IN CONFIDENCE

POPULATION SURVEY

NATIONAL HEALTH SURVEY (I)

SPARSELY SETTLED: 2001

CHILD'S FORM

PSU	BLOCK	DWELLING	HH	PERSON

Interviewer: Commence interview at Q.20

1. OFFICE USE ONLY

Final household response status

2. SEX

Male … … … … … … 1

Female … … … … … … 2

3. AGE Years … 1

If aged less than 2 years, record months … … … 2

5. INDIGENOUS STATUS

Neither … … … … … … 1

Aboriginal … … … … … 2

Torres Strait Islander … 3

Both … … … … … … … 4

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 *(Complete Q.14)* …… 1
- Wife *(Complete Q.14)* …… 2
- Son/daughter *(Complete Q.14)* …… 3

12.

- Father/mother *(Complete Q.14)* …… 1
- Son/daughter *(Complete Q.14)* …… 2

13.

- Parent *(Complete Q.14)* …… 1
- Partner/spouse *(Complete Q.14)* …… 2
- Son/daughter in couple family *(Complete Q.14)* …… 3
- Son/daughter in lone parent family *(Complete Q.14)* …… 4
- Other relative *(Complete Q.14)* …… 5
- Not related *(Complete Q.14)* …… 6

14.

- Child proxy is selected adult *(Complete Q.15)* …… 1
- Child proxy not selected adult *(Complete Q.15)* …… 2

16. OFFICE USE ONLY (CHILD)

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	**M** Social Marital Status	**Q** Child attending educational institution (full-time 15-17)	**S** Registered Marital Status	

17. OFFICE USE ONLY (CHILD PROXY)

A Sex	B Age	C Child proxy attending educational institution (full-time 18-24)	D Indigenous Status	
	G Social Marital Status	**H** Child proxy has child(ren) 0-14 in household	**I** Child proxy has child(ren) 15-24 in household	**J** Child proxy has child(ren) 15-24 who are full-time students

20. *Sequence Guide:*

. *If child proxy is selected adult* ..... 1 ☐ ▶ *Go to Q.41*

. *Otherwise* ..... 2 ☐ ▶ *Go to Q.21*

PROXY'S LANGUAGE

21. BEFORE I ASK YOU ABOUT (.....) HEALTH, I WOULD LIKE TO ASK YOU SOME 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. ☐☐☐☐

PROXY'S 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 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 FINISHED 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?

Interviewer: *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 ☐

PROXY'S 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.41
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.41

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

.....

.....

OFFICE USE ONLY

41. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT (.....).

HOW ARE YOU RELATED TO (.....)?

- Mother … 1
- Step-mother … 2
- Father … 3
- Step-father … 4
- Grandparent … 5
- Other relative … 6
- Other … 7

42. *Sequence Guide:*

. *If child aged 0-14 years old* … … … … … … … … … … … … … … … … … 1 ▶ Go to Q.125

. *Otherwise* … 2 ▶ Go to Q.43

CHILD EMPLOYMENT

43. THE NEXT FEW QUESTIONS ARE ABOUT (.....) AND JOBS, INCLUDING CDEP WORK.

LAST WEEK DID (.....) DO ANY WORK AT ALL IN A JOB?

- Yes … 1 ▶ Go to Q.45
- No … 2

44. EVEN THOUGH (.....) DIDN'T WORK LAST WEEK DID (.....) HAVE A JOB?

- Yes … 1
- No … 2 ▶ Go to Q.48

45. WHAT KIND OF WORK DID (.....) DO?

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

.....

.....

OFFICE USE ONLY

46. WHO DID (.....) WORK FOR?

Interviewer: Record name and address of employer

.....

.....

47. HOW MANY HOURS DOES (.....) USUALLY WORK EACH WEEK?

Number of hours … ☐☐ ▶ Go to Q.50

Less than 1 hour/no hours … … … … … … … … … … … … … … … … … 97 ☐

48. HAS (.....) BEEN LOOKING FOR WORK IN THE LAST 4 WEEKS (MONTH)?

Yes, full-time … 1 ☐

Yes, part-time … 2 ☐

No … 3 ☐ ▶ Go to Q.50

49. WHAT THINGS HAS (.....) DONE IN THE LAST 4 WEEKS (MONTH) TO FIND WORK?

.....

.....

OFFICE USE ONLY

☐☐

CHILD INCOME

50. I AM NOW GOING TO ASK YOU ABOUT ANY INCOME OR PAYMENTS (.....) GETS.

DOES (.....) CURRENTLY RECEIVE ANY INCOME FROM:

Interviewer: If 'yes', prompt for which ones; multiple responses are allowed
If 'CDEP', make sure Q.43-Q.47 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.100

51. BEFORE INCOME TAX AND OTHER EXPENSES ARE TAKEN OUT, HOW MUCH DOES (.....) USUALLY RECEIVE FROM:

Interviewer: Ask for amount of each type marked in Q.50

a) CDEP? … $ ☐☐☐☐☐☐

Don't know … 999 998 ☐

Interviewer: Record period

(i) HOW OFTEN IS (.....) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

b) A WAGE OR SALARY? … $ ☐☐☐☐☐☐

Don't know … 999 998 ☐

Interviewer: Record period

(ii) HOW OFTEN IS (.....) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

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

Don't know … 999 998 ☐

Interviewer: Record period

(iii) HOW OFTEN IS (.....) 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 (.....) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

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

Don't know … 999 998 ☐

Interviewer: Record period

(v) HOW OFTEN IS (.....) PAID THIS?

Weeks 1 ☐☐

Months 2 ☐☐

PROXY-ASSESSED HEALTH

100. I WOULD NOW LIKE TO ASK YOU ABOUT (.....) HEALTH.

IN GENERAL, WOULD YOU SAY THAT (.....) 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 (.....) 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 (.....) IS THE RIGHT WEIGHT, TOO SKINNY OR TOO FAT?

Just right *(Acceptable weight)* … 1 ☐

Too skinny *(Underweight)* … 2 ☐

Too fat *(Overweight)* … 3 ☐

BREASTFEEDING

125. *Sequence Guide:*

. *If child aged 0-3 years old* …… 1 ☐ ▶ Go to Q.126

. *Otherwise* …… 2 ☐ ▶ Go to Q.130

126. THE NEXT QUESTIONS ARE ABOUT BREASTFEEDING.

HAS (.....) EVER BEEN BREASTFED?

Yes …… 1 ☐

No …… 2 ☐ ▶ Go to Q.130

Don't know …… 3 ☐ ▶ Go to Q.130

127. IS (.....) CURRENTLY BEING BREASTFED?

Yes …… 1 ☐

No …… 2 ☐

Don't know …… 3 ☐

HEARING

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

DOES (.....) HAVE ANY HEARING PROBLEMS OR PROBLEMS WITH (HIS/HER) 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.

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS DIABETES OR SUGAR PROBLEMS?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.150

141. HOW OLD WAS (.....) WHEN (HE/SHE) WAS FIRST TOLD (HE/SHE) HAD (DIABETES OR SUGAR PROBLEMS)?

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

Years … ☐☐

Less than 1 year … 98 ☐

Don't know … 99 ☐

142. DOES (.....) STILL HAVE (DIABETES OR SUGAR PROBLEMS)?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.150

Don't know … 3 ☐ ▶ Go to Q.150

143. DOES (.....) HAVE INSULIN OR SUGAR NEEDLES EVERY DAY?

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

144. HAS (.....) TAKEN ANY TABLETS FOR (HIS/HER) (DIABETES OR SUGAR PROBLEMS) IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

145. DID (.....) CHANGE THE FOOD (HE/SHE) EATS BECAUSE OF (HIS/HER) (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. DOES (.....) STILL EAT THESE HEALTHIER FOODS?

Yes … 1 ☐

No … 2 ☐

147. IN THE LAST 2 WEEKS, HAS (.....) DONE ANYTHING ELSE TO HELP (HIMSELF/HERSELF) WITH (HIS/HER) (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 (HIS/HER) EYESIGHT.

DOES (.....) WEAR GLASSES FOR (HIS/HER) EYESIGHT?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.153

151. WHAT SIGHT PROBLEMS DOES (.....) WEAR (HIS/HER) 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. DOES (.....) HAVE ANY (OTHER) PROBLEMS WITH (HIS/HER) 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*

OFFICE USE ONLY

156. ☐☐☐

157. DOES (.....) HAVE ANY OTHER PROBLEMS WITH (HIS/HER) SIGHT OR EYES?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.160

Don't know … 3 ☐ ▶ Go to Q.160

158. WHAT (OTHER) SIGHT PROBLEMS DOES (.....) 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 (.....) (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 problem ……	13	*m*

OFFICE USE ONLY

163.

164. HOW LONG AGO IS IT SINCE (.....) LAST SAW AN EYE DOCTOR (SPECIALIST) OR OPTOMETRIST ABOUT (HIS/HER) 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.

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS ASTHMA OR BREATHING PROBLEMS?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.180

Don't know … 3 ☐ ▶ Go to Q.180

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

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.180

172. HAS (.....) TAKEN ANY TABLETS OR USED A PUFFER FOR (HIS/HER) (ASTHMA OR BREATHING PROBLEMS) IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 2 ☐

Don't know … 3 ☐

173. HAS (.....) BEEN TO THE HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE OF (HIS/HER) (ASTHMA OR BREATHING PROBLEMS) IN THE LAST 2 WEEKS?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.175

174. DID (.....) STAY OVERNIGHT IN THAT HOSPITAL?

Yes … 1 ☐

No … 2 ☐

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

Interviewer: Only ask 'Code 4' if the selected child 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.

HAS (.....) EVER HAD A TEST FOR CANCER?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.190

181. HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS CANCER?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.190

182. WHAT TYPE OF CANCER WAS (.....) TOLD (HE/SHE) 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 WAS (.....) WHEN (HE/SHE) WAS FIRST TOLD (HE/SHE) HAD BREAST CANCER?

Interviewer: Record age in years …… ☐☐

186. DOES (.....) STILL HAVE CANCER?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.190

187. WHAT TYPE OF CANCER DOES (.....) 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. HAS (.....) 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.

HAS (.....) EVER BEEN TOLD BY A DOCTOR OR NURSE THAT (HE/SHE) HAS 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

OFFICE USE ONLY

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

194. DOES (.....) 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. HAS (.....) USED ANY TABLETS FOR (HIS/HER) 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 (.....) IS TAKING TABLETS FOR?

Yes …	1	☐
No …	2	☐ ▶ Go to Q.210
Some …	3	☐

201. FOR *(Specify name of condition 1 recorded in Q.194)*, HAS (.....) 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)*, HAS (.....) 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)*, HAS (.....) 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. HAS (.....) USED OR TAKEN ANY OTHER TABLETS FOR (HIS/HER) 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 (.....) MAY HAVE.

DOES (.....) 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,)

DOES (.....) HAVE ANY OTHER HEALTH PROBLEMS THAT:

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

(.....) HAS HAD FOR A LONG TIME BUT GOT USED TO? … … … … 2 ☐ *b*

ARE NO LONGER A PROBLEM BECAUSE OF THE TABLETS (.....) IS TAKING? … … … … … … … … … … … … … … … … … … 3 ☐ *c*

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

214. WHAT HEALTH CONDITION(S) CAUSE (.....) 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 (.....) 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*

OFFICE USE ONLY

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 (.....) RECEIVE THIS INJURY:

WHILE AT (WORK/SCHOOL)?

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

231. (DID (.....) RECEIVE THIS INJURY:)

IN A MOTOR VEHICLE/CAR ACCIDENT?

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

232. (DID (.....) 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) HAS (.....) HAD ANY ACCIDENTS, HURT (HIMSELF/HERSELF) OR BEEN HURT BY SOMEONE OR SOMETHING?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.311

241. WHEN (.....) GOT HURT, DID (HE/SHE) :

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.311

242. HOW DID (.....) GET HURT WHEN (HE/SHE) 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.311

. *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 (.....) HAVE AS A RESULT OF THE *(Specify most recent event marked in Q.244)*?

(WHICH PART OF [HIS/HER] 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 WAS (.....) DOING WHEN (HE/SHE) WAS 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 WAS (HE/SHE)?

- 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 (.....) 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 (.....) STAY OVERNIGHT?

- Yes … 1
- No … 2

260. DID (.....) 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 (.....) 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.311
. *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 (.....) HAVE AS A RESULT OF THE *(Specify second most recent event marked in Q.244)*?

(WHICH PART OF [HIS/HER] 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 WAS (.....) DOING WHEN (HE/SHE) WAS 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 WAS (HE/SHE)?

- 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 (.....) 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 (.....) STAY OVERNIGHT?

- Yes … 1
- No … 2

278. DID (.....) 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 (.....) 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.311

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

(WHICH PART OF [HIS/HER] 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.311										

OFFICE USE ONLY

282. ☐☐☐

283. ☐☐☐

284. ☐☐☐

285. ☐☐☐

286. ☐☐☐

OFFICE USE ONLY

287. ☐☐☐

288. ☐☐☐

289. ☐☐☐

290. ☐☐☐

291. ☐☐☐

292. WHAT WAS (.....) DOING WHEN (HE/SHE) WAS 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 WAS (HE/SHE)?

- 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 (.....) 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 (.....) STAY OVERNIGHT?

- Yes … 1
- No … 2

296. DID (.....) VISIT A:

DOCTOR/GP? … 1 ☐ *a*

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

None of these … 3 ☐ *c*

Don't know … 4 ☐ *d*

297. DID (.....) 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

311. *Sequence Guide:*

. *If child aged 0-4 years old* … 1 ☐ ▶ Go to Q.320

. *If child aged 5-14 years old* … … … … … … … … … … … … … … … … … … … 2 ☐ ▶ Go to Q.312

. *If child aged 15-17 years old AND is a student (column E on HF)* … … … … 3 ☐ ▶ Go to Q.312

. *If child had job last week (code '1') in Q.43 or Q.44* … … … … … … … … 4 ☐ ▶ Go to Q.312

. *Otherwise* … 5 ☐ ▶ Go to Q.320

312. IN THE LAST 2 WEEKS HAS (.....) STAYED AWAY FROM (HIS/HER) (WORK OR SCHOOL) BECAUSE (HE/SHE) WAS 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 (.....) GO TO OUTPATIENTS, EMERGENCY OR CASUALTY AT A HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE (HE/SHE) WAS HURT OR SICK?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.322

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

Number … ☐☐

322. IN THE LAST YEAR (12 MONTHS) HAS (.....) STAYED OVERNIGHT IN A HOSPITAL, LIKE *(Specify closest major hospital)*, BECAUSE (HE/SHE) WAS HURT OR SICK?

Yes … 1 ☐

No … 2 ☐ ▶ Go to Q.330

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

Number ………………………………………………………… ☐☐

Don't know ……………………………………………………… 98 ☐

324. THE LAST TIME (.....) WAS IN A HOSPITAL, HOW MANY NIGHTS DID (HE/SHE) STAY?

Number ………………………………………………………… ☐☐

Don't know ……………………………………………………… 98 ☐

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

Yes …………………………………………………………… 1 ☐

No …………………………………………………………… 2 ☐

326. WHEN (.....) WAS IN HOSPITAL WAS (HE/SHE) A:

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

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

Don't know ……………………………………………………… 3 ☐

DENTIST VISITS

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

. *If aged 0-2 years old* …………………………………………… 1 ☐ ▶ Go to Q.333

. *Otherwise* …………………………………………………… 2 ☐ ▶ Go to Q.331

331. IN THE <u>LAST 2 WEEKS</u> HAS (.....) SEEN A DENTIST ABOUT (HIS/HER) 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 (.....) 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 HAS (.....) 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 HAS (.....) 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 (.....) SAW A DOCTOR BECAUSE (HE/SHE) WAS 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 HAS (.....) SEEN ANY OTHER HEALTH WORKER BECAUSE (HE/SHE) WAS 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.

339. *Sequence Guide:*

. *If child proxy is the selected adult*	1	☐	Go to Q.380
. *If child proxy is partner of the selected adult*	2	☐	Go to Q.380
. *Otherwise*	3	☐	Go to Q.370

INCOME

370. I AM NOW GOING TO ASK YOU ABOUT YOUR 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 child proxy has spouse/partner (in the same household)* …… 1 ▶ Go to Q.373

. *Otherwise* …… 2 ▶ Go to Q.380

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.380

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

380. *Sequence Guide:*

. *If child aged 0-14 years old* …… 1 ☐ ▶ Go to Q.383

. *Otherwise* …… 2 ☐ ▶ Go to Q.381

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

HOW MUCH DOES (.....) WEIGHT?

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

Kilograms …… 1 0 ☐☐☐

Stone/pounds …… 2 ☐☐☐

Pounds …… 3 0 ☐☐☐

Don't know …… 99998 ☐

382. HOW TALL IS (.....) WITHOUT SHOES?

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

Centimetres …… 1 ☐☐☐

Feet/inches …… 2 ☐☐☐

Don't know …… 9998 ☐

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

Yes …… 1 ☐ ▶ Go to Q.385

No …… 2 ☐

Not applicable …… 3 ☐

384. DOES (.....) GO TO ANOTHER HEALTH CLINIC OR HOSPITAL FOR (HIS/HER) HEALTH?

Yes …… 1 ☐

No …… 2 ☐

385. *Interviewer: Complete evaluation questions for this respondent (i.e. the Proxy)*

INTERVIEWER ASSESSMENT

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

Child Education

Q.27 ☐ Q.28 ☐ Q.29 ☐ Q.30 ☐

Income (child)

Q.370 ☐ Q.371 ☐ Q.373 ☐ Q.374 ☐

Proxy-assessed health

Q.100 ☐ Q.101 ☐ Q.102 ☐ Q.103 ☐

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 ☐

Height and Weight

Q.381 ☐ Q.382 ☐