

242. HOW DID YOU GET HURT WHEN YOU HAD TO DO (THIS/THOSE) THING(S)?

Interviewer probe: Prompt for the number of each event

Interviewer: Mark the box for the number of each type of event
Don't collect details about food poisoning

Type of event	*Number of events* 1	2	3	4	5+	
Car accident … … … … … …	☐	☐	☐	☐	☐	*a*
Tripping/slipping/low fall (less than 1 metre) … … … … …	☐	☐	☐	☐	☐	*b*
Falling from (tree/roof/wall)/ high fall (more than 1 metre) …	☐	☐	☐	☐	☐	*c*
Hitting something or being hit by something … … … … …	☐	☐	☐	☐	☐	*d*
Attacked by another person/ fighting … … … … … … … …	☐	☐	☐	☐	☐	*e*
Nearly drowned … … … … … …	☐	☐	☐	☐	☐	*f*
Burns by fire … … … … … …	☐	☐	☐	☐	☐	*g*
Burns by chemicals … … … …	☐	☐	☐	☐	☐	*h*
Animal bite or sting … … … …	☐	☐	☐	☐	☐	*i*
Other event requiring some action … … … … … …	☐	☐	☐	☐	☐	*j*

243. *Sequence Guide:*

. *If only food poisoning reported* … 1 ☐ ▶ Go to Q.310

. *If only 1 event reported in Q.242, mark the appropriate box in Q.244 and ask Q.245* … 2 ☐

. *Otherwise, ask Q.244* … 3 ☐

244. WHICH HAPPENED (MOST RECENTLY/SECOND MOST RECENTLY/ THIRD MOST RECENTLY)?

Type of event	*Most recent*	*2nd most recent*	*3rd most recent*	
	a	*b*	*c*	
Car accident … … … … … … … … …	☐	☐	☐	01
Tripping/slipping/low fall (less than 1 metre) … … … … … …	☐	☐	☐	02
Falling from (tree/roof/wall)/ high fall (more than 1 metre) … … …	☐	☐	☐	03
Hitting something or being hit by something … … … … … … …	☐	☐	☐	04
Attacked by another person/ fighting … … … … … … … … … …	☐	☐	☐	05
Nearly drowned … … … … … … … …	☐	☐	☐	06
Burns by fire … … … … … … … …	☐	☐	☐	07
Burns by chemicals … … … … … …	☐	☐	☐	08
Animal bite or sting … … … … … …	☐	☐	☐	09
Other event requiring some action … … … … … … … …	☐	☐	☐	10

245. I WOULD NOW LIKE TO ASK ABOUT THE MOST RECENT EVENT, THE *(Specify most recent event marked in Q.244).*

WHAT TYPE OF INJURY DID YOU HAVE AS A RESULT OF THE *(Specify most recent event marked in Q.244)?*

(WHICH PART OF YOUR BODY WAS INJURED)?

Interviewer:

1. Mark the injury type, (eg Fractures) down the left hand side

2. Mark the body part that was injured as a result of EACH of the types of injuries (eg Arms) along the top

		a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*	*j*	*k*	*l*
			Eyes	**Head (ex. eyes)**	**Neck (ex. spine)**	**Shoulder (incl. collar bone)**	**Arms (incl. wrists)**	**Hands/ fingers**	**Back/ spine**	**Trunk (incl. chest, internal organs, groin & buttocks (bottom))**	**Hip**	**Legs/ feet**	**Whole body**
10	Fractures	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	
11	Dislocations, sprains, strains, torn muscles/ ligaments	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
12	Internal injury	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
13	Open wounds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
14	Bruising	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
15	Burns and scalds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
16	Concussion	☐											
17	Choking	☐											
18	Poisoning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	No injury sustained	☐	▶ Go to Q.262										

OFFICE USE ONLY

246. ☐☐☐

247. ☐☐☐

248. ☐☐☐

249. ☐☐☐

250. ☐☐☐

OFFICE USE ONLY

251. ☐☐☐

252. ☐☐☐

253. ☐☐☐

254. ☐☐☐

255. ☐☐☐

256. WHAT WERE YOU DOING WHEN YOU WERE INJURED (FROM/IN) THE *(Specify most recent event marked in Q.244)*?

- Working … 1 ☐
- Sports activities … 2 ☐
- Leisure activities … 3 ☐
- Resting, sleeping, eating or other personal activities … 4 ☐
- Being nursed or cared for … 5 ☐
- Attending school/college/university … 6 ☐
- Domestic activities … 7 ☐
- Other … 8 ☐

257. WHERE WERE YOU?

- Inside own/someone else's home … 01 ☐
- Outside own/someone else's home … 02 ☐
- At school/college/university … 03 ☐
- Residential institution *(Men's quarters or nursing home)* … 04 ☐
- Health care facility … 05 ☐
- Sports facility/athletics field/park … 06 ☐
- Street or highway … 07 ☐
- Commercial place *(Shop, office or hotel)* … 08 ☐
- Industrial place *(Factory/CDEP depot)* … 09 ☐
- Farm … 10 ☐
- Other *(Such as river, bush etc.)* … 11 ☐

258. DID YOU GO TO A HOSPITAL, LIKE *(Specify closest major hospital)* BECAUSE OF THIS *(Specify most recent event marked in Q.244)*?

- Yes … 1 ☐
- No … 2 ☐ ▶ Go to Q.260
- Don't know … 3 ☐ ▶ Go to Q.260

259. DID YOU STAY OVERNIGHT?

- Yes … 1 ☐
- No … 2 ☐

260. DID YOU VISIT A:

DOCTOR/GP? … 1 ☐ *a*

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

None of these … … … … … … … … … … … … … … … … … … … 3 ☐ *c*

Don't know … 4 ☐ *d*

261. DID YOU HAVE ANY TIME OFF WORK OR SCHOOL DUE TO *(Specify most recent event marked in Q.244)?*

Yes … 1 ☐

No/not applicable … … … … … … … … … … … … … … … … … 2 ☐

Don't know … 3 ☐

262. *Sequence Guide:*

. *If only 1 event recorded in Q.244* … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.310

. *If more than 1 event recorded in Q.244* … … … … … … … … … … … … … 2 ☐ ▶ Go to Q.263

263. I WOULD NOW LIKE TO ASK ABOUT THE SECOND MOST RECENT EVENT, THE *(Specify second most recent event marked in Q.244).*

WHAT TYPE OF INJURY DID YOU HAVE AS A RESULT OF THE *(Specify second most recent event marked in Q.244)?*

(WHICH PART OF YOUR BODY WAS INJURED)?

Interviewer:

1. Mark the injury type, (eg Fractures) down the left hand side

2. Mark the body part that was injured as a result of EACH of the types of injuries (eg Arms) along the top

		a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*	*j*	*k*	*l*
			Eyes	**Head (ex. eyes)**	**Neck (ex. spine)**	**Shoulder (incl. collar bone)**	**Arms (incl. wrists)**	**Hands/ fingers**	**Back/ spine**	**Trunk (incl. chest, internal organs, groin & buttocks (bottom))**	**Hip**	**Legs/ feet**	**Whole body**
10	Fractures	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	
11	Dislocations, sprains, strains, torn muscles/ ligaments	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
12	Internal injury	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
13	Open wounds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
14	Bruising	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
15	Burns and scalds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
16	Concussion	☐											
17	Choking	☐											
18	Poisoning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	No injury sustained	☐	▶ Go to Q.280										

OFFICE USE ONLY

264. ☐☐☐

265. ☐☐☐

266. ☐☐☐

267. ☐☐☐

268. ☐☐☐

OFFICE USE ONLY

269. ☐☐☐

270. ☐☐☐

271. ☐☐☐

272. ☐☐☐

273. ☐☐☐

274. WHAT WERE YOU DOING WHEN YOU WERE INJURED (FROM/IN) THE *(Specify second most recent event marked in Q.244)*?

- Working … 1 ☐
- Sports activities … 2 ☐
- Leisure activities … 3 ☐
- Resting, sleeping, eating or other personal activities … 4 ☐
- Being nursed or cared for … 5 ☐
- Attending school/college/university … 6 ☐
- Domestic activities … 7 ☐
- Other … 8 ☐

275. WHERE WERE YOU?

- Inside own/someone else's home … 01 ☐
- Outside own/someone else's home … 02 ☐
- At school/college/university … 03 ☐
- Residential institution *(Men's quarters or nursing home)* … 04 ☐
- Health care facility … 05 ☐
- Sports facility/athletics field/park … 06 ☐
- Street or highway … 07 ☐
- Commercial place *(Shop, office or hotel)* … 08 ☐
- Industrial place *(Factory/CDEP depot)* … 09 ☐
- Farm … 10 ☐
- Other *(Such as river, bush etc.)* … 11 ☐

276. DID YOU GO TO A HOSPITAL BECAUSE OF THIS *(Specify second most recent event marked in Q.244)*?

- Yes … 1 ☐
- No … 2 ☐ ▶ Go to Q.278
- Don't know … 3 ☐ ▶ Go to Q.278

277. DID YOU STAY OVERNIGHT?

- Yes … 1 ☐
- No … 2 ☐

278. DID YOU VISIT A:

DOCTOR/GP? … 1 ☐ *a*

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

None of these … … … … … … … … … … … … … … … … … … … 3 ☐ *c*

Don't know … 4 ☐ *d*

279. DID YOU HAVE ANY TIME OFF WORK OR SCHOOL DUE TO *(Specify second most recent event marked in Q.244)?*

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

280. *Sequence Guide:*

. *If only 2 events recorded in Q.244* … … … … … … … … … … … … … … … … 1 ☐ ▶ Go to Q.310

. *If more than 2 events recorded in Q.244* … … … … … … … … … … … … … … 2 ☐ ▶ Go to Q.281

281. I WOULD NOW LIKE TO ASK ABOUT THE THIRD MOST RECENT EVENT, THE *(Specify third most recent event marked in Q.244).*

WHAT TYPE OF INJURY DID YOU HAVE AS A RESULT OF THE *(Specify third most recent event marked in Q.244)?*

(WHICH PART OF YOUR BODY WAS INJURED)?

Interviewer:

1. Mark the injury type, (eg Fractures) down the left hand side

2. Mark the body part that was injured as a result of EACH of the types of injuries (eg Arms) along the top

		a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*	*j*	*k*	*l*
			Eyes	**Head (ex. eyes)**	**Neck (ex. spine)**	**Shoulder (incl. collar bone)**	**Arms (incl. wrists)**	**Hands/ fingers**	**Back/ spine**	**Trunk (incl. chest, internal organs, groin & buttocks (bottom))**	**Hip**	**Legs/ feet**	**Whole body**
10	Fractures	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	
11	Dislocations, sprains, strains, torn muscles/ ligaments	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
12	Internal injury	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
13	Open wounds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
14	Bruising	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
15	Burns and scalds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
16	Concussion	☐											
17	Choking	☐											
18	Poisoning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	No injury sustained	☐	▶ Go to Q.310										

OFFICE USE ONLY

282. ☐☐☐

283. ☐☐☐

284. ☐☐☐

285. ☐☐☐

286. ☐☐☐

OFFICE USE ONLY

287. ☐☐☐

288. ☐☐☐

289. ☐☐☐

290. ☐☐☐

291. ☐☐☐

292. WHAT WERE YOU DOING WHEN YOU WERE INJURED (FROM/IN) THE *(Specify third most recent event marked in Q.244)*?

- Working … 1 ☐
- Sports activities … 2 ☐
- Leisure activities … 3 ☐
- Resting, sleeping, eating or other personal activities … 4 ☐
- Being nursed or cared for … 5 ☐
- Attending school/college/university … 6 ☐
- Domestic activities … 7 ☐
- Other … 8 ☐

293. WHERE WERE YOU?

- Inside own/someone else's home … 01 ☐
- Outside own/someone else's home … 02 ☐
- At school/college/university … 03 ☐
- Residential institution *(Men's quarters or nursing home)* … 04 ☐
- Health care facility … 05 ☐
- Sports facility/athletics field/park … 06 ☐
- Street or highway … 07 ☐
- Commercial place *(Shop, office or hotel)* … 08 ☐
- Industrial place *(Factory/CDEP depot)* … 09 ☐
- Farm … 10 ☐
- Other *(Such as river, bush etc.)* … 11 ☐

294. DID YOU GO TO A HOSPITAL BECAUSE OF THIS *(Specify third most recent event marked in Q.244)*?

- Yes … 1 ☐
- No … 2 ☐ ▶ Go to Q.296
- Don't know … 3 ☐ ▶ Go to Q.296

295. DID YOU STAY OVERNIGHT?

- Yes … 1 ☐
- No … 2 ☐

296. DID YOU VISIT A:

DOCTOR/GP? … 1 ☐ *a*

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

None of these … 3 ☐ *c*

Don't know … 4 ☐ *d*

297. DID YOU HAVE ANY TIME OFF WORK OR SCHOOL DUE TO *(Specify third most recent event marked in Q.244)?*

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

TIME OFF WORK/SCHOOL

310. *Sequence Guide:*

. *If aged 65 years old or more* … 1 ☐ ▶ Go to Q.320

. *If a student (code '2') in Q.23 OR (code '1') in Q.24 OR Q.26* … … … … … … … 2 ☐ ▶ Go to Q.312

. *If had job last week (code '1') in Q.34 OR Q.35* … … … … … … … … … … … … … 3 ☐ ▶ Go to Q.312

. *Otherwise* … 4 ☐ ▶ Go to Q.320

312. IN THE LAST 2 WEEKS HAVE YOU STAYED AWAY FROM YOUR (WORK OR SCHOOL) BECAUSE YOU WERE HURT OR SICK?

Interviewer: Must be away from work or school for half a day or more

Yes … 1 ☐

No … 2 ☐

HOSPITAL VISITS

320. IN THE LAST 2 WEEKS DID YOU GO TO OUTPATIENTS, EMERGENCY OR CASUALTY AT A HOSPITAL, LIKE *(Specify closest major hospital),* BECAUSE YOU WERE HURT OR SICK?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.322

321. HOW MANY TIMES IN THE LAST 2 WEEKS DID YOU GO TO THE OUTPATIENTS, EMERGENCY OR CASUALTY SECTION?

Number … ☐☐

322. IN THE LAST YEAR (12 MONTHS) HAVE YOU STAYED OVERNIGHT IN A HOSPITAL, LIKE *(Specify closest major hospital),* BECAUSE YOU WERE HURT OR SICK?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.331

323. HOW MANY TIMES HAVE YOU BEEN TO A HOSPITAL IN THE <u>LAST YEAR (12 MONTHS)</u>?

Number …

Don't know … 98

324. THE LAST TIME YOU WERE IN A HOSPITAL, HOW MANY NIGHTS DID YOU STAY?

Number …

Don't know … 98

325. DID YOU LEAVE THE HOSPITAL IN THE <u>LAST 2 WEEKS</u>?

Yes … 1

No … 2

326. WHEN YOU WERE IN HOSPITAL WERE YOU A:

MEDICARE PATIENT? … … … … … … … … … … … … … … … … 1

PRIVATE PATIENT? … … … … … … … … … … … … … … … … … 2

Don't know … 3

DENTIST VISITS

331. IN THE <u>LAST 2 WEEKS</u> HAVE YOU SEEN A DENTIST ABOUT YOUR TEETH?

<u>Interviewer probe:</u> If 'yes', ask: HOW MANY TIMES?

Number … ▶ Go to Q.333

Not seen … 97

332. WHEN WAS THE LAST TIME YOU SAW A DENTIST?

Less than 3 months ago … … … … … … … … … … … … … … … … 1

3 months to less than 6 months ago … … … … … … … … … … … 2

6 months to less than 1 year ago … … … … … … … … … … … … 3

1 year ago to less than 2 years ago … … … … … … … … … … … … 4

2 years ago or more … … … … … … … … … … … … … … … … … 5

Never … 6

Don't know … 7

DOCTOR VISITS

333. (APART FROM THE DOCTOR AT THE HOSPITAL VISIT,)
IN THE LAST 2 WEEKS HAVE YOU SEEN A DOCTOR?

Interviewer probe: If 'yes', ask: HOW MANY TIMES?

Number ……………………………………………………………… ☐☐

Not seen …………………………………………………………… 97 ☐

334. (APART FROM THE DOCTOR AT THE HOSPITAL VISIT,)

IN THE LAST 2 WEEKS HAVE YOU SEEN A SPECIAL DOCTOR (OR SPECIALIST) LIKE AN EYE DOCTOR, KIDNEY DOCTOR OR A HEART DOCTOR?

Interviewer probe: If 'yes', ask: HOW MANY TIMES?

Number ……………………………………………………………… ☐☐

Not seen …………………………………………………………… 97 ☐

335. *Sequence Guide:*

. *If code '97' in Q.333* …………………………………………… 1 ☐ ▶ Go to Q.336

. *Otherwise* ………………………………………………………… 2 ☐ ▶ Go to Q.337

336. (APART FROM SEEING A DOCTOR DURING ANY HOSPITAL VISIT,)

WHEN WAS THE LAST TIME YOU SAW A DOCTOR BECAUSE YOU WERE HURT OR SICK?

Less than 3 months ago ………………………………………… 1 ☐

3 months to less than 6 months ago ……………………………… 2 ☐

6 months to less than 1 year ago ………………………………… 3 ☐

1 year ago or more ………………………………………………… 4 ☐

Never ……………………………………………………………… 5 ☐

Don't know ………………………………………………………… 6 ☐

OTHER HEALTH PROFESSIONALS

337. (APART FROM SEEING A NURSE, SISTER OR HEALTH WORKER DURING ANY HOSPITAL VISITS YOU HAVE TOLD ME ABOUT,)

IN THE LAST 2 WEEKS HAVE YOU SEEN ANY OTHER HEALTH WORKER BECAUSE YOU WERE HURT OR SICK, SUCH AS:

ABORIGINAL (OR TORRES STRAIT ISLANDER) HEALTH WORKER (nec)? … … … … … … … … … … … … … … … …	1	*a*
NURSE OR SISTER? … … … … … … … … … … … … … … … …	2	*b*
ALCOHOL AND DRUG WORKER (nec)? … … … … … … … … …	3	*c*
SOCIAL WORKER/WELFARE OFFICER? … … … … … … … … …	4	*d*
ANYONE ELSE? *(Specify)* … … … … … … … … … … … … … … …	5	*e*
Not seen …	6	*f*
Don't know *(If seen an OHP)* … … … … … … … … … … … … … …	7	*g*

OFFICE USE ONLY

338. ☐☐

ALCOHOL

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

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

341. I AM NOW GOING TO ASK YOU ABOUT ALCOHOL. I AM ASKING THESE QUESTIONS AS DRINKING ALCOHOL CAN AFFECT PEOPLE'S HEALTH.

HOW LONG AGO DID YOU LAST HAVE AN ALCOHOLIC DRINK?

1 week or less … … … … … … … … … … … … … … … … …	1	
More than 1 week to less than 2 weeks … … … … … … … … …	2	▶ Go to Q.349
2 weeks or more … … … … … … … … … … … … … … … … …	3	▶ Go to Q.349
Never …	4	▶ Go to Q.349
Don't remember … … … … … … … … … … … … … … … … …	5	▶ Go to Q.349

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

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

343. *Interviewer: Tick the box relating to the most recent three days in the last week (if applicable) on which alcohol was consumed and ask Q.347 for each of those three days*

	344. *Most recent*	**345.** *2nd most recent*	**346.** *3rd most recent*
	a)	a)	a)
	☐ Monday 1	☐ Monday 1	☐ Monday 1
	☐ Tuesday 2	☐ Tuesday 2	☐ Tuesday 2
	☐ Wednesday 3	☐ Wednesday 3	☐ Wednesday 3
	☐ Thursday 4	☐ Thursday 4	☐ Thursday 4
	☐ Friday 5	☐ Friday 5	☐ Friday 5
	☐ Saturday 6	☐ Saturday 6	☐ Saturday 6
	☐ Sunday 7	☐ Sunday 7	☐ Sunday 7
347. WHAT DID YOU HAVE TO DRINK ON (*Specify day*)? *Interviewer: Prompt for quantity and brand type if not given* (b) Beer: light/ mid strength	b)	b)	b) .....
OFFICE USE ONLY	c)	c)	c)
(d) Beer: full strength *Interviewer: Specify if stout*	d)	d)	d) .....
OFFICE USE ONLY	e)	e)	e)
(f) Wine/Cask wine *Interviewer: Specify if red, white, low alcohol or sparkling wine*	f)	f)	f) .....
OFFICE USE ONLY	g)	g)	g)

Beer Glasses

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

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

Third best

Small ***sg***
200ml

Medium ***mg***
285ml

Large ***lg***
425ml

Bottles/cans by size

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

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

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

Interviewer: *Transfer day from Q.344, Q.345, Q.346 respectively.*	**344.** *Most recent*	**345.** *2nd most recent*	**346.** *3rd most recent* .....
(h) Spirits/Rum/JB/ Bacardi *Interviewer:* *Specify whether spirit, liqueur or UDL*	h)	h)	h) .....
OFFICE USE ONLY	i)	i)	i)
(j) Port/Sherry	j)	j)	j) .....
OFFICE USE ONLY	k)	k)	k)
(l) Other *(Specify)*	l)	l)	l) .....
OFFICE USE ONLY	m)	m)	m)

Glasses

Small ***sg*** 120ml

Medium ***mg*** 140ml

Large ***lg*** 200ml

Bottles ***lb*** 26oz/750ml bottle of wine or champagne

Flagon ***f***

Cask ***k***

2 litres *2k*
4 litres *4k*
5 litres *5k*

Spirits

half nip = ***hn***
nip = ***n***
double nip = ***dn***

348. IS THE AMOUNT YOU DRANK LAST WEEK MORE, ABOUT THE SAME, OR LESS, COMPARED TO MOST WEEKS?

More ... 1 ☐

About the same ... 2 ☐

Less ... 3 ☐

WOMEN'S HEALTH

349. *Sequence Guide:*

. *If respondent is female* …… 1 ☐ ▶ Go to Q.350

. *Otherwise* …… 2 ☐ ▶ Go to Q.370

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

DO YOU KNOW WHAT A MAMMOGRAM IS?

Yes … 1 ☐

No … 2 ☐

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

HAVE YOU EVER HAD A MAMMOGRAM?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.354

352. WHY DID YOU HAVE THIS MAMMOGRAM?

Symptoms of cancer present … 1 ☐ *a*

Family history of breast cancer … 2 ☐ *b*

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

Referred by doctor … 4 ☐ *d*

Participating in a screening programme … 5 ☐ *e*

Regular annual check-up … 6 ☐ *f*

Other reasons … 7 ☐ *g*

353. DO YOU HAVE REGULAR MAMMOGRAMS?

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

Yes … 1 ☐

No/only had one … 2 ☐

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

Yes … 1 ☐

No … 2 ☐

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

HAVE YOU EVER HAD A PAP SMEAR TEST?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.357

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

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

Yes … 1 ☐

No/only had one … 2 ☐

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

. *If respondent is aged between 18 and 64 years old* … … … … … … … … … 1 ☐ ▶ Go to Q.358

. *Otherwise* … 2 ☐ ▶ Go to Q.370

358. THE NEXT FEW QUESTIONS ARE ABOUT CHILDREN AND BREASTFEEDING.

HAVE YOU EVER HAD ANY BABIES?

<u>Interviewer:</u> If 'yes', ask: HOW MANY?

Number … ☐☐

No/none … 97 ☐ ▶ Go to Q.361

<u>Interviewer:</u> Record names of children, if given, in space provided

.....

.....

.....

.....

.....

.....

359. HAVE YOU EVER BREASTFED ANY OF YOUR CHILDREN?

<u>Interviewer probe:</u> If 'yes', ask: HOW MANY?

Number … ☐☐

No/none … 97 ☐ ▶ Go to Q.361

360. HOW MANY MONTHS HAVE YOU BREASTFED EACH CHILD?

Interviewer: Record number of months
Prompt for age of child when stopped breastfeeding and record in months

Child 1	… …	*a*
Child 2	… …	*b*
Child 3	… …	*c*
Child 4	… …	*d*
Child 5	… …	*e*
Child 6	… …	*f*
Child 7	… …	*g*
Child 8	… …	*h*
Child 9	… …	*i*
Child 10	… …	*j*

361. *Sequence Guide:*

. *If respondent is aged between 18 and 49 years old* … … … … … … … 1 ▶ Go to Q.362

. *Otherwise* … 2 ▶ Go to Q.370

362. WHICH OF THE FOLLOWING ARE TRUE FOR YOU OR YOUR HUSBAND OR PARTNER:

USE CONDOMS? … … … … … … … … … … … … … … … … … … …	1	*a*
HAVE A BABY NEEDLE *(DepoProvera)*? … … … … … … … … … … …	2	*b*
TAKE THE PILL *(Contraceptive Pill)*? … … … … … … … … … … …	3	*c*
USE THE LOOP *(IUD)*? … … … … … … … … … … … … … … … … …	4	*d*
ANYTHING ELSE TO STOP HAVING BABIES? *(Specify)* ……	5	*e*
Can't have babies (eg, infertile, tubes tied, menopause) … … … … … …	6	*f*
Don't have partner/not sexually active … … … … … … … … … … … …	7	*g*
None of these apply … … … … … … … … … … … … … … … … … …	8	*h*

COMMENTS *(Write any other details supplied)* .....

.....

.....

OFFICE USE ONLY

363.

INCOME

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

DO YOU CURRENTLY RECEIVE ANY INCOME FROM:

Interviewer: *If 'yes', prompt for which ones; multiple responses are allowed*
If 'CDEP', make sure Q.34-Q.38 has included CDEP employment

CDEP? … 1 ☐ *a*

A WAGE OR SALARY? … … … … … … … … … … … … … … … … … 2 ☐ *b*

THE GOVERNMENT FAMILY PAYMENT? … … … … … … … … … 3 ☐ *c*

SOME OTHER GOVERNMENT PENSION, BENEFIT OR ALLOWANCE? … 4 ☐ *d*

ANY OTHER REGULAR SOURCE? *(Specify)* … … … … … … … … 5 ☐ *e*

No/none of these … … … … … … … … … … … … … … … … … … 6 ☐ *f* ▶ Go to Q.372

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

Interviewer: *Ask for amount of each type marked in Q.370*

a) CDEP? … $ ☐☐☐☐☐☐

Don't know … 999 998 ☐

Interviewer: *Record period*

(i) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

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

Don't know … 999 998 ☐

Interviewer: *Record period*

(ii) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

c) THE GOVERNMENT FAMILY PAYMENT? … … … … … … $ | | | | | | |

Don't know …999 998 |

Interviewer: Record period

(iii) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 | | |

Months 2 | | |

d) SOME OTHER GOVERNMENT PENSION, BENEFIT OR ALLOWANCE? … … … … … … … … … … … … … … … … … $ | | | | | | |

Don't know …999 998 |

Interviewer: Record period

(iv) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 | | |

Months 2 | | |

e) ANY OTHER REGULAR SOURCE? … … … … … … … … … … $ | | | | | | |

Don't know …999 998 |

Interviewer: Record period

(v) HOW OFTEN ARE YOU PAID THIS?

Weeks 1 | | |

Months 2 | | |

372. *Sequence Guide:*

. *If selected adult has spouse/partner (in the same household)* …… 1 ☐ ▶ Go to Q.373

. *Otherwise* …… 2 ☐ ▶ Go to Q.381

373. DOES YOUR (SPOUSE/PARTNER) CURRENTLY RECEIVE ANY INCOME FROM:

Interviewer: If 'yes', prompt for which ones; multiple responses are allowed

CDEP? …… 1 ☐ *a*

A WAGE OR SALARY? …… 2 ☐ *b*

THE GOVERNMENT FAMILY PAYMENT? …… 3 ☐ *c*

SOME OTHER GOVERNMENT PENSION, BENEFIT OR ALLOWANCE? …… 4 ☐ *d*

ANY OTHER REGULAR SOURCE? *(Specify)* …… 5 ☐ *e*

No/none of these …… 6 ☐ *f* ▶ Go to Q.381

374. BEFORE INCOME TAX AND OTHER EXPENSES ARE TAKEN OUT, HOW MUCH DOES YOUR (SPOUSE/PARTNER) USUALLY RECEIVE FROM:

Interviewer: Ask for amount of each type marked in Q.373

a) CDEP? …… $ ☐☐☐☐☐☐

Don't know …… 999 998 ☐

Interviewer: Record period

(i) HOW OFTEN IS YOUR (SPOUSE/PARTNER) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

b) A WAGE OR SALARY? …… $ ☐☐☐☐☐☐

Don't know …… 999 998 ☐

Interviewer: Record period

(ii) HOW OFTEN IS YOUR (SPOUSE/PARTNER) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

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

Don't know …999 998 ☐

Interviewer: Record period

(iii) HOW OFTEN IS YOUR (SPOUSE/PARTNER) PAID THIS?

Weeks 1☐☐

Months 2☐☐

d) SOME OTHER GOVERNMENT PENSION, BENEFIT OR ALLOWANCE? … … … … … … … … … … … … … … … $ ☐☐☐☐☐☐

Don't know …999 998 ☐

Interviewer: Record period

(iv) HOW OFTEN IS YOUR (SPOUSE/PARTNER) PAID THIS?

Weeks 1☐☐

Months 2☐☐

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

Don't know …999 998 ☐

Interviewer: Record period

(v) HOW OFTEN IS YOUR (SPOUSE/PARTNER) PAID THIS?

Weeks 1☐☐

Months 2☐☐

WEIGHT & HEIGHT

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

HOW MUCH DO YOU WEIGH?

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

Kilograms … 1 0☐☐☐

Stone/pounds … 2☐☐☐☐

Pounds … 3 0☐☐☐

Don't know … 99998 ☐

382. HOW TALL ARE YOU WITHOUT SHOES?

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

Centimetres … 1 ☐☐☐

Feet/inches … 2 ☐☐☐

Don't know … … … … … … … … … … … … … … … … … … 9998 ☐

383. DO YOU GO TO THE (*Insert community name*) HEALTH CLINIC?

Yes … 1 ☐ ▶ Go to Q.385

No … 2 ☐

Not applicable … 3 ☐

384. DO YOU GO TO ANOTHER CLINIC OR HOSPITAL FOR YOUR HEALTH?

Yes … 1 ☐

No … 2 ☐

385. *Interviewer:* *Complete evaluation questions for this respondent*

INTERVIEWER ASSESSMENT

Interviewer: - *For data validation purposes, you are to provide your evaluation (using the scale provided), on how this respondent (i.e. the SELECTED ADULT) answered the survey questions below.*

- *These questions have been picked at random to assist in the development of the 2004 National Health Survey (I).*
- ***All** completed or partially completed questionnaires **must have** the evaluation completed by the interviewer for **each** respondent.*

SCALE TO BE USED

1. ***Adequate answer** (the respondent gives a confident answer that meets the objectives of the question)*
2. ***Qualified answer** (the respondent gives an answer that meets the objectives of the question but with some uncertainty, e.g. they are 'pretty sure' or 'think so')*
3. ***Inadequate answer** (the respondent gives an answer that they are completely unsure about, e.g. an obvious guess)*
4. ***No answer provided** (the respondent is not able to answer or refuses to answer)*

N. ***Not applicable** (Respondent was sequenced past these questions)*

Education

Q.27 ☐ Q.28 ☐ Q.29 ☐ Q.30 ☐

Self-assessed health

Q.100 ☐ Q.101 ☐ Q.102 ☐ Q.103 ☐

Adult immunisation *(all respondents aged 50 years or older)*

Q.121 ☐ Q.122 ☐ Q.123 ☐ Q.124 ☐

Diabetes

Q.141 ☐ Q.143 ☐ Q.144 ☐ Q.145 ☐ Q.147 ☐

Eyesight

Q.151 ☐ Q.155 ☐ Q.158 ☐ Q.162 ☐ Q.164 ☐

Cancer

Q.181 ☐ Q.182 ☐ Q.186 ☐ Q.187 ☐

Heart and blood pressure problems

Q.190 ☐ Q.194 ☐ Q.200 ☐ Q.201 ☐

Long term health conditions

Q.210 ☐ Q.213 ☐ Q.214 ☐

Hospital visits

Q.320 ☐ Q.321 ☐ Q.322 ☐ Q.323 ☐ Q.324 ☐ Q.325 ☐ Q.326 ☐

Dentist visits

Q.331 ☐ Q.332 ☐

Doctor visits

Q.333 ☐ Q.334 ☐ Q.336 ☐ Q.337 ☐

Women's health

Q.351 ☐ Q.353 ☐ Q.355 ☐ Q.356 ☐ Q.360 ☐ Q.362 ☐

Income

Q.370 ☐ Q.371 ☐ Q.373 ☐ Q.374 ☐

Weight and Height

Q.381 ☐ Q.382 ☐