



Census Household Form

Census Test night is Tuesday 10 September 2024

For ABS use only



It's time to complete your Census Test.

Census Test night is Tuesday 10 September 2024. Everybody at this address on Census Test night must be included on this Census form, including visitors and babies.

Your participation in this test is important to ensure the next Census is easier for everyone and provides high quality data. The Census helps plan transport, schools, healthcare and infrastructure in your community.

The Australian Bureau of Statistics (ABS) is committed to maximising the value of data and statistics. Census information may be combined with other sources, to create new statistics without asking more questions.

Thank you for taking part.

Duncan Young
Census General Manager

What you need to do:

- 1 Fill out this form for every person who spent the night in this dwelling on Census Test night.
- 2 Return your completed form in the supplied Reply Paid envelope without delay.

How to write your answers

- Use a blue or black pen only.
- Mark response boxes, like this:
- Use **CAPITAL** letters and only use one letter per box. N S W
- Remember to leave a space between words, like this:
 D I E S E L M E
 C H A N I C
- If you make a mistake, draw a line through the box, like this:
- **OR** draw a line through the box and continue writing, like this:
 S E R V I N G C I
 N G C A R S

1 What is the address of this dwelling?

Please use **CAPITAL** letters only.

Apartment/Flat/Unit number Street number (examples: 1-9, LOT 37)

(if any)

Street name (examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory Postcode

Property/Building name (if any)

All responses are kept strictly confidential. To see our Privacy Policy, go to www.census.abs.gov.au/privacy

For more information, go to www.census.abs.gov.au/help

Frequently Asked Questions

Census Test night is Tuesday 10 September 2024



What is the Census Test?

The Census is a snapshot of Australia's people and housing and tells the story of how we are changing. Before each Census, it's important to test how we will run it. Testing makes sure our processes work well and that the form captures the right information, in the right way.

This information is collected under the authority of the *Census and Statistics Act 1905*.



Who do I include on the form?

The Census Test collects information on everyone within a selected household. This includes non-Australian citizens, international visitors and newborn babies. The only people not included are foreign diplomats.



What if there are more than six people staying on Census Test night?

If there are more than six people at this address on Census Test night, you can request an extra form at www.census.abs.gov.au/help or call us on **1800 181 227**.



Can I complete my Census Test online?

We would prefer you complete your Census Test using the paper form provided, as this will help us improve the form for the next Census. However, if you would prefer to complete your Census Test online, go to www.census.abs.gov.au



Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that will identify any individual, household or business. Your data is protected by the *Privacy Act 1988* and the secrecy provisions of the *Census and Statistics Act 1905*.

Go to www.census.abs.gov.au/privacy to find out more about how we keep your information secure.



Why is it important to complete the Census Test?

It is important that everyone selected participates to ensure the Census Test reflects a broad cross-section of people in Australia. Your participation will help us improve the Census process so our next Census in 2026 is easier to complete and produces high quality statistics.



What if I want a separate form for privacy reasons?

To request an extra form to complete your Census Test separately from other household members, go to www.census.abs.gov.au/help or call us on **1800 181 227**.



What if no one is home on Census Test night?

If this address is unoccupied on Census Test night, call us on **1800 181 227** to let us know.



Need more help?

There is a range of information to help you complete your Census Test at www.census.abs.gov.au/help

If you would prefer to speak to someone, call us on **1800 181 227**.

All people must complete their Census Test where they spent Census Test night

2 Who spent the night of Tuesday 10 September 2024 in this dwelling?

- Count everyone who spent the night, including yourself.
- Include anyone who lives at this address who returned the next day **without being included on another form** (for example, shift workers at work on Census Test night and returning the following day).
- If no one is home on Census Test night, call us on **1800 181 227** to let us know.
- Mark **all** that apply, like this:

- Me
- Spouse/partner
- Babies, children and teenagers
- Other adult family members (including adult children, parents, siblings and extended family members)
- Unrelated housemates, flatmates or boarders
- Visitors or friends who spent the night of Tuesday 10 September 2024 in this dwelling

3 In total, how many people spent the night of Tuesday 10 September 2024 in this dwelling?

Number of people present

i If there are more than six people present, call us on **1800 181 227** to request an additional form.

4 Who was *away* on the night of Tuesday 10 September 2024, but usually lives in this dwelling?

- Include anyone who was away for the night **and** was included on a form elsewhere.
- ‘Usually lives’ means the person has lived, or intends to live, at this address for a total of six months or more in 2024.
- Mark **all** that apply, like this:

No one away

OR

- People on holiday, including people who are overseas
- People travelling overnight or longer for work
- People staying with relatives or friends overnight
- Children in shared care arrangements staying elsewhere on Tuesday 10 September 2024
- Students away at boarding school

5 In total, how many people were *away* on the night of Tuesday 10 September 2024, but usually live in this dwelling?

No one away

OR

Number of people away ▶

i For each person away, please complete Questions 59 and 60 only.

Please read this before continuing

The next section asks about people who were present on Census Test night (people included in Questions 2 and 3). The order people are listed in helps us work out household and family relationships for the people who were present on Census Test night. To make it easier for you to answer later questions, please ensure that:

Person 1 is the *householder* if present, otherwise any **adult** member of the household.

People 2–6 can be **any other person present** including spouses, partners, adult family members, teenagers, children, babies, housemates or visitors.

Please use CAPITAL letters only.

	Person 1 The <i>householder</i> if present, otherwise any adult member of the household.	Person 2 The <i>spouse or partner</i> of 'Person 1' if applicable, otherwise any <i>other person present</i> .
6 Name of each person including visitors who spent the night of Tuesday 10 September 2024 in this dwelling: <ul style="list-style-type: none"> • Include all adults, children, babies and <i>visitors</i>. • Include any person who usually lives in this dwelling who returned on Wednesday 11 September 2024 without being included on a form elsewhere. • For all other cases of people away, please include them in Questions 59 and 60 only. 	First or given name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname or family name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 	First or given name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname or family name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 What is the person's date of birth and age? <ul style="list-style-type: none"> • If date of birth is not known, please give age. • Example: Day Month Year Age <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> AND <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/> Years 	Day Month Year Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years	Day Month Year Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years
8 What was the person's sex recorded at birth? <ul style="list-style-type: none"> • 'Another term' includes options available on birth registrations. • Mark one box, like this: <input type="checkbox"/> 	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term
9 What is the person's gender? <ul style="list-style-type: none"> • Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents. • Mark one box, like this: <input type="checkbox"/> 	<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Prefer not to answer
10 What is the person's relationship to Person 1/Person 2? <ul style="list-style-type: none"> • Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER. • Mark one box, like this: <input type="checkbox"/> 	No answer required for Person 1	<input type="checkbox"/> Husband or wife or spouse of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of Person 1 <input type="checkbox"/> Stepchild of Person 1 <input type="checkbox"/> Brother or sister or sibling of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 What is the person's current marital status? <ul style="list-style-type: none"> • 'Married' refers to registered marriages. • If more than one option applies, mark the most recent. • Mark one box, like this: <input type="checkbox"/> 	<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
12 Is the person of Aboriginal or Torres Strait Islander origin? <ul style="list-style-type: none"> • For people of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. 	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Person 3 Any other person present in the household.	Person 4 Any other person present in the household.	Person 5 Any other person present in the household.	Person 6 Any other person present in the household.
First or given name [Grid]	First or given name [Grid]	First or given name [Grid]	First or given name [Grid]
Surname or family name [Grid]	Surname or family name [Grid]	Surname or family name [Grid]	Surname or family name [Grid]
Day Month Year [Grid]	Day Month Year [Grid]	Day Month Year [Grid]	Day Month Year [Grid]
Age AND [Grid] Years	Age AND [Grid] Years	Age AND [Grid] Years	Age AND [Grid] Years
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term
<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) [Grid] <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) [Grid] <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) [Grid] <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify) [Grid] <input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister or sibling of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify) [Grid]	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister or sibling of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify) [Grid]	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister or sibling of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify) [Grid]	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Brother or sister or sibling of Person 1 <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify) [Grid]
<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> Married <input type="checkbox"/> De facto relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Please use CAPITAL letters only.

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Person 1

Person 2

13 Where does the person usually live?

- For people who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'.
- For other people, 'usually live' means the address at which the person has lived, or intends to live, for a total of six months or more in 2024.
- For people who have no fixed or return address (for example, due to family conflict or eviction), write 'NONE' in the 'Suburb/Locality' box.
- For boarders at boarding school, write the address of the boarding school or college.
- Mark box, like this:

Same as in Question 1
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

Same as in Question 1
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

14 Where did the person usually live one year ago (at 10 September 2023)?

- If the person is less than one year old, leave blank.
- For people who had no usual address on 10 September 2023, write the address at which they were then living.
- Mark box, like this:

Same as in Question 13
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

Same as in Question 13
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

15 Where did the person usually live five years ago (at 10 September 2019)?

- If the person is less than five years old, leave blank.
- For people who had no usual address on 10 September 2019, write the address at which they were then living.
- Mark box, like this:

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
Apartment/Flat/Unit number
 (if any)
Street number

Street name

Suburb/Locality

State/Territory Postcode

 Other country

Person 3

Person 4

07

Person 5

Person 6

Same as in Question 1
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 1
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 1
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 1
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 13
 Same as in Question 14
 Elsewhere in Australia (specify address)
 Apartment/Flat/Unit number (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country



Please use CAPITAL letters only.

08

Person 1

Person 2

16 Is the person an Australian citizen?

• Mark one box, like this:

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

17 In which country was the person born?

• Mark one box, like this:

- Australia ► **Go to 19**
- England
- India
- New Zealand
- Philippines
- Vietnam
- South Africa
- Other (specify)

- Australia ► **Go to 19**
- England
- India
- New Zealand
- Philippines
- Vietnam
- South Africa
- Other (specify)

18 In what year did the person first arrive in Australia to live for one year or more?

• For example, for arrival in 1987 write:

- Year
- Will be in Australia for less than one year

- Year
- Will be in Australia for less than one year

19 In which country was the person's mother or parent 1 born?

• Provide the country of birth for any one of the person's parents. This could be the country of birth for a mother or father and could be a step-parent or adoptive parent.

• If the person is unable to answer this question, leave blank.

- Australia
- Other (specify)

- Australia
- Other (specify)

20 In which country was the person's father or parent 2 born?

• Provide the country of birth for another one of the person's parents. This could be the country of birth for a father or mother and could be a step-parent or adoptive parent.

• If the person is unable to answer this question, leave blank.

- Australia
- Other (specify)

- Australia
- Other (specify)

21 Does the person use a language other than English at home?

• If more than one language other than English, write the one that is used most often.

• Include use of sign languages in the 'Yes, other language (specify)' option. For example: AUSLAN.

• Include use of Aboriginal or Torres Strait Islander languages in the 'Yes, other language (specify)' option.

• Mark one box, like this:

- No, English only ► **Go to 23**
- Yes, Mandarin
- Yes, Arabic
- Yes, Vietnamese
- Yes, Cantonese
- Yes, Punjabi
- Yes, Greek
- Yes, other language (specify)

- No, English only ► **Go to 23**
- Yes, Mandarin
- Yes, Arabic
- Yes, Vietnamese
- Yes, Cantonese
- Yes, Punjabi
- Yes, Greek
- Yes, other language (specify)

22 How well does the person speak English?

• Mark one box, like this:

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

Person 3	Person 4	09	Person 5	Person 6
<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No
<input type="checkbox"/> Australia ► Go to 19 <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify)	<input type="checkbox"/> Australia ► Go to 19 <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify)	<input type="checkbox"/> Australia ► Go to 19 <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify)	<input type="checkbox"/> Australia ► Go to 19 <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify)	<input type="checkbox"/> Australia ► Go to 19 <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> Will be in Australia for less than one year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> Will be in Australia for less than one year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> Will be in Australia for less than one year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> Will be in Australia for less than one year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> Will be in Australia for less than one year
<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)
<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)	<input type="checkbox"/> Australia Other (specify)
<input type="checkbox"/> No, English only ► Go to 23 <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify)	<input type="checkbox"/> No, English only ► Go to 23 <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify)	<input type="checkbox"/> No, English only ► Go to 23 <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify)	<input type="checkbox"/> No, English only ► Go to 23 <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify)	<input type="checkbox"/> No, English only ► Go to 23 <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify)
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all

Person 3

Person 4

11

Person 5

Person 6

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)

Other ancestry 2 (specify)

Other ancestry 3 (specify)

Other ancestry 4 (specify)

- No
- Yes (specify religion)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)

Other ancestry 2 (specify)

Other ancestry 3 (specify)

Other ancestry 4 (specify)

- No
- Yes (specify religion)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)

Other ancestry 2 (specify)

Other ancestry 3 (specify)

Other ancestry 4 (specify)

- No
- Yes (specify religion)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)

Other ancestry 2 (specify)

Other ancestry 3 (specify)

Other ancestry 4 (specify)

- No
- Yes (specify religion)

Please use CAPITAL letters only.	12 Person 1	Person 2
<p>25 Does the person ever need someone to help with, or be with them for, self-care activities?</p> <ul style="list-style-type: none"> For example: doing everyday activities such as eating, showering, dressing or toileting. 	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p>26 Does the person ever need someone to help with, or be with them for, body movement activities?</p> <ul style="list-style-type: none"> For example: getting out of bed, moving around at home or at places away from home. 	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p>27 Does the person ever need someone to help with, or be with them for, communication activities?</p> <ul style="list-style-type: none"> For example: understanding, or being understood by, others. 	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p>28 What are the reasons for the need for assistance or supervision shown in Questions 25, 26 and 27?</p> <ul style="list-style-type: none"> Mark all that apply, like this: <input type="checkbox"/> 	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason
<p>29 Has the person been told by a doctor or nurse that they have any of these long-term health conditions?</p> <ul style="list-style-type: none"> Include health conditions that have lasted or are expected to last for six months or more. Include health conditions that: <ul style="list-style-type: none"> may recur from time to time, or are controlled by medication, therapy or treatment, or are in remission. 'Mental health condition' refers to a wide range of conditions that can affect a person's mood, thinking and behaviour. Mark all that apply, like this: <input type="checkbox"/> <p>i Go to www.census.abs.gov.au/questions for more information.</p>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition
<p>30 Has the person been told they were born with a variation of sex characteristics (sometimes called 'intersex' or 'differences of sex development')?</p> <ul style="list-style-type: none"> This question refers to innate reproductive development, genetics, or hormones that do not fit the medical norms for female or male bodies. These specific characteristics may be noticed at birth, or develop in puberty. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer

Person 3	Person 4	13	Person 5	Person 6
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason
<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Migraine <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer

Person 3	Person 4	15	Person 5	Person 6																																																																																																																													
<input type="checkbox"/> No ► Go to 33 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 33 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 33 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 33 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 33 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student																																																																																																																													
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<input type="checkbox"/> No ► Go to 38 <input type="checkbox"/> No, still studying for first qualification ► Go to 38 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 38 <input type="checkbox"/> No, still studying for first qualification ► Go to 38 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 38 <input type="checkbox"/> No, still studying for first qualification ► Go to 38 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 38 <input type="checkbox"/> No, still studying for first qualification ► Go to 38 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► Go to 38 <input type="checkbox"/> No, still studying for first qualification ► Go to 38 <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification																																																																																																																													
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Field of study	Field of study	Field of study	Field of study	Field of study																																																																																																																													
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																										<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																										<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																										<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																										<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																									

38 What is the *total* of all income the person usually receives?

- **Do not deduct:** tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions.

- **Include:**

Wages and salaries

- Regular overtime
- Commissions and bonuses

Government pensions, benefits and allowances

- Age Pension
- Family Tax Benefit
- Parenting Payment
- Disability Support Pension
- JobSeeker Payment
- Youth and student allowances
- Carer Allowance
- Any other government pension, benefit or allowance

Profit or loss from

- Unincorporated business/farm (for example, sole traders, partnerships)
- Rental properties

Other income

- Income from superannuation
- Private pensions
- Child support
- Interest
- Dividends from shares
- Workers compensation
- Any other income

- Mark one box, like this:

- Information from this question provides an indication of living standards in different areas.

- \$3,500 or more per week
\$182,000 or more per year
- \$3,000-\$3,499 per week
\$156,000-\$181,999 per year
- \$2,000-\$2,999 per week
\$104,000-\$155,999 per year
- \$1,750-\$1,999 per week
\$91,000-\$103,999 per year
- \$1,500-\$1,749 per week
\$78,000-\$90,999 per year
- \$1,250-\$1,499 per week
\$65,000-\$77,999 per year
- \$1,000-\$1,249 per week
\$52,000-\$64,999 per year
- \$800-\$999 per week
\$41,600-\$51,999 per year
- \$650-\$799 per week
\$33,800-\$41,599 per year
- \$500-\$649 per week
\$26,000-\$33,799 per year
- \$400-\$499 per week
\$20,800-\$25,999 per year
- \$300-\$399 per week
\$15,600-\$20,799 per year
- \$150-\$299 per week
\$7,800-\$15,599 per year
- \$1-\$149 per week
\$1-\$7,799 per year
- \$0 or nil income
- Negative income

- \$3,500 or more per week
\$182,000 or more per year
- \$3,000-\$3,499 per week
\$156,000-\$181,999 per year
- \$2,000-\$2,999 per week
\$104,000-\$155,999 per year
- \$1,750-\$1,999 per week
\$91,000-\$103,999 per year
- \$1,500-\$1,749 per week
\$78,000-\$90,999 per year
- \$1,250-\$1,499 per week
\$65,000-\$77,999 per year
- \$1,000-\$1,249 per week
\$52,000-\$64,999 per year
- \$800-\$999 per week
\$41,600-\$51,999 per year
- \$650-\$799 per week
\$33,800-\$41,599 per year
- \$500-\$649 per week
\$26,000-\$33,799 per year
- \$400-\$499 per week
\$20,800-\$25,999 per year
- \$300-\$399 per week
\$15,600-\$20,799 per year
- \$150-\$299 per week
\$7,800-\$15,599 per year
- \$1-\$149 per week
\$1-\$7,799 per year
- \$0 or nil income
- Negative income

39 Last week, did the person have a job of any kind?

- A 'job' means any type of work including casual, temporary, part-time or full-time work, if it was for one hour or more.

- Mark one box, like this:

- **i** Go to www.census.abs.gov.au/questions for more information.

- Yes, worked for payment or profit **▶ Go to 40**
- Yes, but absent on holidays, on leave, no rostered shifts, or any other reason **▶ Go to 40**
- Yes, unpaid work in a family business **▶ Go to 43**
- Yes, other unpaid work **▶ Go to 51**
- No, did not have a job **▶ Go to 51**

- Yes, worked for payment or profit **▶ Go to 40**
- Yes, but absent on holidays, on leave, no rostered shifts, or any other reason **▶ Go to 40**
- Yes, unpaid work in a family business **▶ Go to 43**
- Yes, other unpaid work **▶ Go to 51**
- No, did not have a job **▶ Go to 51**

40 In the main job held last week, was the person:

- If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.
- For all people conducting their own business, including those with their own incorporated (e.g. Pty Ltd) company, as well as sole traders, partnerships and independent contractors, mark 'Working in own business'.
- Mark one box, like this:

- Working for an employer **▶ Go to 43**
- Working in own business

- Working for an employer **▶ Go to 43**
- Working in own business

Person 3

Person 4

17

Person 5

Person 6

<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year
<input type="checkbox"/> \$3,000-\$3,499 per week \$156,000-\$181,999 per year	<input type="checkbox"/> \$3,000-\$3,499 per week \$156,000-\$181,999 per year	<input type="checkbox"/> \$3,000-\$3,499 per week \$156,000-\$181,999 per year	<input type="checkbox"/> \$3,000-\$3,499 per week \$156,000-\$181,999 per year
<input type="checkbox"/> \$2,000-\$2,999 per week \$104,000-\$155,999 per year	<input type="checkbox"/> \$2,000-\$2,999 per week \$104,000-\$155,999 per year	<input type="checkbox"/> \$2,000-\$2,999 per week \$104,000-\$155,999 per year	<input type="checkbox"/> \$2,000-\$2,999 per week \$104,000-\$155,999 per year
<input type="checkbox"/> \$1,750-\$1,999 per week \$91,000-\$103,999 per year	<input type="checkbox"/> \$1,750-\$1,999 per week \$91,000-\$103,999 per year	<input type="checkbox"/> \$1,750-\$1,999 per week \$91,000-\$103,999 per year	<input type="checkbox"/> \$1,750-\$1,999 per week \$91,000-\$103,999 per year
<input type="checkbox"/> \$1,500-\$1,749 per week \$78,000-\$90,999 per year	<input type="checkbox"/> \$1,500-\$1,749 per week \$78,000-\$90,999 per year	<input type="checkbox"/> \$1,500-\$1,749 per week \$78,000-\$90,999 per year	<input type="checkbox"/> \$1,500-\$1,749 per week \$78,000-\$90,999 per year
<input type="checkbox"/> \$1,250-\$1,499 per week \$65,000-\$77,999 per year	<input type="checkbox"/> \$1,250-\$1,499 per week \$65,000-\$77,999 per year	<input type="checkbox"/> \$1,250-\$1,499 per week \$65,000-\$77,999 per year	<input type="checkbox"/> \$1,250-\$1,499 per week \$65,000-\$77,999 per year
<input type="checkbox"/> \$1,000-\$1,249 per week \$52,000-\$64,999 per year	<input type="checkbox"/> \$1,000-\$1,249 per week \$52,000-\$64,999 per year	<input type="checkbox"/> \$1,000-\$1,249 per week \$52,000-\$64,999 per year	<input type="checkbox"/> \$1,000-\$1,249 per week \$52,000-\$64,999 per year
<input type="checkbox"/> \$800-\$999 per week \$41,600-\$51,999 per year	<input type="checkbox"/> \$800-\$999 per week \$41,600-\$51,999 per year	<input type="checkbox"/> \$800-\$999 per week \$41,600-\$51,999 per year	<input type="checkbox"/> \$800-\$999 per week \$41,600-\$51,999 per year
<input type="checkbox"/> \$650-\$799 per week \$33,800-\$41,599 per year	<input type="checkbox"/> \$650-\$799 per week \$33,800-\$41,599 per year	<input type="checkbox"/> \$650-\$799 per week \$33,800-\$41,599 per year	<input type="checkbox"/> \$650-\$799 per week \$33,800-\$41,599 per year
<input type="checkbox"/> \$500-\$649 per week \$26,000-\$33,799 per year	<input type="checkbox"/> \$500-\$649 per week \$26,000-\$33,799 per year	<input type="checkbox"/> \$500-\$649 per week \$26,000-\$33,799 per year	<input type="checkbox"/> \$500-\$649 per week \$26,000-\$33,799 per year
<input type="checkbox"/> \$400-\$499 per week \$20,800-\$25,999 per year	<input type="checkbox"/> \$400-\$499 per week \$20,800-\$25,999 per year	<input type="checkbox"/> \$400-\$499 per week \$20,800-\$25,999 per year	<input type="checkbox"/> \$400-\$499 per week \$20,800-\$25,999 per year
<input type="checkbox"/> \$300-\$399 per week \$15,600-\$20,799 per year	<input type="checkbox"/> \$300-\$399 per week \$15,600-\$20,799 per year	<input type="checkbox"/> \$300-\$399 per week \$15,600-\$20,799 per year	<input type="checkbox"/> \$300-\$399 per week \$15,600-\$20,799 per year
<input type="checkbox"/> \$150-\$299 per week \$7,800-\$15,599 per year	<input type="checkbox"/> \$150-\$299 per week \$7,800-\$15,599 per year	<input type="checkbox"/> \$150-\$299 per week \$7,800-\$15,599 per year	<input type="checkbox"/> \$150-\$299 per week \$7,800-\$15,599 per year
<input type="checkbox"/> \$1-\$149 per week \$1-\$7,799 per year	<input type="checkbox"/> \$1-\$149 per week \$1-\$7,799 per year	<input type="checkbox"/> \$1-\$149 per week \$1-\$7,799 per year	<input type="checkbox"/> \$1-\$149 per week \$1-\$7,799 per year
<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income
<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income
<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40
<input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason ▶ Go to 40
<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43
<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51
<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51
<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43
<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business

Person 3	Person 4	19	Person 5	Person 6
<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)
<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees
Occupation	Occupation	Occupation	Occupation	Occupation
Tasks or duties	Tasks or duties	Tasks or duties	Tasks or duties	Tasks or duties
Business name	Business name	Business name	Business name	Business name
Industry/business of the employer	Industry/business of the employer	Industry/business of the employer	Industry/business of the employer	Industry/business of the employer
Goods produced/services provided	Goods produced/services provided	Goods produced/services provided	Goods produced/services provided	Goods produced/services provided



<p>48 For the main job held last week, what was the person’s workplace address?</p> <ul style="list-style-type: none"> For people who work for an employer, but work from home some of the time, write the employer’s workplace address. For people who work from home only (that is, do not have another location to work from), write the home address. For people with no fixed place of work (for example, a delivery driver or an in-home carer): <ul style="list-style-type: none"> if the person travels to visit clients, write the address of the employer if the person usually travels to a depot to start work, write the depot address otherwise, write ‘NONE’ in the ‘Suburb/Locality’ box. 	<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>	<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>
<p>49 How did the person get to work on Tuesday 10 September 2024?</p> <ul style="list-style-type: none"> If the person used more than one method of travel to work, mark all that apply, like this: <input checked="" type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle (including e-bike) <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work 	<ul style="list-style-type: none"> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle (including e-bike) <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work
<p>50 Last week, how many hours did the person work in all jobs?</p> <ul style="list-style-type: none"> Add any overtime or extra time worked and subtract any time off. 	<p><input type="checkbox"/> Hours worked ► Go to 53</p> <p><input type="checkbox"/> None ► Go to 53</p>	<p><input type="checkbox"/> Hours worked ► Go to 53</p> <p><input type="checkbox"/> None ► Go to 53</p>
<p>51 Did the person actively look for work at any time in the last four weeks?</p> <ul style="list-style-type: none"> Full-time work means 35 hours or more per week. Examples of <i>actively</i> looking for work include: <ul style="list-style-type: none"> contacting employers directly contacting employers through an employment agency answering an advertisement for a job having a job interview taking steps to purchase or start a business advertising or tendering for work. Mark one box, like this: <input checked="" type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for both full-time and part-time work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work 	<ul style="list-style-type: none"> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for both full-time and part-time work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work
<p>52 If the person had found a job, could the person have started work last week?</p> <ul style="list-style-type: none"> Mark one box, like this: <input checked="" type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason

Person 3

Person 4

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Person 5

Person 6

<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>	<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>	<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>	<p>Street number</p> <p>Street name</p> <p>Suburb/Locality</p> <p>State/Territory Postcode</p> <p>Property/Building name (if any)</p>
<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including light rail)</p> <p><input type="checkbox"/> Taxi or ride-share service</p> <p><input type="checkbox"/> Car – as a driver</p> <p><input type="checkbox"/> Car – as a passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle (including e-bike)</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Did not go to work</p>	<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including light rail)</p> <p><input type="checkbox"/> Taxi or ride-share service</p> <p><input type="checkbox"/> Car – as a driver</p> <p><input type="checkbox"/> Car – as a passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle (including e-bike)</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Did not go to work</p>	<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including light rail)</p> <p><input type="checkbox"/> Taxi or ride-share service</p> <p><input type="checkbox"/> Car – as a driver</p> <p><input type="checkbox"/> Car – as a passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle (including e-bike)</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Did not go to work</p>	<p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ferry</p> <p><input type="checkbox"/> Tram (including light rail)</p> <p><input type="checkbox"/> Taxi or ride-share service</p> <p><input type="checkbox"/> Car – as a driver</p> <p><input type="checkbox"/> Car – as a passenger</p> <p><input type="checkbox"/> Truck</p> <p><input type="checkbox"/> Motorbike or motor scooter</p> <p><input type="checkbox"/> Bicycle (including e-bike)</p> <p><input type="checkbox"/> Walked only</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worked at home</p> <p><input type="checkbox"/> Did not go to work</p>
<p><input type="checkbox"/> Hours worked ▶ Go to 53</p> <p><input type="checkbox"/> None ▶ Go to 53</p>	<p><input type="checkbox"/> Hours worked ▶ Go to 53</p> <p><input type="checkbox"/> None ▶ Go to 53</p>	<p><input type="checkbox"/> Hours worked ▶ Go to 53</p> <p><input type="checkbox"/> None ▶ Go to 53</p>	<p><input type="checkbox"/> Hours worked ▶ Go to 53</p> <p><input type="checkbox"/> None ▶ Go to 53</p>
<p><input type="checkbox"/> No, did not look for work ▶ Go to 53</p> <p><input type="checkbox"/> Yes, looked for both full-time and part-time work</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>	<p><input type="checkbox"/> No, did not look for work ▶ Go to 53</p> <p><input type="checkbox"/> Yes, looked for both full-time and part-time work</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>	<p><input type="checkbox"/> No, did not look for work ▶ Go to 53</p> <p><input type="checkbox"/> Yes, looked for both full-time and part-time work</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>	<p><input type="checkbox"/> No, did not look for work ▶ Go to 53</p> <p><input type="checkbox"/> Yes, looked for both full-time and part-time work</p> <p><input type="checkbox"/> Yes, looked for full-time work</p> <p><input type="checkbox"/> Yes, looked for part-time work</p>
<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>	<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>	<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>	<p><input type="checkbox"/> Yes, could have started work last week</p> <p><input type="checkbox"/> No, already had a job to go to</p> <p><input type="checkbox"/> No, temporarily ill or injured</p> <p><input type="checkbox"/> No, other reason</p>

Please use CAPITAL letters only.

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Person 1

Person 2

53 Has the person ever served in the Australian Defence Force?

- Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE.
- Exclude service for non-Australian defence forces.
- Mark all that apply, like this:

i Go to www.census.abs.gov.au/questions for more information.

- No
- Regular Service**
- Yes, current service
- Yes, previous service
- Reserves Service**
- Yes, current service
- Yes, previous service

- No
- Regular Service**
- Yes, current service
- Yes, previous service
- Reserves Service**
- Yes, current service
- Yes, previous service

54 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?

- Include unpaid voluntary work for sporting teams, youth groups, charities, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order.
- Mark one box, like this:

- No, did not do unpaid voluntary work
- Yes, did unpaid voluntary work

- No, did not do unpaid voluntary work
- Yes, did unpaid voluntary work

55 In the last week did the person spend time doing unpaid domestic work for their household?

- Include all housework, food/drink preparation and clean-up, laundry, gardening, home maintenance and repairs, household shopping, finance management, pet and animal care, and travel associated with unpaid domestic work.
- Mark one box, like this:

- No, did not do any unpaid domestic work in the last week
- Yes, less than 5 hours
- Yes, 5–14 hours
- Yes, 15–29 hours
- Yes, 30 hours or more

- No, did not do any unpaid domestic work in the last week
- Yes, less than 5 hours
- Yes, 5–14 hours
- Yes, 15–29 hours
- Yes, 30 hours or more

56 In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?

- People who receive Carer Allowance or Carer Payment should mark 'Yes, provided unpaid care, help or assistance'.
- Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition.
- Do not include work done through a voluntary organisation or group.
- Mark one box, like this:

- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance

- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance

57 In the last two weeks did the person spend time looking after a child, without pay?

- Only include children who were less than 15 years of age.
- Mark all that apply, like this:

- No
- Yes, looked after own child
- Yes, looked after a child other than own child

- No
- Yes, looked after own child
- Yes, looked after a child other than own child

58 How does the person describe their sexual orientation?

- Mark one box, like this:

- Straight
- Gay or Lesbian
- Bisexual
- Uses another term (specify)

- Straight
- Gay or Lesbian
- Bisexual
- Uses another term (specify)

- Don't know
- Prefer not to answer

- Don't know
- Prefer not to answer

Person 3

Person 4

23

Person 5

Person 6

<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>
<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>
<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5-14 hours</p> <p><input type="checkbox"/> Yes, 15-29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5-14 hours</p> <p><input type="checkbox"/> Yes, 15-29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5-14 hours</p> <p><input type="checkbox"/> Yes, 15-29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5-14 hours</p> <p><input type="checkbox"/> Yes, 15-29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>
<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>
<p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Uses another term (specify)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Uses another term (specify)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Uses another term (specify)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Uses another term (specify)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>

59 Were there any people away on the night of Tuesday 10 September 2024 who usually live in this dwelling?

- 'Usually live' means the person has lived, or intends to live, at this address for a total of six months or more in 2024.
- Include people counted as away in Questions 4 and 5.

- No, no one away **▶ Go to 61**
 Yes, someone away **▶ Go to 60**

60 For each person away, complete the following questions

<p>Name of each person who usually lives in this dwelling, but was away on Tuesday 10 September 2024.</p>	<p>First or given name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>First or given name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>First or given name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<p>Surname or family name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Surname or family name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Surname or family name</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>What is the person's date of birth and age?</p> <ul style="list-style-type: none"> • If date of birth is not known, please give age. 	<p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Day Month Year</p> <input type="text"/> <input type="text"/> <input type="text"/>
	<p>AND Age</p> <input type="text"/> <input type="text"/> Years	<p>AND Age</p> <input type="text"/> <input type="text"/> Years	<p>AND Age</p> <input type="text"/> <input type="text"/> Years
<p>What was the person's sex recorded at birth?</p> <ul style="list-style-type: none"> • 'Another term' includes options available on birth registrations. • Mark one box, like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Another term</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Another term</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Another term</p>
	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>
<p>What is the person's gender?</p> <ul style="list-style-type: none"> • Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents. • Mark one box, like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Man or Boy <input type="checkbox"/> Woman or Girl <input type="checkbox"/> Non-binary <input type="checkbox"/> Uses another term (specify)</p> <input type="text"/> <input type="text"/>
	<p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Prefer not to answer</p>
<p>Is the person of Aboriginal or Torres Strait Islander origin?</p> <ul style="list-style-type: none"> • For people of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. 	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>
	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>What is the person's relationship to Person 1/Person 2?</p> <ul style="list-style-type: none"> • Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER. 	<p><input type="checkbox"/> Husband or wife or spouse of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Husband or wife or spouse of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify)</p> <input type="text"/> <input type="text"/>	<p><input type="checkbox"/> Husband or wife or spouse of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1 Other relationship to Person 1 (specify)</p> <input type="text"/> <input type="text"/>
	<p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Prefer not to answer</p>	<p><input type="checkbox"/> Prefer not to answer</p>

Please answer the following questions for this dwelling

61 How many registered motor vehicles owned or used by residents of this dwelling were garaged or parked at or near this dwelling on the night of Tuesday 10 September 2024?

- Include vans and company vehicles kept at home.
- Exclude motorbikes, motor scooters and heavy vehicles.

Number of motor vehicles
 None

62 How many bedrooms are there in this dwelling?

- If the dwelling is a bedsitter or studio, mark the 'None' box like this:

Number of bedrooms
 None

63 Is this dwelling:

- Include owners of caravans, manufactured homes or houseboats in 'Owned with a mortgage' or 'Owned outright' regardless of whether or not the site is owned.
- A shared equity scheme is a government or not-for-profit scheme – assisting people on lower incomes to buy a home by sharing up to 30% of the ownership.
- Life tenure schemes are a common arrangement in retirement villages. Include leaseholds, loan and license agreements in 'Occupied under a life tenure scheme'.

Owned outright ▶ Go to 66
 Owned with a mortgage ▶ Go to 65
 Purchased under a shared equity scheme ▶ Go to 65
 Rented
 Occupied rent free
 Occupied under a life tenure scheme ▶ Go to 66
 Other

64 Who is this dwelling being rented from?

- For all state/territory specific government housing authorities, mark 'Government Housing Authority/Housing Department (Public Housing)'.
- Some examples of government housing authorities are: DCJ Housing (NSW), HousingVic, Department of Housing, Local Government, Planning and Public Works (Qld), Department of Communities (WA), Housing SA, Homes Tasmania, Department of Territory Families, Housing and Communities (NT), Housing ACT, Aboriginal housing authorities.
- Community housing providers are not-for-profit organisations that provide affordable rental housing to people on lower incomes. This includes housing co-operatives.

Real estate agent
 Government Housing Authority/Housing Department (Public Housing)
 Community housing provider
 Parent or other relative not in this dwelling
 Other person not in this dwelling
 Manager of a residential park (including caravan parks and manufactured home estates)
 Employer – government (including Defence Housing Australia)
 Employer – private

65 How much does your household pay for this dwelling?

- Include rent and mortgage repayments and site fees if the dwelling is a caravan or manufactured home in a caravan park or manufactured home estate.
- Exclude water rates, council rates, repairs, maintenance, body corporate and other fees.
- If no payments, please mark the '\$0 or nil payments' box like this:

\$, . per week
 OR
 \$, . per fortnight
 OR
 \$, . per month
 \$0 or nil payments

66 Finished?

- Please make sure you have not missed any pages or questions.
- Please sign here.

Signature

Day Month Year

Thank you for your participation. Please return this completed form in the Reply Paid envelope without delay.



Thank you for taking part.



Need help to complete your Census Test?

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Language support

To access in-language support, you can contact the Translating and Interpreting Service (TIS National) on **131 450**.



National Relay Service

If you are deaf, hard of hearing and/or have speech difficulties, you can contact us through the National Relay Service.

We want your feedback

Please provide comments on your experience filling out this form, including any questions that caused you problems or any other issues completing this test.

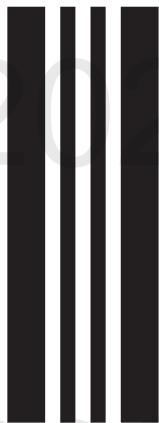
(Please use CAPITAL letters).

Please provide an estimate of the time taken to complete this form

- Include the time spent reading the instructions, working on the questions and obtaining the information.

hrs mins

Please return this form without delay.



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DCC

TRN	<input type="checkbox"/>	PFR	<input type="checkbox"/>
U15	<input type="checkbox"/>	COM	<input type="checkbox"/>
NAH	<input type="checkbox"/>	REF	<input type="checkbox"/>
UNO	<input type="checkbox"/>		

For more information, go to www.census.abs.gov.au/help