

SID	S	S	S	1	9	H
PSU						
BLOCK						
DWELLING						
HOUSEHOLD						
PERSON						

# IN CONFIDENCE

POPULATION SURVEY



## NATIONAL HEALTH AND NUTRITION SURVEY

PSU	BLOCK	DWELLING	H H	PERSON
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> A	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0
<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 1
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> F	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2 <input type="checkbox"/> 2
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> J	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3 <input type="checkbox"/> 3
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> K	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4 <input type="checkbox"/> 4
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> L	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5 <input type="checkbox"/> 5
<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> R	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6 <input type="checkbox"/> 6
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> T	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7 <input type="checkbox"/> 7
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> V	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8 <input type="checkbox"/> 8
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> W	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9 <input type="checkbox"/> 9
	<input type="checkbox"/> X			

INTERVIEWER: Commence interview at Q.11

1. OFFICE USE ONLY  
 03  05  07  08  09  
 10  11  12

2. SEX  
 Male .....  1  
 Female .....  2

3. AGE Years .....  1  
 If aged less than 1 year record months.....  2  
 0  0  
 1  1  1  
 2  2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

4. MARITAL STATUS  
 Married .....  1  
 De facto .....  2  
 Separated .....  3  
 Divorced .....  4  
 Widowed.....  5  
 Never married .....  6

5. S.D. ONLY  
 S.D. boarding school pupil (No more questions).....  1  
 S.D. Other.....  2

6. EDUCATIONAL ATTENDANCE (If aged 15-20)  
 Still attending .....  1  
 Left school .....  2

7. ABORIGINAL/TSI ORIGIN  
 Neither .....  1  
 Aboriginal .....  2  
 Torres Strait Islander .....  3  
 Both.....  4

8. COUNTRY OF BIRTH  
 Australia → Q.10 .....  036  
 U.K. and Ireland .....  962  
 Italy .....  380  
 Greece .....  300  
 Netherlands .....  528  
 Germany .....  280  
 New Zealand .....  554  
 Viet Nam .....  704  
 Poland .....  616  
 Other (Specify).....  
 .....  
 .....

9. YEAR OF ARRIVAL  
 19     
 0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

10. PERSON TYPE  
 Usual resident of P.D. (Complete Q.13 to Q.15 when editing).....  1  
 Visitor to P.D. ....  2  
 S.D. ....  3

11. Interviewer: Record person number of respondent serving as proxy:  
 Answering own schedule.....  28  
 Proxy (person not in household).....  29  
 Proxy (person in household).....    
 0  0  
 1  1  
 2  2  
 3  
 4  
 5  
 6  
 7  
 8  
 9

12. → Q.101

<p><b>13. HOUSEHOLD TYPE</b></p> <p>1 (Nothing further) .... <input type="checkbox"/> 1</p> <p>2 ..... <input type="checkbox"/> 2</p> <p>3 ..... <input type="checkbox"/> 3</p> <p>4 ..... <input type="checkbox"/> 4</p> <p>5 ..... <input type="checkbox"/> 5</p> <p>6 (Complete Q.15) .... <input type="checkbox"/> 6</p> <p>7 (Complete Q.15) .... <input type="checkbox"/> 7</p> <p>8 (Complete Q.15) .... <input type="checkbox"/> 8</p> <p>9 (Nothing further) .... <input type="checkbox"/> 9</p>	<p><b>16. OFFICE USE ONLY</b></p>				
<p><b>14. Husband</b> (Nothing further) ..... <input type="checkbox"/> 1</p> <p><b>Wife</b> (Nothing further) ..... <input type="checkbox"/> 2</p> <p><b>Son/daughter</b> (Nothing further) ..... <input type="checkbox"/> 3</p>	<p><b>A</b></p> <p>Relationship</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p>	<p><b>B</b></p> <p>Family Number</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p>	<p><b>C</b></p> <p>UR Scope/ Coverage Exclusion</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<p><b>D</b></p> <p>Initial Schedule Response</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>	<p><b>E</b></p> <p>Incomplete Schedule Response</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>
<p><b>15. Father/mother</b> (Nothing further) ..... <input type="checkbox"/> 1</p> <p><b>Son/daughter</b> (Nothing further) ..... <input type="checkbox"/> 2</p>	<p><b>F</b></p> <p>Income</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<p><b>G</b></p> <p>Compulsion Queried</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>	<p><b>H</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p>	<p><b>I</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p>	<p><b>J</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p>

**101. Sequence Guide**  
 . If aged 6 years or more..... → Q.102  1  
 . If aged 3 years or less..... → Q.301  2  
 . Otherwise ..... → Q.317  3

**102. IN THIS HOUSEHOLD DO YOU USUALLY SPEAK ENGLISH?**  
 Yes..... → Q.104  1  
 No.....  2

**103. WHAT LANGUAGE DO YOU USUALLY SPEAK IN THIS HOUSEHOLD?**

Italian.....  0231  
 Greek.....  0411  
 Cantonese.....  0811  
 Mandarin.....  0814  
 German.....  0121  
 Arabic.....  0612

Other (Specify) .....  01  
 02  
 03  
 04  
 05  
 06  
 07  
 08  
 09

**104. Sequence Guide**  
 . If aged 14 years or less..... → Q.317  1  
 . If still attending school ('1' in Q.6)..... → Q.201  2  
 . Otherwise..... → Q.105  3

**105. I WOULD NOW LIKE TO ASK ABOUT YOUR SCHOOLING.**  
**AT WHAT AGE DID YOU LEAVE SCHOOL?**

Never went to school ..... → Q.107  01  
 Under 14 years..... → Q.107  02  
 14 years..... → Q.107  03  
 15 years ..... → Q.107  04  
 16 years.....  05  
 17 years.....  06  
 18 years.....  07  
 19 years.....  08  
 20 years.....  09  
 21 years and over .....  10

**106. DID YOU COMPLETE THE HIGHEST YEAR OF SECONDARY SCHOOL AVAILABLE?**  
 Yes.....  1  
 No .....  2

**107. Sequence Guide**  
 . If ATSI (code '2', '3' or '4' in Q.7) ..... → Q.108  1  
 . If household selected for GHWBF (code '1' in Box A on HF).. → Q.116  2  
 . Otherwise..... → Q.108  3

**108. (SINCE LEAVING SCHOOL), HAVE YOU COMPLETED A TRADE CERTIFICATE, DEGREE OR ANY OTHER EDUCATIONAL QUALIFICATION?**  
 Yes.....  1  
 No ..... → Q.116  2

**109. Interviewer: Show GREEN Prompt Card A.**  
**WHICH OF THESE BEST DESCRIBES THE HIGHEST QUALIFICATION YOU HAVE COMPLETED?**

Secondary School Qualification  01  
 Nursing Qualification ..... → Q.113  02  
 Teaching Qualification ..... → Q.115  03  
 Trade Certificate/ Apprenticeship.....  04  
 Technician's Certificate/ Advanced Certificate.....  05  
 Certificate other than above ..... → Q.111  06  
 Associate Diploma → Q.111  07  
 Undergraduate Diploma ..... → Q.111  08  
 Bachelor Degree .....  09  
 Post-graduate Diploma.....  10  
 Masters Degree/ Doctorate.....  11  
 Other.....  12

**110. → Q.116**

**111. HOW LONG DOES THAT CERTIFICATE OR DIPLOMA TAKE TO COMPLETE, STUDYING 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

112. → Q.116

113. *Interviewer: Show PINK Prompt Card B.*

WHICH OF THESE GROUPS BEST DESCRIBES THAT QUALIFICATION?

- Mothercraft Nurse.....  01
- Enrolled Nurse.....  02
- Nursing Aide/Auxiliary Nurse/  
Psychiatric Aide.....  03
- Associate Diploma.....  04
- Undergraduate Diploma/  
Registered Nurse/Sister.....  05
- Bachelor Degree.....  06
- Triple, Double Certificate  
Nurse/Theatre Nurse/Registered  
Midwife.....  07
- Postgraduate Diploma.....  08
- Masters Degree/Doctorate.....  09
- Other.....  10

114. → Q.116

115. *Interviewer: Show BLUE Prompt Card C.*

WHICH OF THESE GROUPS BEST DESCRIBES THAT QUALIFICATION?

- Teaching Certificate.....  1
- Associate Diploma.....  2
- Undergraduate Diploma of  
Teaching.....  3
- Bachelor Degree.....  4
- Post-graduate Diploma/Graduate  
Certificate/Diploma of  
Education.....  5
- Masters Degree/Doctorate.....  6
- Other.....  7

116. ARE YOU CURRENTLY STUDYING AT A TAFE COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION -

- AS A FULL-TIME STUDENT?.....  1
- AS A PART-TIME STUDENT?.....  2
- None of the above.....  3

117. I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK.

LAST WEEK, DID YOU DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?

- Yes..... → Q.120  1
- No.....  2
- Permanently unable to work.....  
..... → Q.201  3

118. LAST WEEK, DID YOU DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?

- Yes..... → Q.120  1
- No.....  2

119. DID YOU HAVE A JOB, BUSINESS OR FARM THAT YOU WERE AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?

- Yes.....  1
- No..... → Q.126  2

120. DID YOU HAVE MORE THAN ONE JOB LAST WEEK?

- Yes.....  1
- No..... → Q.122  2

121. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR MAIN JOB, THAT IS THE JOB IN WHICH YOU USUALLY WORK THE MOST HOURS.

122. WHAT KIND OF WORK DO YOU DO?

- (Title).....
- .....
- .....
- .....
- (Main tasks/duties).....
- .....
- .....

123. (IN THAT JOB) DO YOU WORK —

- FOR AN EMPLOYER FOR WAGES OR SALARY?.....  1
- IN YOUR OWN BUSINESS WITH EMPLOYEES?.....  2
- WITH NO EMPLOYEES?.....  3
- WITHOUT PAY IN A FAMILY BUSINESS?.....  4
- WHAT ARE YOUR WORKING ARRANGEMENTS?  
Payment in kind.....  5
- Unpaid voluntary work..... → Q.126  6

124. HOW MANY HOURS A WEEK DO YOU USUALLY WORK IN (ALL) YOUR JOB(S)?

Number of hours

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Less than 1 hour/  
no hours

99

125. → Q.201

126. AT ANY TIME DURING THE LAST 4 WEEKS HAVE YOU BEEN LOOKING FOR FULL-TIME OR PART-TIME WORK?

- Yes.....  1
- No ..... → Q.201  2

127. AT ANY TIME IN THE LAST 4 WEEKS HAVE YOU -

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK?.....  01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? .....  02

LOOKED IN NEWSPAPERS?

- Yes.....
- No.....

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS?.....  03

AT ANY TIME IN THE LAST 4 WEEKS HAVE YOU -

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE?.....  04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY?  05

DONE ANYTHING ELSE TO FIND A JOB?

- Advertised or tendered for work..  06
- Contacted friends/relatives .....  07
- Only looked in newspapers ..... → Q.201  08
- None of these..... → Q.201  09
- Other..... → Q.201  10

128. IF YOU HAD FOUND A JOB COULD YOU HAVE STARTED WORK LAST WEEK?

- Yes.....  1
- No .....  2
- Don't know .....  3

129. WHEN DID YOU BEGIN LOOKING FOR WORK?

- Enter date.....
- Less than two weeks.....  001
- Number of weeks

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

130. HOW LONG AGO IS IT SINCE YOU LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?

- Enter date .....
- Under 2 years (no. of weeks).....  1  1  1
- Years ..... 0 2  2  2
- Never worked full time for two weeks or more but has worked.....  9998
- Has never worked at all.....  9999



201. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR OWN 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

202. DO YOU CONSIDER YOURSELF TO BE-

- ACCEPTABLE WEIGHT?..... 1
UNDERWEIGHT?..... 2
OVERWEIGHT?..... 3

203. HOW TALL ARE YOU WITHOUT SHOES?

- Centimetres 1 0-9
Feet..... 2 0-11
Inches..... 0-11
Don't know..... 9999

204. HOW MUCH DO YOU WEIGH ?

- Kilograms 0 1 0-9
Stone/Pounds..... 2 0-14
Pounds..... 0 3 0-9
Don't know..... 99999

205. IN THE LAST TWO WEEKS HAVE YOU WALKED FOR SPORT, RECREATION OR FITNESS ?

- Yes..... 1
No..... Q.208 2

206. HOW MANY TIMES DID YOU WALK IN THE LAST TWO WEEKS?

- Number..... 0-9

207. WHAT WAS THE TOTAL AMOUNT OF TIME YOU SPENT WALKING IN THE LAST TWO WEEKS?

Hours/Minutes grid with options 0-99 and 99 hours or more.

208. I WILL NOW ASK YOU ABOUT MODERATE AND VIGOROUS EXERCISE, APART FROM WALKING.

IN THE LAST TWO WEEKS DID YOU DO ANY EXERCISE WHICH CAUSED A MODERATE INCREASE IN YOUR HEART RATE OR BREATHING?

- Yes..... 1
No..... Q.211 2

209. HOW MANY TIMES DID YOU DO ANY MODERATE EXERCISE IN THE LAST TWO WEEKS?

Number..... 0-9

210. WHAT WAS THE TOTAL AMOUNT OF TIME YOU SPENT DOING MODERATE EXERCISE IN THE LAST TWO WEEKS?

Hours/Minutes grid with options 0-99 and 99 hours or more.

211. IN THE LAST TWO WEEKS DID YOU DO ANY (OTHER) EXERCISE WHICH CAUSED A LARGE INCREASE IN YOUR HEART RATE OR BREATHING, THAT IS, VIGOROUS EXERCISE?

- Yes..... 1
No..... Q.214 2

212. HOW MANY TIMES DID YOU DO ANY VIGOROUS EXERCISE IN THE LAST TWO WEEKS?

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

213. WHAT WAS THE TOTAL AMOUNT OF TIME YOU SPENT DOING VIGOROUS EXERCISE IN THE LAST TWO WEEKS?

Hours/Minutes

0  0  0  0  
 1  1  1  1  
 2  2  2  2  
 3  3  3  3  
 4  4  4  4  
 5  5  5  5  
 6  6  6  6  
 7  7  7  7  
 8  8  8  8  
 9  9  9  9

99 hours or more....  99

214. Sequence Guide

. If aged 17 years or under... → Q.317  1

. Otherwise..... → Q.215  2

215. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT SMOKING.

DO YOU CURRENTLY SMOKE?

Yes.....  1

No..... → Q.217  2

216. DO YOU SMOKE REGULARLY, THAT IS, AT LEAST ONCE A DAY?

Yes..... → Q.218  1

No.....  2

217. HAVE YOU EVER SMOKED REGULARLY (THAT IS, AT LEAST ONCE A DAY)?

Yes.....  1

No.....  2

218. Sequence Guide

. If ATSI (code '2', '3' or '4' in Q.7)..... → Q.219  1

. If household selected for GHWBF (code '1' in Box A on HF).. → Q.317  2

. Otherwise..... → Q.219  3

219. THE NEXT FEW QUESTIONS ARE ABOUT ALCOHOLIC DRINKS.

Interviewer: Show YELLOW Prompt Card D.

HOW LONG AGO DID YOU LAST HAVE AN ALCOHOLIC DRINK?

1 week or less..... → Q.221  1

More than 1 week to less than 2 weeks.....  2

2 weeks to less than 1 month .....  3

1 month to less than 3 months .....  4

3 months to less than 12 months .....  5

12 months or more .....  6

Never.....  7

Don't remember.....  8

220. → Q.317

221. Interviewer: Mark day on which interview conducted.

Monday.....  1

Tuesday.....  2

Wednesday.....  3

Thursday.....  4

Friday.....  5

Saturday.....  6

Sunday.....  7

222. ON WHICH DAYS IN THE LAST SEVEN DID YOU HAVE DRINKS THAT CONTAINED ALCOHOL?

All..... a  1

Monday..... b  2

Tuesday..... c  3

Wednesday..... d  4

Thursday..... e  5

Friday..... f  6

Saturday..... g  7

Sunday..... h  8

223. Interviewer: Fill in the name of the most recent three days in the last week (if applicable) on which alcohol was consumed at the top of p.8 and ask Q.224 for each of those three days.

	.....DAY <input type="checkbox"/>	.....DAY <input type="checkbox"/>	.....DAY <input type="checkbox"/>	
<p>224. WHAT DID YOU HAVE TO DRINK ON (Specify day)?</p> <p><i>Interviewer: Prompt for quantity if not given.</i></p> <p>(a) Beer: Extra/special light....</p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	<p>Best: 10oz 285ml</p> <p>Secondbest pony. middy schooner</p> <p>Allbottles &amp;cans: b/c Small 10oz /285ml - twist tops sb/s c</p>
<p>(b) Beer: Low alcohol.....</p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	<p>Medium 13oz/375ml stubbie normal can mb/m c</p>
<p>(c) Beer: Full strength.....</p> <p><i>Interviewer : Specify if stout.</i></p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	<p>Large 26oz/750ml bottle of wine or lb/lc</p> <p>Flagon : f</p>
<p>(d) Wine/champagne.....</p> <p><i>Interviewer : Specify if red, white or sparkling wine.</i></p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	<p>Glasses small : sg 3oz/85ml or less medium: mg 4oz/115ml or less large : lg 5oz/145ml or more</p>
<p>(e) Spirits/liqueurs.....</p> <p><i>Interviewer : Specify whether spirit or liqueur.</i></p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	<p>Spirits half nip =hn nip=n double nip=dn</p>
<p>(f) Fortified wine.....</p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	
<p>(g) Other (Specify).....</p> <p>.....</p> <p>.....</p>	<p>1- <input type="text"/></p>	<p>2- <input type="text"/></p>	<p>3- <input type="text"/></p>	



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

- More.....  1
- Less.....  2
- About the same.....  3

226. → Q.317

301. THE NEXT FEW QUESTIONS ARE ABOUT BREASTFEEDING.

HAS ... EVER BEEN BREASTFED?

- Yes.....  1
- No..... → Q.304  2

302. IS ... CURRENTLY BEING BREASTFED?

- Yes.....  1
- No.....  2

303. WAS ... BREASTFED WHEN ... FIRST CAME HOME FROM HOSPITAL?

- Yes.....  1
- No.....  2
- No hospital.....  3

304. HAS...EVER BEEN GIVEN INFANT FORMULA REGULARLY?

- Yes.....  1
- No..... → Q.306  2

305. AT WHAT AGE WAS ... FIRST GIVEN INFANT FORMULA REGULARLY?

- Weeks.....  1
- Months.....  2
- Less than one week  998
- Don't know.....  999

306. HAS...EVER BEEN GIVEN COW'S MILK REGULARLY?

- Yes.....  1
- No..... → Q.308  2

307. AT WHAT AGE WAS ... FIRST GIVEN COW'S MILK REGULARLY?

- Weeks.....  1
- Months.....  2
- Less than one week  998
- Don't know.....  999

**308.** (APART FROM BREAST MILK/INFANT FORMULA/COW'S MILK) HAS ... EVER BEEN GIVEN ANY (OTHER) TYPE OF MILK SUBSTITUTE ON A REGULAR BASIS?

- Yes.....  1
- No.....  → Q.311  2

**309.** WHAT TYPE OF MILK SUBSTITUTES DID ... HAVE?

- Soya Bean milk.....a  1
- Goat's milk.....b  2
- Evaporated milk.....c  3
- Other .....d  4

**310.** AT WHAT AGE WAS ... FIRST GIVEN (THIS/ANY OF THESE) MILK SUBSTITUTE(S) REGULARLY?

- Weeks..... 1  0  0  
 1  1  1  
 2  2  2
- Months..... 2  3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9
- Less than one week  998
- Don't know.....  999

**311.** *Sequence Guide*

- . If aged less than 6 months .....  → Q.312  1
- . Otherwise.....  → Q.313  2

**312.** HAS ... EVER BEEN GIVEN SOLID FOOD?

- Yes.....  1
- No.....  → Q.314  2

**313.** AT WHAT AGE WAS ... FIRST GIVEN SOLID FOOD REGULARLY?

- Weeks..... 1  0  0  
 1  1  1  
 2  2  2
- Months..... 2  3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9
- Never/not yet.....  997
- Don't know.....  999

**314.** *Sequence Guide*

- . If code '2' in Q.302.....  → Q.315  1
- . Otherwise.....  → Q.317  2

**315.** INCLUDING TIMES OF WEANING, WHAT IS THE TOTAL TIME ... WAS BREASTFED?

- Weeks.....    1  0  0  
 1  1  1  
 2  2  2  
 3  3  3
- Months.....    2  4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9
- Less than one week  998
- Don't know.....  999

**316.** WHAT IS THE MAIN REASON YOU STOPPED BREASTFEEDING ... ?

- Teething.....  1
- Child bored.....  2
- Felt it was time to stop.....  3
- Resumed work.....  4
- Pregnant.....  5
- Not producing any/adequate milk.....  6
- Other .....  7

**317.** THE FOLLOWING QUESTIONS ARE ABOUT SUN PROTECTION.

IN THE LAST MONTH, HAVE YOU TAKEN ANY MEASURES, SUCH AS THESE, TO PROTECT YOURSELF FROM THE SUN?

*Interviewer: Show WHITE Prompt Card E.*

- Yes.....  1
- No.....  → Q.319  2
- Not exposed to sun.....  → Q.319  3

**318.** WHICH PROTECTIVE MEASURES DID YOU TAKE?

- Sunscreen.....a  1
- Umbrella.....b  2
- Hat.....c  3
- Clothing.....d  4
- Sunglasses.....e  5
- Avoided sun.....f  6
- Other .....g  7

319. WHEN YOU (DO) GO OUT IN THE SUN HOW OFTEN DO YOU DELIBERATELY TAKE PROTECTIVE MEASURES?

- Always.....  1
- Usually.....  2
- Sometimes.....  3
- Seldom.....  4
- Never.....  5
- Don't go out in the sun.....  6

320. DO YOU OR ANYONE ELSE REGULARLY CHECK YOUR SKIN FOR CHANGES IN FRECKLES AND MOLES?

- Yes.....  1
- No.....  2

401. THE FOLLOWING QUESTIONS ARE ABOUT SPECIFIC HEALTH CONDITIONS.

APART FROM COLDS OR OTHER INFECTIONS, WHEN BREATHING OUT HAS YOUR CHEST EVER SOUNDED WHEEZY OR WHISTLY?

- Yes.....  1
- No.....  2 → Q.403

402. WHEN WAS THE LAST TIME IT SOUNDED THAT WAY?

- Less than 1 year ago.....  1
- 1 year to less than 3 years ago...  2
- 3 years to less than 5 years ago..  3
- 5 or more years ago.....  4

403. APART FROM COLDS OR OTHER INFECTIONS, HAVE YOU EVER WOKEN AT NIGHT FROM YOUR OWN COUGHING?

- Yes.....  1
- No.....  2 → Q.405

404. WHEN WAS THE LAST TIME THAT HAPPENED?

- Less than 1 year ago.....  1
- 1 year to less than 3 years ago...  2
- 3 years to less than 5 years ago..  3
- 5 or more years ago.....  4

405. Sequence Guide

- . If aged less than 1 year.... → Q.412  1
- . Otherwise..... → Q.406  2

406. IN THE LAST 12 MONTHS, DURING PHYSICAL EXERTION, HAVE YOU HAD A WHEEZY CHEST ?

- Yes.....  1
- No.....  2 → Q.408

407. WHEN YOU EXERT YOURSELF, HOW OFTEN DOES THIS HAPPEN ?

- Always.....  1
- Usually.....  2
- Sometimes.....  3
- Seldom.....  4

408. IN THE LAST 12 MONTHS, DURING PHYSICAL EXERTION, HAVE YOU HAD A BOUT OF COUGHING?

- Yes.....  1
- No.....  2 → Q.410

**409. WHEN YOU EXERT YOURSELF, HOW OFTEN DOES THIS HAPPEN?**

- Always.....  1
- Usually.....  2
- Sometimes.....  3
- Seldom.....  4

**410. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR EYESIGHT.**

**ARE YOU COLOUR BLIND?**

- Yes.....  1
- No.....  2
- Don't know.....  3

**411. DO YOU CURRENTLY WEAR GLASSES OR CONTACT LENSES?**

- Yes.....   $\rightarrow$  Q.414A = 1
- No.....  2

**412. (THE FOLLOWING QUESTIONS ARE ABOUT SPECIFIC HEALTH CONDITIONS - FIRSTLY I WOULD LIKE TO ASK YOU ABOUT .....S EYESIGHT).**

**DO YOU HAVE ANY PROBLEMS WITH YOUR SIGHT?**

- Yes.....  1
- No.....   $\rightarrow$  Q.417 = 2
- Don't know.....   $\rightarrow$  Q.417 = 3

**413. CAN ANY OF THESE SIGHT PROBLEMS BE CORRECTED BY GLASSES OR CONTACT LENSES?**

- Yes.....   $\rightarrow$  Q.414B = 1
- No.....   $\rightarrow$  Q.415 = 2
- Partially.....   $\rightarrow$  Q.414B = 3
- Don't know.....   $\rightarrow$  Q.415 = 4

*Interviewer: Show GREEN Prompt Card F.*

**414A. WHAT SIGHT PROBLEMS DO YOUR GLASSES OR CONTACT LENSES CORRECT?**

**414B. WHAT SIGHT PROBLEMS DO YOU HAVE THAT CAN BE CORRECTED BY GLASSES OR CONTACT LENSES?**

- Astigmatism.....a  115
- Long-sightedness.....b  116
- Short-sightedness/Myopia .....c  117
- Age-related sight problems.....d  118
- Other .....e  107

**415. DO YOU HAVE ANY (OTHER) SIGHT PROBLEMS, WHICH CANNOT BE CORRECTED BY GLASSES OR CONTACT LENSES?**

- Yes.....  1
- No.....   $\rightarrow$  Q.417 = 2
- Don't know.....   $\rightarrow$  Q.417 = 2

**416. WHAT (OTHER) SIGHT PROBLEMS DO YOU HAVE?**

- Total blindness.....a  007
- Blind in one eye.....b  007
- Cataracts.....c  100
- Glaucoma.....d  101
- Lazy eye.....e  088
- Other (*Specify*).....
- .....f  990

**417. HAVE YOU EVER BEEN TOLD BY A DOCTOR OR A NURSE THAT YOU HAVE -**

- DIABETES?.....  1
- HIGH SUGAR LEVELS IN YOUR BLOOD OR URINE?.....  2
- Neither.....   $\rightarrow$  Q.435 = 3

**418. DO YOU CURRENTLY HAVE (DIABETES/HIGH SUGAR LEVELS)?**

- Yes.....  1
- No.....  2
- Don't know.....  3

**419. *Sequence Guide***

- . If '2' in Q.417.....   $\rightarrow$  Q.421 = 1
- . Otherwise.....   $\rightarrow$  Q.420 = 2

**420. WHAT TYPE OF DIABETES WERE YOU TOLD YOU HAVE?**

- Insulin Dependent Diabetes Mellitus (Type 1).....  078
- Non-Insulin Dependent Diabetes Mellitus (Type 2).....  079
- Diabetes Mellitus Type Unknown.....  093
- Other (*Specify*).....
- .....  990
- Don't know.....  093

421. AT WHAT AGE WERE YOU FIRST TOLD THAT YOU HAD (DIABETES/HIGH SUGAR LEVELS)?

- Years.....
- Less than 1 year old..  98
- Don't know.....  99
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9

422. HAVE YOU EVER BEEN GIVEN DIETARY ADVICE FOR THIS CONDITION?

- Yes.....  1
- No.....  2 → Q.425

423. HOW OLD WERE YOU WHEN YOU WERE FIRST GIVEN THIS ADVICE?

- Years.....
- Less than 1 year old..  98
- Don't know.....  99
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9

424. ARE YOU CURRENTLY TRYING TO FOLLOW DIETARY ADVICE MOST OF THE TIME?

- Yes.....  1
- No.....  2

425. (APART FROM DIETARY ADVICE) HAVE YOU EVER RECEIVED ANY (OTHER) TREATMENT FOR (DIABETES/HIGH SUGAR LEVELS)?

- Yes.....  1
- No.....  2 → Q.438

426. (APART FROM DIETARY ADVICE) HOW OLD WERE YOU WHEN YOU FIRST RECEIVED ANY (OTHER) TREATMENT?

- Years.....
- Less than 1 year old..  98
- Don't know.....  99
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9

427. (INCLUDING DIETARY ADVICE) WHAT TREATMENT OR ADVICE WERE YOU FIRST GIVEN WHEN YOUR CONDITION WAS FIRST DIAGNOSED?

- Insulin.....a  1
- Tablets.....b  2
- Diet.....c  3
- Exercise.....d  4
- Lose weight.....e  5
- Other.....f  6

428. (APART FROM DIET/EXERCISE/LOSING WEIGHT) ARE YOU CURRENTLY ON ANY TREATMENT FOR (DIABETES/HIGH SUGAR LEVELS)?

- Yes.....  1
- No.....  2 → Q.438

429. WHAT TREATMENT ARE YOU CURRENTLY HAVING?

- Insulin.....a  1
- Tablets.....b  2
- Other.....c  3

430. Sequence Guide

- . If code '1' marked in Q.429 .....  1 → Q.431
- . Otherwise .....  2 → Q.438

431. ARE YOU CURRENTLY HAVING INSULIN INJECTIONS DAILY?

- Yes.....  1
- No.....  2 → Q.438

432. AT WHAT AGE DID YOU START HAVING DAILY INSULIN INJECTIONS?

- Years.....
- Less than 1 year old..  98
- Don't know.....  99
- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9

433. DO YOU EXPECT TO STILL BE HAVING DAILY INSULIN INJECTIONS TWO YEARS FROM NOW?

- Yes.....  1
- No.....  2
- Don't know.....  3

434. → Q.438

435. DO YOU SUSPECT YOU MAY CURRENTLY HAVE-  
 DIABETES?.....  1  
 HIGH SUGAR LEVELS IN YOUR  
 BLOOD OR URINE?.....  2  
 Neither..... → Q.438  3

436. HAVE YOU EVER BEEN TESTED FOR DIABETES  
 OR HIGH SUGAR LEVELS?  
 Yes.....  1  
 No..... → Q.438  2  
 Don't know..... → Q.438  3

437. HOW LONG AGO WAS YOUR LAST TEST?  
 Years..... 0:0  
 1:1  
 2:2  
 3:3  
 4:4  
 Less than 1 year ago.  98 5:5  
 6:6  
 7:7  
 8:8  
 Don't know.....  99 9:9

438. HAVE YOU EVER BEEN TOLD BY A DOCTOR OR  
 NURSE THAT YOU HAVE-  
 ARTHRITIS?.....a  1  
 RHEUMATISM?.....b  2  
 GOUT?.....c  3  
 None of these.. → Q.444. d  4

439. DO YOU CURRENTLY HAVE-  
*Interviewer: Only ask for conditions marked  
 in Q.438.*  
 (ARTHRITIS?).....a  1  
 (RHEUMATISM?).....b  2  
 (GOUT?).....c  3  
 None of these.. → Q.444 d  4

440. (HAS THIS/HAVE ANY OF THESE) CONDITION(S)  
 LASTED, OR (IS IT/ARE ANY) EXPECTED TO LAST  
 FOR SIX MONTHS OR MORE?  
 Yes.....  1  
 No..... → Q.442  2

441. *Interviewer: If more than one condition  
 marked in Q.439, ask WHICH ONES?*  
 Arthritis.....a  1  
 Rheumatism.....b  2  
 Gout.....c  3

442. *Sequence Guide*  
 . If code '1' in Q.439..... → Q.443  1  
 . Otherwise..... → Q.444  2

443. DO YOU HAVE OSTEO OR RHEUMATOID  
 ARTHRITIS?  
 Osteo.....a  069  
 Rheumatoid.....b  068  
 Don't know.....c  070  
 Neither of these.....d  991

444. THE NEXT FEW QUESTIONS ARE ABOUT LONG  
 TERM HEALTH CONDITIONS. PLEASE INCLUDE  
 ONLY THOSE CONDITIONS THAT HAVE LASTED,  
 OR ARE LIKELY TO LAST, FOR SIX MONTHS OR  
 MORE.

DO YOU HAVE ANY OF THESE CONDITIONS?

*Interviewer: Show PINK Prompt Card G.*

Yes.....  1  
 No..... → Q.446  2

445. WHICH OF THESE DO YOU HAVE?  
 Anaemia.....a  046  
 Asthma.....b  071  
 Bronchitis.....c  020  
 Emphysema.....d  020  
 Hayfever.....e  081  
 Hernias.....f  026  
 High blood pressure/  
 Hypertension.....g  072  
 High cholesterol.....h  108  
 Kidney disease.....i  031  
 Osteoporosis.....j  067  
 Sinus allergy or sinusitis.....k  021  
 Stomach ulcers.....l  025  
 Varicose veins.....m  017

446. DO YOU HAVE ANY LONG TERM HEARING  
 PROBLEMS OR PROBLEMS WITH YOUR EARS?  
 Yes.....  1  
 No..... → Q.448  2

447. WHAT HEARING OR EAR PROBLEMS DO YOU HAVE?

- Total deafness.....a  010
- Deaf in one ear.....b  010
- Hearing loss.....c  010
- Tinnitus.....d  012
- Middle ear problems.....e  012
- Otitis media.....f  009
- Other (Specify).....g  990

451. WHICH CONDITIONS DO YOU HAVE?

- (a) .....a
- (b) .....b
- (c) .....c
- (d) .....d

Interviewer: Mark number of conditions reported in a-d.

- 1
- 2
- 3
- 4

448. DO YOU HAVE ANY (OTHER) CONDITIONS THAT HAVE LASTED OR ARE LIKELY TO LAST FOR SIX MONTHS OR MORE, FOR EXAMPLE:

Interviewer: Show BLUE Prompt Card H.

- Yes.....  1
- No.....  2

452. Sequence Guide

- . If aged less than 2 years .....  Q.501  1
- . If aged 2-4 years.....  Q.454  2
- . If any current or long term conditions identified in Q.410-Q.451 .....  Q.453  3
- . Otherwise.....  Q.454  4

449. WHICH CONDITIONS DO YOU HAVE?

- (a) .....a
- (b) .....b
- (c) .....c
- (d) .....d

Interviewer: Mark number of conditions reported in a-d.

- 1
- 2
- 3
- 4

453. Interviewer: Show WHITE Prompt Card J.

BECAUSE OF THE CONDITION(S) YOU HAVE TOLD ME ABOUT, DO YOU EVER NEED HELP OR SUPERVISION WITH ANY OF THESE TASKS?

- Yes.....  1
- No.....  2

450. DO YOU HAVE ANY (OTHER) CONDITIONS SUCH AS THESE:

Interviewer: Show YELLOW Prompt Card I.

- Yes.....  1
- No.....  2

454. THE FOLLOWING QUESTIONS ARE ABOUT YOUR USE OF HEALTH SERVICES IN THE LAST TWO WEEKS.

IN THE LAST TWO WEEKS, HAVE YOU CONSULTED A DENTIST OR DENTAL PROFESSIONAL ABOUT YOUR TEETH, DENTURES OR GUMS?

- Yes.....  1
- No.....  2

455. HOW MANY CONSULTATIONS HAVE YOU HAD IN THE LAST TWO WEEKS?

- Number.....
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

456. WHAT DID YOU HAVE DONE AT (THAT/THE LAST) CONSULTATION?

- Any teeth taken out.....*a*  01
- An X-ray.....*b*  02
- Your (teeth/dentures) cleaned or polished.....*c*  03
- Fluoride treatment or coating.....*d*  04
- Any fillings.....*e*  05
- Dentures - preparation, fitting...*f*  06
- Dentures - maintenance, repair...*g*  07
- Braces/bands - fitting, maintenance.....*h*  08
- Check up.....*i*  09
- Other.....*j*  10
- No treatment.....*k*  11

457.

→ *Q.501*

458. WHEN WAS THE LAST TIME YOU CONSULTED A DENTIST OR DENTAL PROFESSIONAL?

- Less than 3 months ago.....  1
- 3 months to less than 6 months ago.....  2
- 6 months to less than 12 months ago.....  3
- 12 months to less than 2 years ago.....  4
- 2 years ago or more.....  5
- Never.....  6
- Don't know.....  7



501. **IN THE LAST TWO WEEKS HAVE YOU VISITED THE OUTPATIENTS SECTION OF A HOSPITAL FOR YOUR OWN HEALTH?**

Yes.....  1  
 No.....  **→ Q.505**  2

502. **HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU ATTEND THE OUTPATIENTS SECTION?**

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

503. **(I WANT TO ASK ABOUT THE MOST RECENT OF THESE VISITS).**

WAS THIS VISIT RELATED TO-

A PREVIOUS ADMISSION TO HOSPITAL?.....a  1

AN EXPECTED ADMISSION TO HOSPITAL?.....b  2

Neither.....c  3

Don't know.....d  4

504. **WHAT WERE THE MEDICAL REASONS FOR THIS VISIT?**

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f  1  
 2  
 3

505. **IN THE LAST TWO WEEKS HAVE YOU VISITED A CASUALTY OR EMERGENCY WARD FOR YOUR OWN HEALTH?**

Yes.....  1  
 No.....  **→ Q.508**  2

506. **HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU ATTEND A CASUALTY OR EMERGENCY WARD?**

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

507. **(PLEASE THINK ABOUT THE MOST RECENT OF THESE VISITS).**

WHAT WERE THE MEDICAL REASONS FOR THIS VISIT?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f  1  
 2  
 3

508. **(APART FROM YOUR VISIT(S) TO (OUTPATIENTS/ (OR) CASUALTY OR EMERGENCY))**

**IN THE LAST TWO WEEKS HAVE YOU BEEN TO A DAY CLINIC FOR MINOR SURGERY OR DIAGNOSTIC TESTS OTHER THAN AN X-RAY?**

Yes.....  1  
 No.....  **→ Q.511**  2

509. **HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU VISIT A DAY CLINIC FOR YOUR OWN HEALTH?**

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

510. (I NOW WANT TO TALK ABOUT YOUR MOST RECENT VISIT.)

WHAT WERE THE MEDICAL REASONS FOR THIS VISIT?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f 1  
2  
3

514. WHAT WERE THE MEDICAL REASONS FOR THIS ADMISSION TO HOSPITAL?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f 1  
2  
3

511. (APART FROM WHEN YOU WERE (IN OUTPATIENTS/ (OR) IN CASUALTY OR EMERGENCY/ (OR) IN A DAY CLINIC)

DURING THE LAST TWO WEEKS DID YOU SPEND ANY (OTHER) TIME AS A PATIENT IN HOSPITAL?

Yes.....  1

No..... → Q.515  2

515. (APART FROM CONSULTATIONS DURING ANY HOSPITAL VISITS/(OR) DAY CLINICS MENTIONED)

IN THE LAST TWO WEEKS HAVE YOU CONSULTED-

A GENERAL PRACTITIONER?.....a  1

A SPECIALIST?.....b  2

None of these..... → Q.519.c  3

512. I WOULD LIKE TO ASK YOU ABOUT YOUR MOST RECENT ADMISSION TO HOSPITAL.

DID YOU SPEND AT LEAST ONE NIGHT IN HOSPITAL?

Yes.....  1

No..... → Q.514  2

516. HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU CONSULT THE (GENERAL PRACTITIONER AND/OR SPECIALIST)?

Number.....

0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9

513. HOW MANY NIGHTS WAS YOUR TOTAL STAY IN HOSPITAL?

Number.....

0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9

99 or more.....  99

517. (I WOULD LIKE TO ASK YOU ABOUT YOUR MOST RECENT CONSULTATION).

WHAT WERE THE MEDICAL REASONS FOR THIS CONSULTATION?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f  1  
 2  
 3

518. → Q.520

519. (APART FROM CONSULTATIONS DURING ANY HOSPITAL VISITS PREVIOUSLY MENTIONED)

WHEN WAS THE LAST TIME YOU CONSULTED A DOCTOR ABOUT YOUR OWN HEALTH?

Less than 3 months ago.....  1

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

6 months to less than 12 months ago.....  3

12 months ago or more.....  4

Never/Don't know.....  5

520. *Interviewer: Show GREEN Prompt Card K.*

(APART FROM CONSULTATIONS DURING ANY HOSPITAL VISITS PREVIOUSLY MENTIONED)

IN THE LAST TWO WEEKS HAVE YOU CONSULTED ANY OF THESE OTHER HEALTH PROFESSIONALS?

Yes.....  1

No..... → Q.530  2

521. WHICH OF THESE HAVE YOU CONSULTED IN THE LAST TWO WEEKS ABOUT YOUR OWN HEALTH?

Acupuncturist.....a  01

Audiologist/Audiometrist .....b  02

Chiropractor.....c  03

Chemist.....d  04

Chiropodist/Podiatrist.....e  05

Dietician/Nutritionist.....f  06

Herbalist.....g  07

Hypnotherapist .....h  08

Naturopath.....i  09

Nurse .....j  10

Optician/Optomtrist.....k  11

Osteopath.....l  12

Occupational Therapist .....m  13

Physiotherapist/Hydrotherapist....n  14

Psychologist.....o  15

Social worker/Welfare officer ....p  16

Speech Therapist/Pathologist .....q  17

Don't know.....r  18

522. *Sequence Guide*

. If one OHP only marked in Q.521..... → Q.524  1

. Otherwise..... → Q.523  2

523. I WOULD LIKE TO TALK ABOUT THE MOST RECENT VISIT TO AN OTHER HEALTH PROFESSIONAL IN THE LAST TWO WEEKS.

WHICH OTHER HEALTH PROFESSIONAL WAS THIS?

*Interviewer: Transcribe code from Q.521*

0: 0  
 1: 1  
 2: 2  
 3: 3  
 4: 4  
 5: 5  
 6: 6  
 7: 7  
 8: 8  
 9: 9

524. HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU CONSULT A (Specify only OHP in Q.521 OR most recent in Q.523)?

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

528. HOW MANY TIMES IN THE LAST TWO WEEKS DID YOU CONSULT A (Specify second type of OHP in Q.521 OR second most recent in Q.527)?

Number.....

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

525. THE LAST TIME YOU CONSULTED A (Specify only OHP in Q.521 OR most recent in Q.523) WHAT WERE THE MEDICAL REASONS FOR THIS CONSULTATION?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

- (a) .....a \_\_\_\_\_  
 (b) .....b \_\_\_\_\_  
 (c) .....c \_\_\_\_\_

Examination/Check up..... d  074  
 Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f  1  
 2  
 3

529. THE LAST TIME YOU CONSULTED A (Specify second type of OHP in Q.521 OR second most recent in Q.527), WHAT WERE THE MEDICAL REASONS FOR THIS CONSULTATION?

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

- (a) .....a    
 (b) .....b    
 (c) .....c

Examination/Check up..... d  074  
 Test.....e  090

*Interviewer: Mark number of reasons reported in a-c.*

f  1  
 2  
 3

526. *Sequence Guide*

- . If more than two OHPs marked in Q.521..... → Q.527  1  
 . If two OHPs marked in Q.521. → Q.528  2  
 . Otherwise..... → Q.530  3

530. IN THE LAST TWO WEEKS HAVE YOU TALKED TO ANYONE (ELSE) FOR INFORMATION, ADVICE OR TREATMENT FOR YOUR OWN HEALTH?

Yes.....  1  
 No..... → Q.532  2

527. I WOULD LIKE TO TALK ABOUT THE SECOND MOST RECENT KIND OF OTHER HEALTH PROFESSIONAL YOU VISITED IN THE LAST TWO WEEKS.

WHICH OTHER HEALTH PROFESSIONAL WAS THIS?

*Interviewer: Transcribe code from Q.521*

0  0  
 1  1  
 2  2  
 3  3  
 4  4  
 5  5  
 6  6  
 7  7  
 8  8  
 9  9

531. WHO DID YOU TALK TO?

- (a) .....a    
 (b) .....b    
 (c) .....c

*Interviewer: Mark number of persons consulted in a-c.*

d  1  
 2  
 3

**532. Sequence Guide**

- . If aged less than 2 years..... → Q.601  1
- . If aged 4-15 years..... → Q.533  2
- . If full time student..... → Q.533  3  
(Code '1' in Q.6 or code '1' in Q.116)
- . If had job last week..... → Q.533  4  
(yes' in Q.117, Q.118 or Q.119)
- . If part-time student..... → Q.533  5  
(Code '2' in Q.116)
- . Otherwise..... → Q.539  6

**533. IN THE LAST TWO WEEKS HAVE YOU STAYED AWAY FROM YOUR (WORK/ SCHOOL/ PLACE OF STUDY) FOR MORE THAN HALF THE DAY BECAUSE OF ANY ILLNESS OR INJURY YOU HAD?**

Yes.....  1

No..... → Q.539  2

**534. WHAT WERE THE ILLNESSES OR INJURIES?**

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a \_\_\_\_\_

(b) .....b \_\_\_\_\_

(c) .....c \_\_\_\_\_

Examination/Check up..... d  074

Test..... e  090

*Interviewer: Mark number of reasons reported in a-c.*

f 1  
2  
3

**535. ON HOW MANY DAYS IN THE LAST TWO WEEKS HAVE YOU STAYED AWAY FROM YOUR (WORK/ SCHOOL/ PLACE OF STUDY)?**

Number.....  0  
1  
2  
3  
4  
5  
6  
7  
8  
9

14 days.... → Q.539  14

**536. APART FROM WHEN YOU WERE AWAY FROM (WORK/ SCHOOL/ YOUR PLACE OF STUDY) ON ANY OTHER DAYS IN THE LAST TWO WEEKS HAVE YOU HAD TO CUT DOWN ON ANYTHING YOU USUALLY DO BECAUSE OF (THIS/THESE) ILLNESS(ES) OR INJURY(IES)?**

Yes.....  1

No..... → Q.539  2

**537. Sequence Guide**

- . If more than one condition specified in Q.534..... → Q.538  1
- . Otherwise..... → Q.539  2

**538. WHAT WERE THE ILLNESSES OR INJURIES?**

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a \_\_\_\_\_

(b) .....b \_\_\_\_\_

(c) .....c \_\_\_\_\_

Examination/Check up..... d  074

Test..... e  090

*Interviewer: Mark number of reasons reported in a-c.*

f 1  
2  
3

**539. IN THE LAST TWO WEEKS HAVE YOU HAD TO CUT DOWN ON ANYTHING YOU USUALLY DO BECAUSE OF ANY (OTHER) ILLNESS OR INJURY YOU HAD?**

Yes.....  1

No..... → Q.601  2

**540. WHAT WERE THE ILLNESSES OR INJURIES?**

*Interviewer: Prompt for condition if a treatment or symptom is reported.*

(a) .....a

(b) .....b

(c) .....c

Examination/Check up..... d  074

Test..... e  090

*Interviewer: Mark number of reasons reported in a-c.*

f 1  
2  
3

601. IN THE LAST TWO WEEKS HAVE YOU TAKEN ANY VITAMIN OR MINERAL SUPPLEMENTS?

Yes.....  1
No..... -> Q.603  2

602. FOR WHAT MEDICAL CONDITIONS DID YOU TAKE THESE VITAMIN OR MINERAL SUPPLEMENTS?

None/Prevention..... a  097

(b) ..... b

(c) ..... c

(d) ..... d

Interviewer: Mark number of conditions reported in b-d.
1
2
3
e

603. IN THE LAST TWO WEEKS HAVE YOU TAKEN ANY NATURAL OR HERBAL MEDICINES?

Yes.....  1
No..... -> Q.605  2

604. FOR WHAT MEDICAL CONDITIONS DID YOU TAKE THESE NATURAL OR HERBAL MEDICINES?

None/Prevention..... a  097

(b) ..... b

(c) ..... c

(d) ..... d

Interviewer: Mark number of conditions reported in b-d.
1
2
3
e

605. FOR THE NEXT FEW QUESTIONS I AM INTERESTED IN MEDICATIONS ONLY. (PLEASE LEAVE OUT (VITAMIN OR MINERAL SUPPLEMENTS/ NATURAL OR HERBAL MEDICINES)).

IN THE LAST TWO WEEKS HAVE YOU USED ANY OF THESE KINDS OF MEDICATIONS?

Interviewer: Show PINK Prompt Card L.

Yes.....  1
No.....  2

606. HAVE YOU USED ANY OTHER MEDICATIONS IN THE LAST TWO WEEKS?

Yes.....  1
No.....  2

607. Sequence Guide

. If 'Yes' in Q.605 OR Q.606.... -> Q.608  1

. Otherwise..... -> Q.686  2

608. IT MIGHT BE EASIER TO ANSWER THE NEXT FEW QUESTIONS IF YOU HAVE THESE MEDICATIONS IN FRONT OF YOU.

WHAT ARE THE NAMES OR BRANDS OF ALL THE MEDICATIONS YOU TOOK IN THE LAST TWO WEEKS?

Interviewer: If more than 12 medications taken, include them when calculating 'total number' in Q.609.

(1) ..... a

(2) ..... b

(3) ..... c

(4) ..... d

(5) ..... e

(6) ..... f

(7) ..... g

(8) ..... h

(9) ..... i

(10)..... j

(11)..... k

(12)..... l

609. Interviewer: Record total number of medications used.

Number.....

- 0-0
1-1
2-2
3-3
4-4
5-5
6-6
7-7
8-8
9-9

**610. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 1st medication reported in Q.608)?**

*Interviewer: Show BLUE Prompt Card M.*

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

**611. FOR WHAT REASON OR MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?**

- (a) .....a
- (b) .....b
- (c) .....c

*Interviewer: Mark number of conditions reported in a-c.*

d

**612. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?**

- Yes.....  1
- No.....  2 *→ Q.614*

**613. WAS THIS HEALTH PROFESSIONAL A-**

- GENERAL PRACTITIONER?.....  1
- MEDICAL SPECIALIST?.....  2
- CHEMIST?.....  3
- OTHER HEALTH PROFESSIONAL?.....  4

**614. DID YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?**

- Yes.....  1
- No.....  2
- Don't know.....  3
- Provided by a doctor or hospital....  4

**615. DO YOU TAKE THIS MEDICATION REGULARLY?**

- Yes.....  1
- No.....  2 *→ Q.618*

**616. HOW OFTEN DO YOU USE THIS MEDICATION?**

- Every day and/or night.....  1  
(6-7 days/nights a week)
- Most days and/or nights.....  2  
(4-5 days/nights a week)
- 1-3 days and/or nights a week.....  3
- Less than once a week.....  4 *→ Q.618*
- Varies/As required...  5 *→ Q.618*

**617. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.616)?**

- Less than one month.....  1
- 1 month to less than 3 months.....  2
- 3 months to less than 6 months.....  3
- 6 months or more.....  4

**618. Sequence Guide**

- . If asthma reported in Q.611.....  2 *→ Q.619*
- . Otherwise.....  2 *→ Q.620*

**619. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?**

- Prevention.....  1
- Relief.....  2
- Both.....  3

**620. Sequence Guide**

- . If more than one medication reported in Q.608.....  1 *→ Q.621*
- . Otherwise.....  2 *→ Q.686*

621. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 2nd medication reported in Q.608)?

*Interviewer: Show BLUE Prompt Card M.*

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

622. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?

- (a) .....a
- (b) .....b
- (c) .....c

*Interviewer: Mark number of conditions reported in a-c.*

d  1  
 2  
 3

623. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?

- Yes.....  1
- No.....  2 *→ Q.625*

624. WAS THIS HEALTH PROFESSIONAL A -

- GENERAL PRACTITIONER?.....  1
- MEDICAL SPECIALIST?.....  2
- CHEMIST?.....  3
- OTHER HEALTH PROFESSIONAL?.....  4

625. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?

- Yes.....  1
- No.....  2
- Don't know.....  3
- Provided by a doctor or hospital...  4

626. DO YOU TAKE THIS MEDICATION REGULARLY?

- Yes.....  1
- No.....  2 *→ Q.629*

627. HOW OFTEN DO YOU USE THIS MEDICATION?

- Every day and/or night.....  1  
(6-7 days/nights a week)
- Most days and/or nights.....  2  
(4-5 days/nights a week)
- 1-3 days and/or nights a week.....  3
- Less than once a week.....  4 *→ Q.629*
- Varies/As required...  5 *→ Q.629*

628. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.627)?

- Less than one month.....  1
- 1 month to less than 3 months.....  2
- 3 months to less than 6 months.....  3
- 6 months or more.....  4

629. *Sequence Guide*

- . If asthma reported in Q.622.....  1 *→ Q.630*
- . Otherwise.....  2 *→ Q.631*

630. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?

- Prevention.....  1
- Relief.....  2
- Both.....  3

631. *Sequence Guide*

- . If more than two medications reported in Q.608.....  1 *→ Q.632*
- . Otherwise.....  2 *→ Q.686*



- 632. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 3rd medication reported in Q.608)?**
- Interviewer: Show BLUE Prompt Card M.*
- Medications for diabetes.....  01
  - Asthma medications.....  02
  - Medications for arthritis.....  03
  - Medications for cough/colds.....  04
  - Skin ointments/creams.....  05
  - Stomach medications.....  06
  - Laxatives.....  07
  - Medications for allergies.....  08
  - Fluid tablets/diuretics.....  09
  - Medications for heart problems/blood pressure.....  10
  - Medications to lower cholesterol/triglycerides.....  11
  - Pain relievers.....  12
  - Sleeping medications.....  13
  - Medications for anxiety/nervous tension/depression.....  14
  - Tranquillisers or sedatives not included in '13' or '14'.....  15
  - None of the above.....  16

- 633. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?**
- a) .....a
  - b) .....b
  - c) .....c
- Interviewer: Mark number of conditions reported in a-c.*
- d

- 634. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?**
- Yes.....  1
  - No.....  2 → Q.636

- 635. WAS THIS HEALTH PROFESSIONAL A-**
- GENERAL PRACTITIONER?.....  1
  - MEDICAL SPECIALIST?.....  2
  - CHEMIST?.....  3
  - OTHER HEALTH PROFESSIONAL?.....  4

- 636. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?**
- Yes.....  1
  - No.....  2
  - Don't know.....  3
  - Provided by a doctor or hospital....  4

- 637. DO YOU TAKE THIS MEDICATION REGULARLY?**
- Yes.....  1
  - No.....  2 → Q.640

- 638. HOW OFTEN DO YOU USE THIS MEDICATION?**
- Every day and/or night.....  1  
(6-7 days/nights a week)
  - Most days and/or nights.....  2  
(4-5 days/nights a week)
  - 1-3 days and/or nights a week.....  3
  - Less than once a week.....  4 → Q.640
  - Varies/As required...  5 → Q.640

- 639. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.638)?**
- Less than one month.....  1
  - 1 month to less than 3 months....  2
  - 3 months to less than 6 months...  3
  - 6 months or more.....  4

- 640. Sequence Guide**
- . If asthma reported in Q.633.....  1 → Q.641
  - . Otherwise.....  2 → Q.642

- 641. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?**
- Prevention.....  1
  - Relief.....  2
  - Both.....  3

- 642. Sequence Guide**
- . If more than three medications reported in Q.608.....  1 → Q.643
  - . Otherwise.....  2 → Q.686

643. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 4th medication reported in Q.608)?

*Interviewer: Show BLUE Prompt Card M.*

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

644. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?

- (a) .....a \_\_\_\_\_
- (b) .....b \_\_\_\_\_
- (c) .....c \_\_\_\_\_

*Interviewer: Mark number of conditions reported in a-c.*

1  
 2  
 3  
d

645. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?

- Yes.....  1
- No.....  2 → Q.647

646. WAS THIS HEALTH PROFESSIONAL A-

- GENERAL PRACTITIONER?.....  1
- MEDICAL SPECIALIST?.....  2
- CHEMIST?.....  3
- OTHER HEALTH PROFESSIONAL?.....  4

647. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?

- Yes.....  1
- No.....  2
- Don't know.....  3
- Provided by a doctor or hospital...  4

648. DO YOU TAKE THIS MEDICATION REGULARLY?

- Yes.....  1
- No.....  2 → Q.651

649. HOW OFTEN DO YOU USE THIS MEDICATION?

- Every day and/or night.....  1  
(6-7 days/nights a week)
- Most days and/or nights.....  2  
(4-5 days/nights a week)
- 1-3 days and/or nights a week.....  3
- Less than once a week.....  4 → Q.651
- Varies/As required...  5 → Q.651

650. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.649)?

- Less than one month.....  1
- 1 month to less than 3 months.....  2
- 3 months to less than 6 months.....  3
- 6 months or more.....  4

651. Sequence Guide

- . If asthma reported in Q.644.....  1 → Q.652
- . Otherwise.....  2 → Q.653

652. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?

- Prevention.....  1
- Relief.....  2
- Both.....  3

653. Sequence Guide

- . If more than four medications reported in Q.608.....  1 → Q.654
- . Otherwise.....  2 → Q.686

654. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 5th medication reported in Q.608)?

Interviewer: Show BLUE Prompt Card M.

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

655. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?

- (a) .....a
- (b) .....b
- (c) .....c

Interviewer: Mark number of conditions reported in a-c.

d

656. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?

- Yes.....  1
- No.....  2 → Q.658

657. WAS THIS HEALTH PROFESSIONAL A -

- GENERAL PRACTITIONER?.....  1
- MEDICAL SPECIALIST?.....  2
- CHEMIST?.....  3
- OTHER HEALTH PROFESSIONAL?.....  4

658. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?

- Yes.....  1
- No.....  2
- Don't know.....  3
- Provided by a doctor or hospital...  4

659. DO YOU TAKE THIS MEDICATION REGULARLY?

- Yes.....  1
- No.....  2 → Q.662

660. HOW OFTEN DO YOU USE THIS MEDICATION?

- Every day and/or night.....  1  
(6-7 days/nights a week)
- Most days and/or nights.....  2  
(4-5 days/nights a week)
- 1-3 days and/or nights a week.....  3
- Less than once a week.....  4 → Q.662
- Varies/As required...  5 → Q.662

661. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.660)?

- Less than one month.....  1
- 1 month to less than 3 months.....  2
- 3 months to less than 6 months.....  3
- 6 months or more.....  4

662. Sequence Guide

- . If asthma reported in Q.655.....  1 → Q.663
- . Otherwise.....  2 → Q.664

663. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?

- Prevention.....  1
- Relief.....  2
- Both.....  3

664. Sequence Guide

- . If more than five medications reported in Q.608.....  1 → Q.665
- . Otherwise.....  2 → Q.686

665. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 6th medication reported in Q.608)?

*Interviewer: Show BLUE Prompt Card M.*

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

666. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?

- (a) .....a
  - (b) .....b
  - (c) .....c
- Interviewer: Mark number of conditions reported in a-c.*
- d

667. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?

- Yes.....  1
- No.....  2 *→ Q.669*

668. WAS THIS HEALTH PROFESSIONAL A -

- GENERAL PRACTITIONER?.....  1
- MEDICAL SPECIALIST?.....  2
- CHEMIST?.....  3
- OTHER HEALTH PROFESSIONAL?.....  4

669. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?

- Yes.....  1
- No.....  2
- Don't know.....  3
- Provided by a doctor or hospital....  4

670. DO YOU TAKE THIS MEDICATION REGULARLY?

- Yes.....  1
- No.....  2 *→ Q.673*

671. HOW OFTEN DO YOU USE THIS MEDICATION?

- Every day and/or night.....  1  
(6-7 days/nights a week)
- Most days and/or nights.....  2  
(4-5 days/nights a week)
- 1-3 days and/or nights a week.....  3
- Less than once a week.....  4 *→ Q.673*
- Varies/As required...  5 *→ Q.673*

672. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.671)?

- Less than one month.....  1
- 1 month to less than 3 months.....  2
- 3 months to less than 6 months.....  3
- 6 months or more.....  4

673. *Sequence Guide*

- . If asthma reported in Q.666.....  1 *→ Q.674*
- . Otherwise.....  2 *→ Q.675*

674. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?

- Prevention.....  1
- Relief.....  2
- Both.....  3

675. *Sequence Guide*

- . If more than six medications reported in Q.608.....  1 *→ Q.676*
- . Otherwise.....  2 *→ Q.686*

**676. WHICH OF THESE CATEGORIES BEST DESCRIBES (Specify the 7th medication reported in Q.608)?**

*Interviewer: Show BLUE Prompt Card M.*

- Medications for diabetes.....  01
- Asthma medications.....  02
- Medications for arthritis.....  03
- Medications for cough/colds.....  04
- Skin ointments/creams.....  05
- Stomach medications.....  06
- Laxatives.....  07
- Medications for allergies.....  08
- Fluid tablets/diuretics.....  09
- Medications for heart problems/blood pressure.....  10
- Medications to lower cholesterol/triglycerides.....  11
- Pain relievers.....  12
- Sleeping medications.....  13
- Medications for anxiety/nervous tension/depression.....  14
- Tranquillisers or sedatives not included in '13' or '14'.....  15
- None of the above.....  16

**677. FOR WHAT MEDICAL CONDITION DID YOU TAKE THIS MEDICATION?**

(a) .....a \_\_\_\_\_

(b) .....b \_\_\_\_\_

(c) .....c \_\_\_\_\_

*Interviewer: Mark number of conditions reported in a-c.*

d  1  
 2  
 3

**678. DID YOU TAKE THIS MEDICATION ON THE ADVICE OF A HEALTH PROFESSIONAL?**

Yes.....  1

No.....  2 → Q.680

**679. WAS THIS HEALTH PROFESSIONAL A -**

GENERAL PRACTITIONER?.....  1

MEDICAL SPECIALIST?.....  2

CHEMIST?.....  3

OTHER HEALTH PROFESSIONAL?.....  4

**680. DO YOU NEED A PRESCRIPTION TO GET THIS MEDICATION?**

Yes.....  1

No.....  2

Don't know.....  3

Provided by a doctor or hospital...  4

**681. DO YOU TAKE THIS MEDICATION REGULARLY?**

Yes.....  1

No.....  2 → Q.684

**682. HOW OFTEN DO YOU USE THIS MEDICATION?**

Every day and/or night.....  1  
(6-7 days/nights a week)

Most days and/or nights.....  2  
(4-5 days/nights a week)

1-3 days and/or nights a week.....  3

Less than once a week.....  4 → Q.684

Varies/As required...  5 → Q.684

**683. FOR HOW LONG HAVE YOU BEEN USING THIS MEDICATION (Specify frequency reported in Q.682)?**

Less than one month.....  1

1 month to less than 3 months.....  2

3 months to less than 6 months.....  3

6 months or more.....  4

**684. Sequence Guide**

. If asthma reported in Q.677.....  1 → Q.685

. Otherwise.....  2 → Q.686

**685. IS THIS ASTHMA MEDICATION FOR PREVENTION, RELIEF OR BOTH?**

Prevention.....  1

Relief.....  2

Both.....  3

686. IN THE LAST TWO WEEKS HAVE YOU HAD ANY (OTHER) ILLNESS OR INJURY YOU HAVE NOT ALREADY MENTIONED?

Yes.....  1  
 No..... → Q.701  2

687. WHAT WAS THIS ILLNESS OR INJURY?

*Interviewer: Prompt for a condition if a treatment or symptom is reported*

(a) .....a

(b) .....b

(c) .....c

*Interviewer: Mark number of conditions reported in a-c.* d  1  
 2  
 3

701. *Sequence Guide*

. If no shaded boxes marked in section 4 AND no conditions written down in sections 4, 5 or 6 ..... → Q.801  1  
 . Otherwise..... → Q.702  2

702. THE NEXT FEW QUESTIONS ARE ABOUT FACTORS THAT MIGHT HAVE CAUSED ANY OF THE CONDITIONS YOU TOLD ME ABOUT EARLIER.

APART FROM COLDS OR FLU, WERE ANY OF THE CONDITIONS YOU'VE TOLD ME ABOUT TODAY THE RESULT OF ANY OF THE FOLLOWING?.

*Interviewer: Show YELLOW Prompt Card N.*

Yes.....  1  
 No..... → Q.801  2

703. WHICH CONDITIONS WERE THEY?

(a) .....a

(b) .....b

(c) .....c

(d) .....d

(e) .....e

*Interviewer: Mark number of conditions reported in a- e.* f  1  
 2  
 3  
 4  
 5

704. *Sequence Guide*

. If 14 years or less..... → Q.706  1  
 . Otherwise..... → Q.705  2

705. (WERE ANY OF THE CONDITIONS/ WAS THIS CONDITION) WORK RELATED?

Yes.....  1  
 No.....  2

706. *Sequence Guide*

. If one condition only reported in Q.703..... → Q.711  1  
 . If more than one condition reported in Q.703 and 'yes' in Q.705..... → Q.707  2  
 . Otherwise..... → Q.709  3

**707. WHICH CONDITIONS WERE WORK RELATED?**

Q703 Condition a .....a  1

Q703 Condition b .....b  2

Q703 Condition c .....c  3

Q703 Condition d .....d  4

Q703 Condition e .....e  5

All .....f  6

**708. Sequence Guide**

. If code '6' in 707..... → Q.709  1

. Otherwise..... → Q.710  2

**709. WERE ALL THESE CONDITIONS THE RESULT OF THE SAME ACCIDENT OR INCIDENT?**

Yes..... → Q.711  1

No.....  2

**710. I NOW WANT TO ASK YOU ABOUT THE CONDITIONS THAT RESULTED FROM THE MOST RECENT ACCIDENT OR INCIDENT (WHETHER WORK RELATED OR NOT).**

WHICH CONDITIONS WERE THE RESULT OF THIS ACCIDENT OR INCIDENT?

Q703 Condition a .....a  1

Q703 Condition b .....b  2

Q703 Condition c .....c  3

Q703 Condition d .....d  4

Q703 Condition e .....e  5

All .....f  6

**711. WHICH OF THESE BEST DESCRIBES THE (INJURY(IES) OR ILLNESS(ES)) YOU RECEIVED?**

*Interviewer: Show WHITE Prompt Card O.*

Fractures.....a  01

Dislocations, sprains, strains.....b  02

Internal injuries.....c  03

Open wounds.....d  04

Bruising and crushing.....e  05

Foreign bodies.....f  06

Burns and scalds.....g  07

Poisoning .....h  08

Complications of surgical and medical care.....i  09

Mental stress.....j  10

Other .....k  11

**712. WHICH OF THESE BEST DESCRIBES HOW YOU RECEIVED THE (INJURY(IES) OR ILLNESS(ES))?**

*Interviewer: Show GREEN Prompt Card P.*

Vehicle accident.....  1

Fall.....  2

Hitting something or being hit by something.....  3

Attack by another person.....  4

Bite or sting.....  5

Single or long-term exposure to harmful factor..... → Q.714B  6

Other.....  7

**713. → Q.714A**

**714A. HOW LONG AGO DID THIS ACCIDENT OR INCIDENT OCCUR?**

**714B. WHEN WERE YOU FIRST EXPOSED TO THIS HARMFUL FACTOR?**

Less than 1 month.....  999  0  0

Months.....  1  1  1

Years.....  2  2  2

Years.....  3  3

Years.....  4  4

Years.....  5  5

Years.....  6  6

Years.....  7  7

Years.....  8  8

Years.....  9  9

**715. DID THIS (ACCIDENT/INCIDENT/EXPOSURE) HAPPEN WHILE PARTICIPATING IN A SPORT, GAME OR OTHER RECREATIONAL ACTIVITY?**

Yes.....  1

No.....  2

**716. WHICH OF THESE BEST DESCRIBES WHERE YOU WERE WHEN THIS (ACCIDENT/INCIDENT/EXPOSURE) HAPPENED?**

*Interviewer: Show PINK Prompt Card Q.*

At work.....  1

At school/college/ university.....  2

Inside own/someone else's home.....  3

Outside own/someone else's home.....  4

While travelling.....  5

Other .....  6

801. Sequence Guide

- . If aged 1 year or less  
No more questions..... ◀  1
- . If SD AND aged 14 years or less  
No more questions..... ◀  2
- . If aged 14 years or less... → Q.901  3
- . If SD (code '3' in Q.10)... → Q.806  4
- . If head of household OR spouse/  
partner AND first schedule  
enumerated..... → Q.802  5
- . Otherwise..... → Q.806  6

802. Interviewer: Code best description of structure containing household.

- Separate house.....  01
- Semi detached/row or terrace  
house/town house
  - One storey.....  02
  - Two or more storeys.....  03
- Flat attached to house.....  04
- Other flat/unit/apartment
  - One or two storeys.....  05
  - Three storeys.....  06
  - Four or more storeys.....  07
- Caravan.....  08
- Houseboat.....  09
- Improvised home/campers out...  10
- House or flat attached to shop...  11

803. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSING ARRANGEMENTS.

- ARE YOU (OR YOUR (SPOUSE/PARTNER))-  
PAYING RENT OR BOARD TO LIVE HERE?..  1
- PAYING OFF THIS DWELLING?  
..... → Q.805  2
- THE OUTRIGHT OWNER OF THIS  
DWELLING?..... → Q.805  3
- LIVING HERE RENT OR BOARD FREE?  
..... → Q.805  4
- ANYTHING ELSE? ..... → Q.805  5

804. Interviewer: Show BLUE Prompt Card R.

WHO DO YOU PAY RENT OR BOARD TO?

- Real Estate Agent.....  01
- State Housing Commission.....  02
- Person not in the same household:
  - Parent/Other relative.....  03
  - Other person.....  04
- Person in same household:
  - Parent/Other relative.....  05
  - Other person .....  06
- Owner/Manager of caravan park....  07
- Employer
  - Defence Housing Authority.....  08
  - Government Authority.....  09
  - Other Employer.....  10
- Other
  - Housing Co-operative/  
Community/Church Group.....  11
  - Other.....  12

805. HOW MANY BEDROOMS ARE IN THIS (Specify dwelling type in Q.802)?

- Number.....  1
- .....  2
- .....  3
- .....  4
- .....  5
- .....  6
- .....  7
- .....  8
- .....  9
- None.....  9

806. Sequence Guide

- . If ATSI (code '2', '3' or '4' in Q.7)  
..... → Q.807  1
- . If household selected for GHWBF  
(code '1' in Box A on HF).. → Q.813  2
- . Otherwise..... → Q.807  3

807. THE NEXT FEW QUESTIONS ARE ABOUT YOUR PRIVATE HEALTH INSURANCE ARRANGEMENTS.

808. APART FROM MEDICARE, ARE YOU CURRENTLY COVERED BY PRIVATE HEALTH INSURANCE?

- Yes.....  1
- No..... → Q.813  2





**8 2 0 . Interviewer: Show GREEN Prompt Card U.**

DO YOU CURRENTLY RECEIVE INCOME FROM ANY OF THESE SOURCES?

- Yes.....  1
- No.....  2 → Q.823

**8 2 1 . WHICH ONES?**

- A wage or salary from an employer.....a  1
- A wage or salary from own limited liability company.....b  2
- Family Payment.....c  3
- Any other Government pension or cash benefit.....d  4
- Maintenance / Child support....e  5
- Superannuation / Annuity.....f  6
- Worker's Compensation/ Accident or sickness insurance.g  7
- Any other current income.....h  8

**8 2 2 . BEFORE TAX IS TAKEN OUT, HOW MUCH DO YOU USUALLY RECEIVE FROM (THIS/THESE) SOURCE(S) IN TOTAL?**

WHAT PERIOD DOES THAT COVER?

- a \$ .....  0  1  2  3  4  5  6  7  8  9
- Don't know  999999  0  1  2  3  4  5  6  7  8  9

- b Weeks.... 1  0  1  2  3  4  5  6  7  8  9
- Months... 2  0  1  2  3  4  5  6  7  8  9

**8 2 3 . Sequence Guide**

- . If more than one source reported in Q.818 AND Q.821 combined ..... → Q.824  1
- . Otherwise..... → Q.825  2

**8 2 4 . WHAT IS YOUR MAIN SOURCE OF INCOME?**

- Profit or loss from own business (excluding limited liability company(s)) or profit or loss from share in a partnership.....  01
- Profit or loss from rental investment properties.....  02
- Dividends.....  03
- Interest.....  04
- A wage or salary from an employer.....  05
- A wage or salary from own limited liability company.....  06
- Family Payment.....  07
- Any other Government pension or cash benefit.....  08
- Maintenance / Child support....  09
- Superannuation / Annuity.....  10
- Worker's Compensation / Accident or Sickness Insurance..  11
- Other income.....  12

**8 2 5 . Sequence Guide**

- . If receives government pension/ benefit (code '4' in Q.821) ..... → Q.826  1
- . Otherwise..... → Q.828  2

**8 2 6 . Interviewer: Show PINK Prompt Card V.**

DO YOU CURRENTLY RECEIVE ANY OF THESE PENSIONS OR BENEFITS?

- Age pension.....  01
- Service pension.....  02
- Disability support pension / (Invalid pension).....  03
- Widow's pension .....  04
- Wife's pension.....  05
- Carer's pension.....  06
- Sole parent's pension.....  07
- Sickness allowance / Sickness benefit.....  08
- Newstart allowance / Job search allowance / Mature age allowance / Unemployment benefit.....  09
- Special benefit.....  10
- None of these.....  11

827. *Interviewer: Show BLUE Prompt Card W.*

DO YOU CURRENTLY RECEIVE ANY OF THESE?

- Additional Family Payment.....a  1
- Austudy / Abstudy.....b  2
- Austudy supplement / Abstudy supplement.....c  3
- Disability pension .....d  4
- War widow's pension .....e  5
- Child's disability allowance....f  6
- Overseas pension or benefit....g  7
- Other pension/benefit.....h  8
- None of these.....i  9

828. *Interviewer*

Personal interview obtained

- Fully in English
  - Easily.....  1
  - With difficulty.....  2
- Partly in language other than English....  3
- Fully in language other than English.....  4

Interview obtained by PROXY

- English language difficulties.....  5
- Other reasons.....  6

829. *Sequence Guide*

- . If ATSI (code '2', '3' or '4' in Q.7) .....  1  
 ..... → Q.830
- . If household selected for GHWBF (code '1' in Box A on HF).. → Q.832  2
- . Otherwise..... → Q.830  3

830. *Sequence Guide*

- . If aged 18 years or over AND female introduce and give out the Women's Supplementary Health Form ..... → Q.831  1
- . If SD **no more questions** ◀  2
- . Otherwise..... → Q.901  3

831. *Interviewer: Transcribe the following response code to Column Q on HF.*

- Women's Health Supplementary Form accepted and returned.....  1
- Women's Health Supplementary Form not accepted.....  2

832. *Sequence Guide*

- . If SD **no more questions** ◀  1
- . Otherwise..... → Q.901  2

901. Sequence Guide

- . If selected respondent for NNS  
(Code '1' in column N on HF) → Q.902  1
- . Otherwise, no more questions ←  2

902. AS AN EXTENSION OF THIS HEALTH SURVEY, THE ABS IS ALSO COLLECTING INFORMATION ABOUT THE NUTRITIONAL PATTERNS OF AUSTRALIANS.

Interviewer: Give brochure to respondent.

AS THIS IS A VERY SPECIALISED AREA, A PROFESSIONAL NUTRITIONIST WILL BE CONTACTING PEOPLE SHORTLY TO ARRANGE INTERVIEW TIMES.

THIS INTERVIEW WOULD BE CONDUCTED IN YOUR HOME. THE NUTRITIONIST WOULD ASK YOU SOME QUESTIONS ABOUT THE FOODS YOU EAT, AND MEASURE YOUR HEIGHT, WEIGHT, WAIST AND HIP CIRCUMFERENCE. (PERSONS AGED 16 YEARS AND OVER WOULD ALSO HAVE THEIR BLOOD PRESSURE TAKEN.)

THE RESULTS OF YOUR MEASUREMENTS WOULD BE MADE AVAILABLE TO YOU, TO ALLOW YOU TO LEARN MORE ABOUT YOUR OWN HEALTH.

WOULD YOU BE WILLING TO BE INTERVIEWED?

- Yes..... → Q.903  1
- No.....  2

Interviewer: If 'No' ask :

WHAT ARE THE REASONS WHY YOU DONT WANT TO BE INTERVIEWED?

.....

.....

.....

.....

903. Sequence Guide

- . If 'no' in Q.902..... → Q.907  1
- . If respondent aged 15-17 years  
AND not proxy interview → Q.904  2
- . Otherwise ..... → Q.906  3

904. Interviewer: Inform parent/guardian about the Nutrition Survey.

AS AN EXTENSION OF THIS HEALTH SURVEY, THE ABS IS ALSO COLLECTING INFORMATION ABOUT NUTRITIONAL PATTERNS OF AUSTRALIANS.

Interviewer: Give brochure to parent/guardian.

AS THIS IS A VERY SPECIALISED AREA, A PROFESSIONAL NUTRITIONIST WILL BE CONTACTING PEOPLE SHORTLY TO ARRANGE INTERVIEW TIMES.

....S INTERVIEW WOULD BE CONDUCTED IN YOUR HOME. THE NUTRITIONIST WOULD ASK .... QUESTIONS ABOUT THE FOOD .... EATS AND MEASURE ....S HEIGHT, WEIGHT, WAIST AND HIP CIRCUMFERENCE. (PERSONS AGED 16 YEARS AND OVER WOULD ALSO HAVE THEIR BLOOD PRESSURE TAKEN.)

THE RESULTS OF ....S MEASUREMENTS WOULD BE MADE AVAILABLE TO YOU, TO ALLOW YOU TO LEARN MORE ABOUT ....S HEALTH.

ARE YOU WILLING FOR .... TO BE INTERVIEWED?

- Yes..... → Q.906  1
- No.....  2

Interviewer: If 'No' ask :

WHAT ARE THE REASONS WHY YOU DONT WANT .... TO BE INTERVIEWED?

.....

.....

.....

.....

905. → Q.907

906. WHAT WOULD BE THE MOST CONVENIENT WAY AND TIME FOR THE NUTRITIONIST TO CONTACT YOU TO ARRANGE AN INTERVIEW?

.....

.....

.....

907. Interviewer:

• Code response:

- Participating.....  1
- Not participating.....  2

• If 'not participating' complete a refusal report form.

• Transcribe response code to column O on HF.

• Hand out fridge magnet with appointment card.

• No more questions ←