

2020 ACT GHS Questionnaire

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*INTRODUCTION – MAIN SURVEY

*(TIMESTAMP1)

*(ALL)

INTRODUCTION

Good afternoon/evening my name is <SAY NAME> and I'm calling on behalf of ACT Health from the Social Research Centre.

IF NECESSARY: We are conducting an important study on the health and wellbeing of people in the ACT and we would like to interview (you/someone in your household).

*(ALL)

IN1 (REINTRODUCE IF NECESSARY) Good afternoon/evening my name is <SAY NAME> and I'm calling on behalf of ACT Health from the Social Research Centre.

We are conducting an important study on the health and wellbeing of people in the ACT and we would like to interview you.

The survey is used to help ACT Health plan the provision of healthcare services such as hospitals and clinics in your area and to let us know about current health issues.

We would greatly appreciate your participation in this study and I would like to introduce it to you briefly and explain how it works.

*(IF MOBILE=1) IF NECESSARY: You should have recently received an SMS about the survey?

*IF NECESSARY: There's more information about the survey available on our website. The website address is www.srcentre.com.au/2020actghs.

*(IN1=1)

IN10 Firstly can I just confirm that you live in ACT?

1. Yes
2. No
- X Don't know
- R Refused

*(IN10=2 OR IN1=5)

IN10a In which state or territory do you live?

1. NSW
2. Victoria
3. Queensland
4. South Australia
5. Western Australia
6. Tasmania
7. Northern Territory
8. Overseas locality
- X Don't know
- R Refused

MOB1 May I just check whether or not it is safe for you to take this call at the moment? If not, I am happy to call you back when it is more convenient.

1. Safe to take call
2. Not safe to take call
- R Refusal

*(MOB1=2) (NOT SAFE TO TAKE CALL)

MOB2 Would you like me to call you back on this number or would you prefer I call back on your home phone?

1. This number
2. Home phone
- R. Refusal

*(MOBILE=1) (MOBILE SAMPLE)

MOB3 May I please confirm that you are at least 16 years old?

1. Yes – 16 years or over
2. No – under 16 years

*(ALL)

INT5 Your help with this survey would be voluntary.

All that is involved is answering some questions about <your / INT2_NAME's health> and wellbeing). The interview takes around 15 to 20 minutes

You do not have to answer any question if you do not feel comfortable doing so, and you can stop the interview at any time.

During the interview, my supervisor may listen in for quality control purposes only. Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law.

The information from this survey will be used to help improve health services for people in your area and across the Territory, so your help is very important to us.

*DISPLAY 'Your' IF CHILD=2 OR 3 (ADULT RESPONDENT)

*DISPLAY 'INT2_NAME's' IF OR CHILD=1 (CHILD RESPONDENT)

1. Start survey
2. Not a convenient time
- R Refused

*(TIMESTAMP2)

***DEMOGRAPHICS (AGE AND SEX)**

*(CHILD =1) (CHILD 5 TO 15 SELECTED)

DEM2 Could you please tell me how old <INT2_NAME> is today?

(NOTE: IF RESPONDENT DOES NOT GIVE AGE SURVEY WILL TERMINATE!)

(IF ASKED: We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your child's age.)

2. Age in years (INTERVIEWER NOTE: Record response in whole numbers only - do not round up. For example, enter '5' for '5 and a half years old'.)
- X Don't know)
- R Refused

*(CHILD=2) (ADULT 16+ SELECTED)

DEM2dCould you please tell me how old you are today

(INT NOTE: If respondent does not give age survey will terminate.)

(IF ASKED: We summarise all the information we collect according to people's age groups so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your age.)

(INT NOTE: Answer in whole numbers only - do not round up.)

SPECIFY YEARS
99999 Refused

*(CHILD=1) (CHILD 5 TO 15 SELECTED)
DEM3x What is <INT2_NAME>'s gender?

IF NECESSARY: This is a question we do ask of everyone.

1. Female
2. Male
4. Non-binary
3. Something different (please specify)
- R. Refused

*(CCB ≠ 1) (ALL EXCEPT CHILD CALL BACK)
DEM4x What is your gender?

*DISPLAY 'your' IF CHILD=2 OR 3 (ADULT RESPONDENT / 16-17 YEAR OLD RESPONDENT)

IF NECESSARY: This is a question we do ask of everyone.

1. Male
2. Female
4. Non-binary
3. Something different (please specify)
- R. Refused

*(CHILD 5 TO 15 SELECTED)

CDM6 What is your relationship to <INT2_NAME>? For example are you <INT2_NAME>'s (father/mother), (stepfather/stepmother) or other relation?

1. Mother (DISPLAY IF DEM4x=2)
2. Father (DISPLAY IF DEM4x=1)
3. Stepmother (DISPLAY IF DEM4x=2)
4. Stepfather (DISPLAY IF DEM4x=1)
5. Grandmother (DISPLAY IF DEM4x=2)
6. Grandfather (DISPLAY IF DEM4x=1)
7. Legal guardian/Foster Parent
9. Non-gendered parent/step-parent/grandparent *(DISPLAY IF DEM4x ≠ 1 OR 2)
8. Other (not specified)
- X Don't know
- R Refused

DEM16 Could you please tell me your postcode?

INT NOTE: In order to use this data to inform local health service planning, we need to ask where people live.

2. Postcode given
- 88888 Don't know
- 99999 Refused

*(MOBILE=1 AND CCB ≠ 1) (MOBILE SAMPLE NOT CHILD CALL BACK)
DEM17_V2 What is the name of the suburb or town where you live?

INT NOTE: In order to use this data to inform local health service planning, we need to ask where people live

SELECT LOCALITY FROM LOCALITIES SPECIFIC TO SELECTED POSTCODE

INCLUDE SPECIFIED OTHER OPTION

88888 Don't know

99999 Refused

*(TIMESTAMP3)

*SELF-RATED HEALTH STATUS AND DISABILITY

*(ALL 5+ YEARS.)

HSDZ Now I am going to ask some general questions about health.....

1. Continue

*(ALL 5+ YEARS)

HSD4 Overall, how would you rate <your/INT2_NAME>'s health during the past 4 weeks?

*DISPLAY 'your' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

READ OUT

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- X (Don't know)
- R (Refused)

*(ALL 5+ YEARS)

HMH1 Overall, how would you rate <your/INT2_NAME>'s mental health during the past 4 weeks?

*DISPLAY 'your' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

READ OUT

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- X (Don't know)
- R (Refused)

*(ALL)

G16 And <do you / does INT2_NAME have> a disability, health condition or injury that has lasted, or is likely to last, 6 months or more which restricts <your / their> everyday activities?

*DISPLAY 'do you' / 'your' IF CHILD=2 OR 3. *DISPLAY 'does INT2_NAME' / 'their' IF CHILD=1

INTERVIEWER NOTE: Mental health conditions are captured separately later in the survey.

1. Yes
2. No
- X. (Don't know)
- R. (Refused)

*(TIMESTAMP4)

WELLBEING

*(16+ YEARS.)

BINT The next questions are about social and emotional wellbeing.

1. Continue

*(16+ YEARS)

B1 Using a scale of 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied, thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole?

1. Record number
88888. (Don't know)
99999. (Refused)

*(TIMESTAMP5)

*ORAL HEALTH

*(ALL)

ORAL The next questions are about <your/INT2_NAME's> teeth and dental health.

*DISPLAY 'your' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

1. Continue

*(ADULTS 16+)

OHE1 Are any of your natural teeth missing?

INTERVIEWER NOTE: PROBE OUT YES RESPONSES
PROMPT IF NECESSARY: INCLUDES WISDOM TEETH

1. Yes – have some natural teeth missing
2. Yes – have all natural teeth missing
3. No – have no natural teeth missing
X Don't know
R Refused

*(ADULTS 16+)

OHE2 Do you have dentures or false teeth?

1 Yes
2 No
X Don't know
R Refused

*(5+ years)

OHE9 Does the condition of <your/INT2_NAME's> teeth or dentures affect the type of food <you/they> can eat?

*DISPLAY 'your/you' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME's>they' IF CHILD=1

1 Yes
2 No
X Don't know
R Refused

*(ALL)

OHE6 When did <you/INT2_NAME> last visit a dental professional about <your/his/her> teeth, dentures or gums?

*DISPLAY 'you/your' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>/his/her' IF CHILD=1

INTERVIEWER NOTE: A dental professional includes dentist, dental specialist, dental hygienist, dental therapist or oral health therapist

READ OUT

1. Less than 12 months ago
 2. 1 year to less than 2 years ago
 3. 2 to less than 5 years ago
 4. 5 to less than 10 years ago
 5. 10 years ago or more
 6. Never
- X Don't know
R Refused

*(TIMESTAMP6)

*ALCOHOL FREQUENCY AND CONSUMPTION

*(ADULT 18+)

ALC Now I would like to ask you some questions about alcohol.

1. Continue

*(ADULT 18+)

ALC1x How often do you usually drink alcohol?

PROMPT IF NECESSARY

1. Record in days per week
 4. Record in days per month
 2. Less than once per month
 3. Don't drink alcohol
- X Don't know
R Refused

*(ADULT 18+ EXCEPT ALC1x=3) (ALL ADULTS EXCEPT 'DON'T DRINK ALCOHOL – I.E. INCLUDE DK / REF FROM ALC1x IN ALC 2)

ALC2 On a day when you drink alcohol, how many standard drinks do you usually have?

INTERVIEWER NOTE: Alcoholic drinks are measured in terms of a "standard drink". A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine or 1 pub-sized nip of spirits.

PROMPT IF NECESSARY

1. Record number of drinks per day
- X Don't know
R Refused

*(ADULT 18+ EXCEPT ALC1x=3) (ALL ADULTS 18+ EXCEPT 'DON'T DRINK ALCOHOL – I.E. INCLUDE DK / REF FROM ALC1x IN ALC 2)

ALC3xx In the past seven days, did you drink more than 10 standard drinks?

1. Yes
 2. No
- X Don't know
R Refused

*(ADULT 18+ EXCEPT ALC1x= 3) (ALL ADULTS EXCEPT 'DON'T DRINK ALCOHOL – I.E. INCLUDE DK / REF FROM ALC1x IN ALC 2)
ALC3ax In the past four weeks have you had more than 4 standard drinks on one occasion?

INTERVIEWER NOTE: Alcoholic drinks are measured in terms of a "standard drink". A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine or 1 pub-sized nip of spirits.

- 1. Yes
- 2. No
- X Don't know
- R Refused

*(TIMESTAMP7)

*HEIGHT AND WEIGHT (BMI)

*(ALL)

HWT3x Now a few questions about <your/INT2_NAME's> height and weight. How would you describe <your/INT2_NAME's> weight?

*DISPLAY 'your ' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

[READ OUT]

- 1 Underweight
- 2 Healthy weight
- 3 Overweight
- 4 Very overweight
- X Don't know
- R Refused

*(ALL)

HWT1 How tall <are you>/is INT2_NAME> without shoes?

*DISPLAY 'your/are you' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s/is <INT2_NAME>' IF CHILD=1

- 1. Response given in centimetres (SPECIFY _____)
- 2. Response given in feet and inches (SPECIFY feet _____)
- X Don't know
- R Refused

*PROGRAMMER NOTE: DISPLAY UNLIKELY RESPONSE PROMPT IF OUTSIDE ALLOWABLE RANGE (PROVIDED IN SEPARATE DOCUMENT)

HWT2 How much <do you/does INT2_NAME> weigh without clothes or shoes?

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1

- 1. Response given in kilograms (SPECIFY KILOGRAMS _____)
- 2. Response given in stones and pounds (RECORD STONES _____)
- 3. Response given in pounds only (RECORD POUNDS)
- X (Don't know)
- R (Refused)

*PROGRAMMER NOTE: DISPLAY UNLIKELY RESPONSE PROMPT IF OUTSIDE ALLOWABLE RANGE (PROVIDED IN SEPARATE DOCUMENT)

*(TIMESTAMP8)

*NUTRITION

(ALL)

NUT The next few questions are about food....

1. Continue

(ALL)

NUT1 How many serves of vegetables <do you/does INT2_NAME> usually eat each day?
One serve is half a cup of cooked or 1 cup of salad vegetables.

INTERVIEWER NOTE: This includes fresh, canned or frozen vegetables

INTERVIEWER NOTE: If less than a serve per week, code as 'Don't eat vegetables'.

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1 OR

PROGRAMMER NOTE: CAPTURE TO ONE DECIMAL PLACE

1. Answer in serves per day (SPECIFY)
2. Answer in serves per week (SPECIFY)
3. Don't eat vegetables
- X Don't know
- R Refused

(ALL)

NUT2 How many serves of fruit <do you/does INT2_NAME> usually eat each day?
A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.

INTERVIEWER NOTE: If less than a serve per week, code as 'Don't eat fruits.'

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1

PROGRAMMER NOTE: CAPTURE TO ONE DECIMAL PLACE

1. Answer in serves per day (SPECIFY)
2. Answer in serves per week (SPECIFY)
3. Don't eat fruit
- X Don't know
- R Refused

(ALL)

CNF15 How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade <do you/does INT2_NAME> usually drink in a day?

1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups.

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1

INTERVIEWER NOTE: Sugar sweetened tea and coffee should not be included

PROGRAMMER NOTE: CAPTURE TO ONE DECIMAL PLACE

1. Cups per day (SPECIFY)
2. Cups per week (SPECIFY)
3. Cups per month (SPECIFY)
4. Doesn't drink soft drink
- X Don't know

R Refused

(ALL)

NUT13 How often <do you/does INT2_NAME> have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1

1. Times per day (SPECIFY)
2. Times per week (SPECIFY)
3. Times per month (SPECIFY)
4. Rarely/Never
- X Don't know
- R Refused

*(TIMESTAMP9)

*FAMILY CONNECTEDNESS

*(ALL)

FC1. And during the past seven days, on how many days did all family members who live in the household eat a meal together?

(DO NOT READ OUT)(PROBE TO FRAME)

1. 0 days
2. 1-3 days
3. 4-6 days
4. Every day
2. 5. (Not applicable – Lives alone)
3. X. (Don't know)
4. R. (Refused)

*(TIMESTAMP10)

*PHYSICAL ACTIVITY ADULT

*(ADULTS 18+)

PHYS Now I'm going to ask some questions about your level of physical activity.

1. Continue

*(ADULTS 18+)

PHY1 How would you rate your physical activity?

[READ OUT]

- 1 Very active
- 2 Active
- 3 Moderately active
- 4 Not very active
- 5 Not at all active
- X Don't know
- R Refused

*(ADULTS 18+)

PAC1 In the last week, how many times have you **walked continuously for at least 10 minutes** for recreation or exercise or to get to or from places?

IF ASKED: INCLUDE ANY WALKING FOR SELF-TRANSPORT

1. Number of times given (SPECIFY)
 2. None
- 88888 Don't know
99999 Refused

*(WALKED ONE OR MORE TIMES)

PAC2 What do you estimate was the total time you spent walking in this way in the last week?

*DISPLAY 'you' IF CHILD=2.

PROMPT IN HOURS AND MINUTES

Time given in hours (SPECIFY)
Time given in minutes (SPECIFY)
88888 Don't know
99999 Refused

*(ADULTS 18+)

PAC7 The next question excludes household chores or gardening.

In the last week, how many times did you do any **vigorous physical activity** which made <you/them> breathe harder or puff and pant? (e.g.: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming).

1. Number of times given (SPECIFY)
 2. None
- 88888 Don't know
99999 Refused

*(DID VIGOROUS PHYSICAL ACTIVITY ONE OR MORE TIMES)

PAC8a What do you estimate was the total time you spent doing this vigorous physical activity in the last week?

PROMPT IN HOURS AND MINUTES

Time given in hours (SPECIFY)
Time given in minutes (SPECIFY)
88888 Don't know
99999 Refused

*(ADULTS 18+)

PAC9 This next question does not include household chores or gardening.

In the last week, how many times did you do any other more **moderate physical activity** that you haven't already mentioned? (e.g.: lawn bowls, golf, tai chi, and sailing).

1. Number of times given (SPECIFY)
 2. None
- 88888 Don't know
99999 Refused

*(DID MODERATE PHYSICAL ACTIVITY ONE OR MORE TIMES)

PAC10a What do you estimate was the total time that you spent doing these activities in the last week?

PROMPT IN HOURS AND MINUTES

Time given in hours (SPECIFY)
Time given in minutes (SPECIFY)
88888 Don't know

99999 Refused

*(TIMESTAMP11)

***PHYSICAL ACTIVITY CHILD**

*(5 TO 17 YEARS)

CPINT The following questions are about moderate and vigorous physical activity <you do/INT2_NAME does>.

*DISPLAY 'you do' IF CHILD= 3. *DISPLAY '<INT2_NAME> does' IF CHILD=1

Moderate physical activity requires some effort, but still allows you to speak easily while undertaking the activity.

IF NEEDED: Examples include active play, brisk walking, recreational swimming, dancing, social tennis, or riding a bike or scooter.

Vigorous physical activity requires more effort and makes you breathe harder and faster.

IF NEEDED: Examples include running, fast cycling, many organised sports or tasks that involve lifting, carrying or digging.

1. Continue

*(5 TO 17 YEARS)

CPHY How would you rate <your /INT2_NAME's> physical activity?

*DISPLAY 'your' IF CHILD=3. *DISPLAY '<INT2_NAME> 's' IF CHILD=1

[READ OUT]

- 1 Very active
- 2 Active
- 3 Moderately active
- 4 Not very active
- 5 Not at all active
- X Don't know
- R Refused

*(5-17 YEARS)

CPHY1x On about how many days during the past seven days <did you / did INT2_NAME> usually do moderate to vigorous physical activity?

INTERVIEWER NOTE: This includes before and after school sports.

*DISPLAY 'did you' IF CHILD=3. *DISPLAY 'did <INT2_NAME>' IF CHILD=1

- 1. Record days (SPECIFY)
- 2. None
- X (Don't know)
- R (Refused)

*(CPHY1x=1) (DOES PHYSICAL ACTIVITY ON 1 OR MORE DAYS PER WEEK)

CPHY2x On those days, about how many hours <did you / did INT2_NAME> usually do moderate to vigorous physical activity?

INTERVIEWER NOTE: We are looking to record how many hours the child spends doing that activity, on a typical day when they engage in that activity (not an average across all days)

*DISPLAY 'did you' IF CHILD=3. *DISPLAY 'did <INT2_NAME>' IF CHILD=1

1. Record hours and minutes
2. None
- X (Don't know)
- R (Refused)

*(TIMESTAMP12)

*SLEEP

*(ALL)

TSTHRS On a usual night, how many hours sleep <do you/does INT2_NAME> get?

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1 OR

INTERVIEWER NOTE: question is about sleep at night. Do not include naps during the day

INTERVIEWER NOTE: If respondent works night shifts, capture time spent sleeping during the day.

Time given in hours (SPECIFY)

Time given in minutes (SPECIFY)

88888 Don't know

99999 Refused

*(TIMESTAMP13)

*SEDENTARY BEHAVIOUR - ADULTS

*(ADULTS 18+)

SED1 How do you usually spend most of your day?

INTERVIEWER NOTE: If asked, refer to a usual working day. For retirees etc., this refers to what they consider a usual day.

[READ OUT]

1 mostly sitting

2 mostly standing

3 mostly walking

4 mostly doing heavy labour or physically demanding work

x Don't know

R Refused

*(TIMESTAMP14)

*NEIGHBOURHOOD PROGRAMS AND SAFE SPACES

*(5-17 YEARS)

PRENPS The next few questions are about <your/INT2_NAME's> neighbourhood and community.

*DISPLAY 'your' IF CHILD=3. *DISPLAY '<INT2_NAME>'s' IF CHILD =1

1. Continue

*(5-17 YEARS)

NPS1. <Do you/does INT2_NAME's> do after school or weekend programs like sports (for example, swimming, soccer, cricket, netball), art, dance, music classes, and other clubs and activities?

INTERVIEWER NOTE: We are referring to the respondent's **current** situation

*DISPLAY 'your' IF CHILD=3. *DISPLAY '<INT2_NAME>'s' IF CHILD =1

- 1. Yes
- 2. No
- X. (Don't know)
- R. (Refused)

*(5-17 YEARS)

NPS2. Are there safe places in your neighbourhood and community where <you feel / INT2_NAME feels> comfortable to <hang out / hang out or play> with friends, like playgrounds, parks, or community centres?

*DISPLAY 'you feel' / 'hang out' IF CHILD=3. *DISPLAY 'INT2_NAME feels' / 'hang out or play' IF CHILD=1.

- 1. Yes
- 2. No
- X. (Don't know)
- R. (Refused)

(*TIMESTAMP15)

*KESSLER PSYCHOLOGICAL DISTRESS SCALE

*(ADULTS 16+)

AMHINT

The next questions are about how you have been feeling in the past 4 weeks, that is, since about this time last month. If you feel uncomfortable with any question, just tell me and I will move onto the next question.

*(ADULTS 16+)

AMH2 In the past 4 weeks, about how often did you feel **nervous**?

[READ OUT]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

*(ADULTS 16+)

AMH4 In the past 4 weeks, about how often did you feel **hopeless**?

[READ OUT]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

*(ADULTS 16+)

AMH5 In the past 4 weeks, about how often did you **feel restless or fidgety**?

[READ OUT]

- 1 All of the time

- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

*(ADULTS 16+)

AMH8 In the past 4 weeks, about how often did you feel that **everything was an effort?**

[READ OUT]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

*(ADULTS 16+)

AMH9 In the past 4 weeks, about how often did you feel **so sad that nothing could cheer you up?**

[READ OUT]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

*(ADULTS 16+)

AMH10 In the past 4 weeks, about how often did you feel **worthless?**

[READ OUT]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- X Don't know
- R Refused

AMHSUPPORT. I have phone numbers I can provide to you if you'd like to receive some help with how you have been feeling?

Lifeline: 13 11 14
Beyond blue: 1300 22 4636
Nurse on call: 1300 606 024

*(TIMESTAMP16)

*MENTAL HEALTH

*(ALL 5+ YEARS)

MTL20 In the last 12 months <have you/has INT2_NAME> been told by a doctor that <you have /INT2_NAME has> any of the following conditions?

INTERVIEWER NOTE: Can be diagnosed for the first time or be in consultation regarding an ongoing condition.

*DISPLAY 'you' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

[READ OUT] (MULTIPLE RESPONSE)

1. Anxiety
 2. Depression
 3. A stress-related problem
 4. Other mental health issue
 5. None of these
- X Don't know
R Refused

*(MTL20<5, TOLD HAD MENTAL HEALTH ISSUE)

MTL21 <Do you/Does INT2_NAME> still have this/these condition(s)?

*DISPLAY 'you' IF CHILD=2 OR 3. *DISPLAY '<Does INT2_NAME>'s' IF CHILD=1

- 1 Yes
2 No
X Don't know
R Refused

*(MTL21=1, STILL HAS CONDITIONS)

MTL22 <Are you/Is INT2_NAME> currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem?

*DISPLAY 'Are you' IF CHILD=2 OR 3. *DISPLAY 'Is <INT2_NAME>'s' IF CHILD=1

INTERVIEWER NOTE: INCLUDES PHONE TREATMENT

- 1 Yes
2 No
X Don't know
R Refused

*(TIMESTAMP21)

*(MTL21=1 AND MTL22 >1, STILL HAS CONDITIONS, NOT REFUSED)

MTLSUPPORT

If at any time <you are / INT2_NAME is> experiencing personal distress and would like crisis support <you / they> can call Lifeline on 13 11 14

*DISPLAY 'you are' IF CHILD=2 OR 3. *DISPLAY 'Is <INT2_NAME> is / they' IF CHILD=1 Continue

*(TIMESTAMP17)

***SMOKING**

*(ADULTS 16+)

SMK The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes. Please note that this does not include electronic cigarettes.

1. Continue

*(ADULTS 16+)

SMK1 Which of the following best describes your smoking status?

READ OUT

1. Smoke daily
2. Smoke occasionally
3. Don't smoke now, but used to
4. Tried it a few times but never smoked regularly
5. Never smoked
- X (Don't know)
- R (Refused)

*(SMK1=1 OR 2) (SMOKER)

SMO3 On average how many cigarettes do you smoke per day or each week?

*DISPLAY 'do you' IF CHILD=2 OR 3.

- 1 Answer in cigarettes per day
- 2 Answer in cigarettes per week
- 3 Answer in cigarettes per month
- X Don't know
- R Refused

(TIMESTAMP18)

***ELECTRONIC CIGARETTES**

(ADULTS 16+)

ECIGZ1 Which of the following best describes how often you use vapes?

IF ASKED: Vaping means using an electronic cigarette (e-cigarette) or other vaping device.

If still not understood: Electronic cigarettes are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens.

(READ OUT)

1. Never vaped
2. Tried vaping a few times but never vaped regularly
3. Don't vape now, but used to
4. Vape occasionally
5. Vape daily
- X (Don't know)
- R (Refused)

*(ECIGZ1=4 OR 5, VAPES OCCASIONALLY OR DAILY)

ECIGZ2 How often do you vape?

*DISPLAY 'do you' IF CHILD=2 OR 3.

1. Answer in times per day
2. Answer in times per week
3. Answer in times per month
- X Don't know
- R Refused

*(TIMESTAMP19)

***SOCIAL CONNECTEDNESS AND SUPPORT**

*(5-17 YEARS)

PRESCS The next few questions are about <your / INT2NAME's> friends and family

*DISPLAY 'your' IF CHILD=3. *DISPLAY '<INT2_NAME>'s' IF CHILD =1

1. Continue

*(5-17 YEARS)

SCS2 <Do you / Does INT2NAME> have a group of friends to <play with or> hang around with?

*DISPLAY 'Do you' IF CHILD=3. *DISPLAY 'Does <INT2_NAME>' IF CHILD =1

*DISPLAY <play with or> ONLY WHERE CHILD=1

1. Yes
2. No
- X. (Don't know)
- R. (Refused)

*(5-17 YEARS)

I12 Other than <you or> or other adults in your home, is there at least one other adult in <your / INT2_NAME's> school, neighbourhood, or community who knows <you / INT2_NAME> well and who <you / they> can rely on for advice or guidance?

*DISPLAY 'your' / 'you' IF CHILD=-3. *DISPLAY "you or / <INT2_NAME>'s' / 'INT2_NAME' / 'they' IF CHILD =1

1. Yes
2. No
- X. (Don't know)
- R. (Refused)

(*TIMESTAMP20)

SCHOOL PERFORMANCE AND PARTICIPATION

*(5-17 YEARS)

PRESCH The next question is about <your / INT2NAME's> experience with school.

*DISPLAY 'your' IF CHILD=3. *DISPLAY 'INT2_NAME's' IF CHILD =1

1. Continue
2. Not applicable (SKIP TO MTWP2)

*(5-17 YEARS, ATTENDS SCHOOL)

SCH3 Would you say <you / INT2_NAME> look forward to going to school...

*DISPLAY 'You' IF CHILD=3. *DISPLAY 'INT2_NAME' IF CHILD=1

(READ OUT)

1. Every day
2. Most days
3. Some days
4. Never
6. (Not applicable)
- X. (Don't know)
- R. (Refused)

(*TIMESTAMP21)

***USUAL TRANSPORT TO WORK/SCHOOL**

*(ALL 5+ YEARS)

MTWP2 How <do you/does INT2_NAME> usually get to work/school?

*DISPLAY 'do you' IF CHILD=2 OR 3. *DISPLAY 'does <INT2_NAME>' IF CHILD=1

*DISPLAY 'work/school' IF CHILD=2 OR 3

*DISPLAY 'school' IF CHILD =1

INTERVIEWER NOTE: We're referring to the respondent's commute / how they transport themselves to work or school

INTERVIEWER NOTE: DO NOT READ OUT – PROBE TO FRAME. ASK "Anything else?" until all responses captured

[MULTIPLE RESPONSE]

1. Train
2. Bus
3. Ferry
4. Tram (including light rail)
5. Taxi
6. Car - as driver
7. Car - as passenger
8. Truck
9. Motorbike or motor scooter
10. Bicycle
11. Walk only
12. Work at home / home schooled
13. Walk part of the way
14. Other
15. Ride part of the way
16. Use scooter or skateboard
17. Don't work or study
- X Don't know
- R Refused

*(CHILD 5 TO 17 YEARS & MTWP2 ≠ 12 OR 17)

MTWP4 Over a typical week, how many times do you/does <INT2_NAME> walk, cycle, scoot or skate to and from school?

1. Record days (SPECIFY)
2. Not applicable
- X Don't know
- R Refused

*(TIMESTAMP22)

FINANCIAL RISK

*(CHILD=1, INTERVIEWING ADULT ABOUT CHILD 5-15) AND (CCB ≠ 1, NOT A CHILD CALL BACK) OR (CHILD=2, INTERVIEWING ADULT 18+ ABOUT THEMSELVES)

PREAFF These next questions are a bit personal so I want to remind you that you don't need to answer them if you don't wish to.

*(CHILD=1, INTERVIEWING ADULT ABOUT CHILD 5-15) AND (CCB ≠ 1, NOT A CHILD CALL BACK) OR (CHILD=2, INTERVIEWING ADULT 18+ ABOUT THEMSELVES)

AFF Which best describes your household's money situation?

INTERVIEWER NOTE: Respondent should answer in respect to household's money situation only. If unsure of other household member's situation, record as 'Don't know'.

[READ OUT]

- 1 We /They are spending more money than we /they get
- 2 We /They have just enough money to get we /they through to the next pay day
- 3 There's some money left over each week but we /they just spend it
- 4 We /They can save a bit every now and then
- 5 We /They can save a lot
- X Don't know
- R Refused

*(ADULTS 18+)

AFF2 In the past 12 months, did any of these happen to you because you were short of money?

[STATEMENTS] (READ OUT)

- 1. Could not pay electricity, gas or telephone bills on time
- 2. Could not pay mortgage or rent payments on time
- 3. Could not pay for car registration or insurance on time
- 4. Could not make minimum payment on your credit card
- 5. Pawned or sold something because you needed cash
- 6. Went without meals
- 7. Were unable to heat or cool your home
- 8. Sought financial assistance from friends or family
- 9. Sought assistance from welfare or community organisation

(RESPONSE FRAME)

- 1. Yes
- 2. No
- X. (Not sure)
- R. (Prefer not to say)

AFFSUPPORT.I have a phone number I can provide to you if <you / INT2_NAME>'d like to receive some help with your financial situation?

*DISPLAY 'you' IF CHILD= 2 OR 3

Care Inc (National Debt Helpline): 1800 007 007

(*TIMESTAMP23)

*CONCLUDING DEMOGRAPHICS

*(ALL)

DEMAZ Now we are coming to the last section of the survey. I am going to ask some routine questions about <your/INT2_NAME's> background. Remember that all your answers remain confidential.

IF ASKED: We ask these questions so that we can get an idea of the health concerns of different groups of people such as men and women, city people and country people.

*DISPLAY 'your' IF CHILD=2 OR 3. *DISPLAY '<INT2_NAME>'s' IF CHILD=1

- 1. Continue

*(ALL)

INT1am Can you please tell me, how many people, including yourself, live in your household?

INT NOTE: Knowing the number of householders is vital to providing accurate data

Number of people in household given
88888 Don't know
99999 Refused

*(INT1am>1) (MORE THAN ONE PERSON LIVING IN HOUSEHOLD)

INT1fm And how many of the people living in the household are children aged 5 to 15 years of age?
INT NOTE: Knowing the number of householders aged 5 to 15 years is vital to providing accurate data

Number of children aged 5 to 15 in household given
88888 Don't know
99999 Refused

*(MORE THAN 1 PERSON LIVING IN HOUSEHOLD AND CCB ≠ 1, NOT A CHILD CALL BACK)

RLHP Besides <yourself/themselves>, who else <do you/does INT2_NAME> live with in your household, such as brothers and sisters, mother or stepmother.

*DISPLAY 'yourself' IF CHILD=2 OR 3. *DISPLAY 'themselves' IF CHILD=1

MULTIPLE RESPONSE

1. No one (lives alone) (AUTOFILL WHERE INT1am=1)
2. Mother
3. Father
4. Respondent's partner
5. Step-mother
6. Step-father
7. Grandparents
8. Son(s)/Daughter(s)
9. Brothers and sisters
10. Step brothers/sisters
11. Other relatives
12. Non-family members
14. Other (SPECIFY)
15. Don't know
16. Refused

(*INT1am >1 or DK or REF AND CCB ≠ 1, NOT A CHILD CALL BACK)

CHA19 Which of the following best describes your household?

(READ OUT)

1. (lives alone (AUTOFILL WHERE INT1am=1)
 2. Couple only household
 3. Single parent with children household
 4. Couple parent with children household
 5. Share or group household
 6. Retirement village
 7. Other (SPECIFY)
- 88888 Don't know
99999 Refused

*(ADULTS 18+)

MSTP What is your current formal marital status? Are you...

[READ OUT]

INT NOTE: If a respondent indicates they are a part of a civil union, code these respondents to Married.

1. Married (this includes registered and de facto couples)
2. Widowed
3. Separated but not divorced
4. Divorced
5. Never married
- X (Don't know)
- R (Refused)

*(ADULTS 16+)

SEXID And do you consider yourself to be

[READ OUT]

1. A. Heterosexual or straight
2. B. Gay
3. C. Lesbian
4. D. Bisexual
5. E. Something else (specify)
- X Don't know
- R Refused

*(ALL)

BPLPa In which country <were you/was INT2_NAME> born?

*DISPLAY 'were you' IF CHILD=2 OR 3. *DISPLAY 'was <INT2_NAME>' IF CHILD=1

1. Australia
2. Other
- X Don't know
- R Refused

*(BPLPa=2)

BPLPa1 In which country <were you/ was INT2_NAME> born?

*DISPLAY 'were you' IF CHILD=2 OR 3. *DISPLAY 'was <INT2_NAME>' IF CHILD=1

- 1 Argentina
- 2 Austria
- 3 Canada
- 4 Chile
- 5 China
- 6 Cook Islands
- 7 Croatia
- 8 Cyprus
- 9 Czechoslovakia (NFD)
- 10 Denmark
- 11 Egypt
- 12 England
- 13 Fiji
- 14 Finland
- 15 Former Yugoslavia.(NFD)
- 16 France
- 17 Germany
- 18 Greece
- 19 Hong Kong
- 20 Hungary
- 21 India
- 22 Indonesia
- 23 Iran

- 24 Iraq
- 25 Ireland
- 26 Italy
- 27 Japan
- 28 Lebanon
- 29 Malaysia
- 30 Malta
- 31 Mauritius
- 32 Netherlands
- 33 New Caledonia
- 34 New Zealand
- 35 Nthn Ireland
- 36 Pakistan
- 37 Papua New Guinea
- 38 Philippines
- 39 Poland
- 40 Portugal
- 41 Russian Federation (NFD)
- 42 Samoa (American)
- 43 Samoa (Western)
- 44 Scotland
- 45 Serbia
- 46 Singapore
- 47 Solomon Islands
- 48 South Africa
- 49 South Korea
- 50 Spain
- 51 Sri Lanka
- 52 Sweden
- 53 Switzerland
- 54 Syria
- 55 Taiwan
- 56 Thailand
- 57 Turkey
- 58 UK (NFD)
- 59 United States of America
- 60 Vanuatu
- 61 Vietnam
- 62 Wales
- 63 Other (Specify)
- 88 Don't know
- 99 Refused

(*TIMESTAMP24)

*(ALL)

LANPa <Do you/Does INT2_NAME> usually speak a language other than English at home?

*DISPLAY 'Do you' IF CHILD=2 OR 3. *DISPLAY 'Does <INT2_NAME>' IF CHILD=1

- 1. Yes
- 2. No
- X Don't know
- R Refused

*(LANPa=1) (SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME)

LANPa1 What language <do you/does INT2_NAME> usually speak at home?

*DISPLAY 'Do you' IF CHILD=2 OR 3. *DISPLAY 'Does <INT2_NAME>' IF CHILD=1

- 1 Arabic

- 2 Armenian
- 3 Assyrian
- 4 Australian Aboriginal Lang
- 5 Bengali
- 6 Burmese
- 7 Cantonese
- 8 Chinese (NFD)
- 9 Croatian
- 10 Czech
- 11 Danish
- 12 Dutch/Flemish
- 13 Estonian
- 14 Fijian
- 15 Filipino/Tagalog
- 16 Finnish
- 17 French
- 18 German
- 19 Greek
- 20 Hebrew
- 21 Hindi
- 22 Hokkien
- 23 Hungarian
- 24 Indonesian/Bahasa
- 25 Iranian/Persian/Farsi
- 26 Italian
- 27 Japanese
- 28 Khmer/Cambodian
- 29 Korean
- 30 Lao
- 31 Latvian
- 32 Lebanese
- 33 Macedonian
- 34 Malay
- 35 Maltese
- 36 Mandarin
- 37 Maori Languages
- 38 Pakistani/Urdu
- 39 Polish
- 40 Portuguese
- 41 Punjabi
- 42 Romanian
- 43 Russian
- 44 Samoan
- 45 Serbian
- 46 Serbo-Croatian
- 47 Sign Language
- 48 Sinhalese/Sri Lankan
- 49 Slovak
- 50 Slovenian
- 51 Spanish
- 52 Swedish
- 53 Tamil
- 54 Thai
- 55 Tongan
- 56 Turkish
- 57 Ukrainian
- 58 Vietnamese
- 59 Other
- 88 Don't know
- 99 Refused

*(ALL)

INGP <Are you/Is INT2_NAME> of Aboriginal or Torres Strait Islander origin?

*DISPLAY 'Do you' IF CHILD=2 OR 3. *DISPLAY 'Does <INT2_NAME>' IF CHILD=1

1. Aboriginal but not Torres Strait Islander
2. Torres Strait Islander but not Aboriginal origin
3. Aboriginal and Torres Strait Islander origin
4. Not Aboriginal or Torres Strait Islander origin
- X Don't know
- R Refused

*(CCB ≠ 1) (ALL EXCEPT CHILD CALL BACK)

HSCP What is the highest level of primary or secondary schooling you have completed?

*PROMPT IF NECESSARY

1. Never attended school
2. Currently still at school
3. Year 8 or below
4. Year 9 or equivalent
5. Year 10 or equivalent (intermediate certificate)
6. Year 11 or equivalent
7. Year 12 or equivalent (matriculation/leaving certificate)
- X Don't know
- R Refused

*(ADULT 16+)

QALLP What is the level of the highest qualification you have completed?

INTERVIEWER NOTE: IF RESPONDENT DID NOT COMPLETE PRIMARY SCHOOL, SPECIFY AT 'OTHER'

1. Completed School Certificate/ Intermediate/ Year 10/4th Form
2. Completed HSC/Leaving/Year 12/ 6th Form
3. TAFE Certificate or Diploma
4. University, CAE or some other tertiary institute degree or higher
8. Postgraduate Degree (graduate diploma, graduate certificate, master degree, doctoral degree, other postgraduate degree).
5. Other (SPECIFY)
6. Completed primary school
7. Completed years 7-9
- X Don't know
- R Refused

*(ADULT 16+)

LFSPa Which of these best describes your current employment status? Are you

(READ OUT)

INTERVIEWER NOTE: IF ON DISABILITY ALLOWANCE/PENSION CODE AS 'UNABLE TO WORK'.

1. Self employed
2. Employed for wages, salary or payment in kind
3. Unemployed
4. Engaged in home duties
5. A student

- 6. Retired, or
- 7. Unable to work
- 8. Other (Specify)
- X (Don't know)
- R (Refused)

*PROGRAMMER, IF AGE=65 PLUS, DISPLAY FRAME IN REVERSE ORDER (6 TO 1)

*(LFSPa=3, 4, 5, 6, 7, 8 X, R)

LFS Were you actively looking for work in the last week?

*DISPLAY 'Were you' IF CHILD= 2 OR 3.

- 1. Yes - Looked for Full-time work
- 2. Yes - Looked for Part-time work
- 3. No - Did not look for work
- X Don't know
- R Refused

*(ALL)

DEM11 <Do you / does INT2_NAME> currently receive a government pension, allowance or benefit?

*DISPLAY 'Do you' IF CHILD=2 OR 3. *DISPLAY 'Does <INT2_NAME>' IF CHILD=1

INTERVIEWER NOTE: ANY GOVERNMENT. ALLOWANCE, PENSION OR BENEFIT]

- 1 Yes
- 2 No
- X Don't know
- R Refused

*(ALL)

DEM13 Apart from Medicare, <are you/is INT2_NAME> currently covered by private health insurance?

*DISPLAY 'are you' IF CHILD=2 OR 3. *DISPLAY 'is <INT2_NAME>' IF CHILD=1

- 1. Yes
- 2. No
- X Don't know
- R Refused

*(CCB ≠ 1) (ALL EXCEPT CHILD CALL BACK)

DWLx The next questions are about the home <you are/INT2_NAME is> currently living in. Is the home in which <you /INT2_NAME> currently <live/lives>...

*DISPLAY 'you are' and 'you' and 'live' IF CHILD=2 OR 3

*DISPLAY '<INT2_NAME>' and 'lives' IF CHILD =1

(READ OUT)

- 1. Fully owned/outright owned
- 2. Being paid off by you/your partner
- 3. Rented from the government
- 4. Rented privately
- 5. Rent-free
- 6. Other (specify) (including boarding, living at home)
- X Don't know
- R Refused

*(DWLx NE DK/REF)

DWL2 How many bedrooms are there in this house?

1. Record number (SPECIFY)

X Don't know

R Refused

*(CCB ≠ 1) (ALL EXCEPT CHILD CALL BACK)

INC2 I would now like to ask you about your HOUSEHOLD'S income. We are interested in how income relates to health, lifestyle and access to health services. Before tax is taken out, which of the following ranges best describes your HOUSEHOLD income, from all sources, over the past 12 months?

[READ OUT]

1 less than \$20,000

2 \$20,000- less than \$40,000

3 \$40,000- less than \$60,000

4 \$60,000- less than \$80,000

5 \$80,000 - less than \$100,000

6 \$100,000- less than \$120,000

7 \$120,000- less than \$140,000

8 \$140,000- less than \$160,000

10 more than \$160,000

X Don't know

R Refused

*(CCB ≠ 1) (ALL EXCEPT CHILD CALL BACK)

DEM20 How many residential telephone numbers do you have?

Do not include mobile phone numbers or dedicated FAX numbers or modems.

1. Number of residential phone numbers given (RANGE 0 TO 20 IF MOBILE=1, ELSE 1 TO 20)

*(DISPLAY UNLIKELY RESPONSE IF >5)

88888 Don't know

99999 Refused

*(TIMESTAMP25)

*(ALL)

THANKS That completes the survey. Thank you for taking the time to help us. The information will be used to help improve health services in the ACT. If any of the questions we have asked today have made you think about <your /INT2_NAME's> health and wellbeing, please consult your GP. Just in case you missed it, my name is (...) and this survey was conducted by the Social Research Centre on behalf of ACT Health.

*DISPLAY 'you' if CMOBG1=1 (CURRENT RESPONDENT IS MAIN CARER)

*DISPLAY '<MCNAME>' if CMOBG1=2 (CURRENT RESPONDENT IS NOT MAIN CARE R)

*DISPLAY 'your' IF CHILD=2 OR 3. *DISPLAY '< INT2_NAME>'s' IF CHILD=1

*(TIMESTAMP26)