

# NATIONAL HEALTH SURVEY 2014-15

**QUESTIONNAIRE** 

## National Health Survey 2014-15 Questionnaire

## **CONTENTS**

| Module 1:  | Proxy   | 4   |
|------------|---|-----|
| Module 2:  | Language and Ancestry                                     | 6   |
| Module 3:  | Education   | 10  |
| Module 4:  | Employment  | 13  |
| Module 5:  | Self-Assessed Health                                      | 21  |
| Module 6:  | Health Service Use  | 22  |
| Module 7:  | Mental WellBeing  | 29  |
| Module 8:  | Disability  | 34  |
| Module 9:  | Carers  | 40  |
| Module 10: | Self-Perceived Body Mass                                  |     |
| Module 11: | Exercise  | 42  |
| Module 12: | Breast Feeding  | 52  |
| Module 13: | Smoking   | 54  |
| Module 14: | Dietary Behaviours  | 58  |
| Module 15: | Alcohol Consumption                                       | 61  |
| Module 16: | Conditions – Asthma                                       | 69  |
| Module 17: | Conditions – Actions                                      | 71  |
| Module 18: | Conditions – Cancer                                       | 76  |
| Module 19: | Conditions – Cardiovascular                               | 82  |
| Module 20: | Conditions – Arthritis                                    | 88  |
| Module 21: | Conditions – Osteoporosis                                 | 93  |
| Module 22: | Conditions – Diabetes & High Sugar Levels                 | 95  |
| Module 23: | Conditions – Kidney Disease                               | 102 |
| Module 24: | Conditions – Sight and Hearing                            | 103 |
| Module 25: | Conditions – Mental, Behavioural and Cognitive Conditions | 108 |
| Module 26: | Conditions – Other Long Term Conditions                   | 114 |
| Module 27: | Medications   | 119 |
| Module 28: | Blood Pressure  | 121 |
| Module 29: | Physical Measures   | 123 |
| Module 30: | Private Health Insurance                                  | 126 |
| Module 31: | Income  | 129 |
| Module 32: | Financial Stress  | 146 |
| Module 33: | Housing Tenure  | 147 |

**Module 1:** Proxy

Includes: Selection of Proxy for Child, Start of NHS, and Proxy Check for Adults

| From Population         | Question   | To Question  |
|-------------------------|--|--|
| All selected persons    | PROX_SG01  |  |
|                         | <ol> <li>IF Selected Child is 0-14 years AND more than 1 person 15+ in the household</li> <li>ELSEIF Selected Child is 15-17</li> <li>Otherwise</li> </ol>   | 1 → SPOKESPROX_Q01  2 → SPOKESPROX_Q02  3 → xStart |
| PROX_SG01 = 1           | SPOKESPROX_Q01   |  |
|                         | [ <child's name=""> has] been selected for the child's part of this survey.</child's>  |  |
|                         | [Of [yourself and <name> / the adults in this household], who would be the best person to ask about health information on the behalf of] [<child's name="">]?</child's></name>   |  |
|                         | [Person #. Person's full name]   | → xStart   |
| PROX_SG01 = 2           | SPOKESPROX_Q02   |  |
|                         | [ <child's name="">] has been selected for the child's part of this survey.</child's>  |  |
|                         | Of [yourself and <child's name=""> / yourself, <non-ara's name=""> or <child's name=""> / the adults in this household and <child's name="">], who would be the best person to provide information about [<child's name="">]'s health?</child's></child's></child's></non-ara's></child's> |  |
|                         | [Person #. Person's full name]   | → xStart   |
| PROX_SG01 = 3           | xStart   |  |
| SPOKESPROX_Q01<br>= ALL | This is the start of the National Health Survey.   |  |
| SPOKESPROX_Q02<br>= ALL | [ The following selection has been made:<br>NHS Adult (18+): <insert full="" name=""><br/>NHS Child (&lt;18): <insert full="" name=""><br/>Proxy: <insert full="" name=""> ]</insert></insert></insert>  |  |
|                         | 1. Press [1] to continue   | 1 → xStartPoint                                    |
| xStart = ALL            | xStartPoint  |  |
|                         | Starting the main questionnaire for [ <name>]</name>   |  |

## National Health Survey 2014-15 Questionnaire

|                   | 1. Press [1] to continue   | 1 →PROX_SG02                       |
|-------------------|--|------------------------------------|
| xStartPoint = ALL | PROX_SG02  |                                    |
|                   | 1. IF AGE < 15<br>2. ELSE  | 1 → Next Module<br>2 → ProxyCheck  |
| PROX_SG02 = 2     | ProxyCheck   |                                    |
|                   | Is the interview for [ <name>] being conducted by proxy?</name>  |                                    |
|                   | 1. Yes   | 1 → PROX_SG03                      |
|                   | 5. No  | 5 → Next Module                    |
| ProxyCheck = 1    | PROX_SG03  |                                    |
|                   | 1. IF AGE = 15, 16, or 17 years<br>2. ELSE   | 1 → Next Module<br>2 → ProxyPrsnt  |
| PROX_SG03 = 2     | ProxyPrsnt   |                                    |
|                   | Indicate if the proxy is relaying the questions to the respondent, and the respondent providing the answers. |                                    |
|                   | Is [ <name>] providing responses for the interview?</name>   |                                    |
|                   | 1. Yes<br>5. No  | 1 → ProxyPrsnt2<br>5 → ProxyPrsnt2 |
| ProxyPrsnt = ALL  | ProxyPrsnt2  |                                    |
|                   | Enter reason that respondent is using a proxy.   |                                    |
|                   | What is the reason for using a proxy?  |                                    |
|                   | < 255 char >   | → Next Module                      |

Module 2: Language and Ancestry

Includes: Main Language, English Proficiency, Ancestry, and Country of Birth of Parents

| From Population      | Question   | To Question  |
|----------------------|--|--|
| All selected persons | ETHNIC_Q01_SG  |  |
|                      | <ol> <li>IF AGE = 0-1</li> <li>Otherwise</li> </ol>  | 1 → DEMOGRAPH_Q09<br>2 → LangIntro   |
| ETHNIC_Q01_SG = 2    | LangIntro  |  |
|                      | The next few questions are about language, education and work.   |  |
|                      | 1. Press [1] to continue   | 1 → MLang_Q01  |
| LangIntro = ALL      | MLang_Q01  |  |
|                      | Which language [do you/does [first name]] mainly speak at home?  |  |
|                      | If more than one language, indicate the one that is spoken most often.   | 1 →  |
|                      | <ol> <li>English</li> <li>Italian</li> <li>Greek</li> <li>Cantonese</li> <li>Arabic</li> <li>Mandarin</li> <li>Vietnamese</li> <li>Spanish</li> <li>German</li> <li>Hindi</li> </ol> | DEMOGRAPH_Q09 2 → DEMOGRAPH_Q04 3 → DEMOGRAPH_Q04 4 → DEMOGRAPH_Q04 5 → DEMOGRAPH_Q04 6 → DEMOGRAPH_Q04 7 → DEMOGRAPH_Q04 8 → DEMOGRAPH_Q04 9 → DEMOGRAPH_Q04 10 → |
|                      | 11. Other [12. Child not yet speaking]   | DEMOGRAPH_Q04<br>11 → MLang _Q02<br>12 →<br>DEMOGRAPH_Q09  |
| MLang_Q01 = 11       | MLang_Q02  |  |
|                      | Enter first 3 letters of language mainly spoken at home and then select correct language from the coding list.  < 50 char >  | If 'Not found in coder' → MLang_Q04 Else → DEMOGRAPH_SG03  |
| MLang_Q02 = 'Not     | MLang_Q04  |  |
| found in coder'      | Type in language   |  |

|                                   | < 50 char >   | → DEMOGRAPH_SG03                       |
|-----------------------------------|---|--|
| MLang_Q02 <> 'Not found in coder' | DEMOGRAPH_SG03  |  |
| MLang_Q04 = ALL                   | 1. IF MLang_Q01 \rightarrow 'English' or 'Child not yet speaking' OR MLang_Q02 \rightarrow 'Auslan', 'mute'                 | 1 → DEMOGRAPH_Q04                      |
|                                   | or 'sign language' or 'English'  2. Otherwise   | 2 → DEMOGRAPH_Q09                      |
| MLang_Q01 = 2-10                  | DEMOGRAPH_Q04   |  |
| DEMOGRAPH_SG03<br>= 1             | Do you consider [you/[first name]] [speak/speaks] English very well, well, or not well?                                     |  |
|                                   | 1. Very well  | 1 → DEMOGRAPH_Q09                      |
|                                   | 2. Well 3. Not well   | 2 → DEMOGRAPH_Q09<br>3 → DEMOGRAPH_Q09 |
|                                   | 4. Not at all   | 4 → DEMOGRAPH_Q09                      |
| ETHNIC_Q01_SG = 1                 | DEMOGRAPH_Q09   |  |
| MLang_Q01 = 1 or 12               | What is [your/[first name]'s] ancestry?   |  |
| DEMOGRAPH_SG03<br>= 2             | Up to 2 may be selected.  |  |
| DEMOGRAPH_Q04 = ALL               | Examples of "other – specify" are: Greek,<br>Vietnamese, Dutch, Kurdish, Maori, Lebanese,<br>Australian South Sea Islander. |  |
|                                   | 1. English  | 1 → DEMOGRAPH_Q13                      |
|                                   | 2. Irish  | 2 → DEMOGRAPH_Q13                      |
|                                   | <ul><li>3. Scottish</li><li>4. Italian</li></ul>  | 3 → DEMOGRAPH_Q13<br>4 → DEMOGRAPH_Q13 |
|                                   | 5. German   | 5 → DEMOGRAPH Q13                      |
|                                   | 6. Chinese  | 6 → DEMOGRAPH_Q13                      |
|                                   | 7. Australian   | 7 → DEMOGRAPH_Q13                      |
|                                   | 8. Other – specify  | 8 <del>)</del>                         |
| DEMOGRAPH_Q09 =                   | DEMOGRAPH_Q10   | DEMOGRAPH_Q10                          |
| 8                                 | DEMOGRATIL_QIV  |  |
|                                   | Enter 'other' ancestry.   |  |
|                                   | Type first 3 letters of ancestry and then select entry  | IF 'Not found' →                       |
|                                   | from coding list. If not found, select 'Not found'.   | OtherAncestryOth                       |
|                                   | < 100 char >  | Else → DEMOGRAPH_SG11                  |
| DEMOGRAPH_Q10 = 'Not found'       | OtherAncestryOth  |  |
|                                   | Type ancestry.  |  |
|                                   | < 60 char >   | → DEMOGRAPH_SG11                       |

|                         | 1  | 1                         |
|-------------------------|--|---------------------------|
| DEMOGRAPH_Q10           | DEMOGRAPH SG11   |                           |
| <pre>S'Not found'</pre> | DEMOGRAI II_SGII   |                           |
| V Not found             | 1. IF DEMOGRAPH_Q09 = 8 and no other   | 1 → DEMOGRAPH_Q12         |
| OtherAncestryOth =      | response recorded  | 1 7 DEWOOKAI II_Q12       |
| ALL                     | 2. Otherwise   | 2 → DEMOGRAPH_Q13         |
| ALL                     | 2. Otherwise   | 2 7 DEMOGRATIT_Q13        |
| DEMOGRAPH_SG11          | DEMOGRAPH_Q12  |                           |
| = 1                     | Enter a conditation of management  |                           |
|                         | Enter second 'other' ancestry if a second 'ancestry'   |                           |
|                         | has been indicated by the respondent; otherwise  |                           |
|                         | press ENTER to leave blank.  |                           |
|                         | Two first 2 letters of an eastern and then select outro  | IF 'Not found' →          |
|                         | Type first 3 letters of ancestry and then select entry from coding list. If not found, select 'Not found'. | OtherAncestry2Oth         |
|                         | from coaing usi. If not found, select Not found.   | Else >                    |
|                         | < 60 char >  | DEMOGRAPH_Q13             |
|                         | < 00 chai >  | DEMOGRAFII_Q13            |
| DEMOGRAPH_Q12 =         | OtherAncestry2Oth  |                           |
| 'Not found'             | Other Ancestry 20th  |                           |
| 1vot found              | Type ancestry.   |                           |
|                         | Type uncestry.   |                           |
|                         | < 60 char >  | → DEMOGRAPH_Q13           |
|                         | Coo chair >  | , prince and 11_612       |
| DEMOGRAPH_Q09 =         | DEMOGRAPH_Q13  |                           |
| 1-7                     |  |                           |
|                         | In which country was [your/[first name]'s] father  |                           |
| DEMOGRAPH_SG11          | born?  |                           |
| = 2                     |  |                           |
|                         | Ctrl K may be entered if necessary   |                           |
| DEMOGRAPH_Q12           |  |                           |
| <> 'Not found'          | 1. Australia   | 1 → DEMOGRAPH_Q15         |
|                         | 2. England   | 2 → DEMOGRAPH_Q15         |
| OtherAncestry2Oth =     | 3. Italy   | 3 → DEMOGRAPH_Q15         |
| ALL                     | 4. New Zealand   | 4 → DEMOGRAPH_Q15         |
|                         | 5. Scotland  | 5 → DEMOGRAPH_Q15         |
|                         | 6. Greece  | 6 → DEMOGRAPH_Q15         |
|                         | 7. Netherlands   | 7 → DEMOGRAPH_Q15         |
|                         | 8. Germany   | 8 → DEMOGRAPH_Q15         |
|                         | 9. Vietnam   | 9 → DEMOGRAPH_Q15         |
|                         | 10.Lebanon   | 10 →                      |
|                         | 11.Other – specify   | DEMOGRAPH_Q15             |
|                         | CtrlK  | 11 <del>)</del>           |
|                         |  | DEMOGRAPH_Q14             |
|                         |  | Ctrl K ->                 |
| DEMOGRAPH_Q13 =         | DEMOGRAPH_Q14  | DEMOGRAPH_Q15             |
| DEMOGRAPH_Q13 = 11      | DEMOGRAPH_Q14  |                           |
| 11                      | Type first 3 letters of country of birth and then select   | If 'Not found in coder' → |
|                         | correct country from coding list.  | DEMOGRAPH_Q14Oth          |
|                         | correct country from counts usi.   | Else →                    |
|                         | < 100 char >   | DEMOGRAPH_Q15             |
|                         | . 100 01111 /  | 2200                      |

| DEMOGRAPH_Q14 =             | DEMOGRAPH_Q14Oth   |                                     |
|-----------------------------|--|-------------------------------------|
| 'Not found in coder'        | Type in country of birth.                                |                                     |
|                             | Type in Country of orrin.                                |                                     |
|                             | < 25 char >  | → DEMOGRAPH_Q15                     |
| DEMOCRAPH 012               | DENIE GRADU OLE  |                                     |
| DEMOGRAPH_Q13 = 1-10, CtrlK | DEMOGRAPH_Q15  |                                     |
| 1-10, Cuik                  | In which country was [your/[first name]'s] mother        |                                     |
| DEMOGRAPH_Q14               | born?  |                                     |
| 'Not found in coder'        | Ctul V man ha automad if management                      |                                     |
| DEMOGRAPH_Q14Ot             | Ctrl K may be entered if necessary                       |                                     |
| h = ALL                     | 1. Australia   | 1 → Next Module                     |
|                             | 2. England   | 2 → Next Module                     |
|                             | 3. Italy   | 3 → Next Module                     |
|                             | <ul><li>4. New Zealand</li><li>5. Scotland</li></ul>     | 4 → Next Module 5 → Next Module     |
|                             | 6. Greece  | 6 → Next Module                     |
|                             | 7. Netherlands   | $7 \rightarrow \text{Next Module}$  |
|                             | 8. Germany   | 8 → Next Module                     |
|                             | 9. Vietnam   | 9 → Next Module                     |
|                             | 10.Lebanon   | $10 \rightarrow \text{Next Module}$ |
|                             | 11. Other – specify                                      | 11 <del>)</del>                     |
|                             | CtrlK  | DEMOGRAPH_Q16<br>CtrlK →            |
|                             |  | Next Module                         |
|                             |  | TVEXT WOULD                         |
| DEMOGRAPH_Q15 =             | DEMOGRAPH_Q16  |                                     |
| 11                          | Type first 3 letters of country of birth and then select | If 'Not found in coder' →           |
|                             | correct country from coding list.                        | DEMOGRAPH_Q16Oth                    |
|                             | 3,0  | ELSE →                              |
|                             | < 100 char >   | Next Module                         |
| DEMOGRAPH_Q16 =             | DEMOGRAPH_Q16Oth   |                                     |
| 'Not found in coder'        | Type in country of birth.                                |                                     |
|                             | < 25 char >  | → Next Module                       |
|                             |  | - Troncino dello                    |

**Module 3:** Education

**Includes:** Educational Attainment and Current Study

| From Population                              | Question  | To Question   |
|--|---|---|
| All selected persons aged 15 years and over  | EDATTA_Q01  What is the highest year of primary or secondary school that [you have/[first name] has] completed?  1. Year 12 or equivalent 2. Year 11 or equivalent 3. Year 10 or equivalent 4. Year 9 or equivalent 5. Year 8 or below 6. Never attended school   | $1 \rightarrow \text{EDATTA}\_\text{Q02}$ $2 \rightarrow \text{EDATTA}\_\text{Q02}$ $3 \rightarrow \text{EDATTA}\_\text{Q02}$ $4 \rightarrow \text{EDATTA}\_\text{Q02}$ $5 \rightarrow \text{EDATTA}\_\text{Q02}$ $6 \rightarrow \text{EDATTA}\_\text{Q02}$ |
| EDATTA_Q01 = ALL                             | EDATTA_Q02  The next few questions are about any [other] educational qualifications that [you have/[first name] has] completed.  [Have you/has [first name]] completed a trade certificate, diploma, degree or any other educational qualification?  1. Yes 5. No   | 1 → EDATTA_Q03 5 → CURSTUD_SG01A  |
| EDATTA_Q02 = 1                               | EDATTA_Q03  | 3 7 CORSTOD_SGOTT   |
|  | What is the <u>level</u> of the highest qualification that [you have/[first name] has] completed?  Type the first three letters of the level, then select the correct level from the coding list.  Do not use abbreviations or acronyms.  If level does not appear, type 'Not in coder', and select Not in coder in the pop-up box.  < 100 char > | 'Not in Coder' → EDATTA_Q04  Codes 600-613, 621-811, 910-994 → EDATTA_Q03A  Codes 12-524, 619 → EDATTA_Q05  |
| EDATTA_Q03 = Codes 600-613, 621-811, 910-994 | EDATTA_Q03A  [Have you/Has [first name]] completed any other educational qualifications?  1. Yes 5. No  | 1 → EDATTA_Q03B 5 → CURSTUD_SG01A   |

| EDATTA_Q03A = 1                  | EDATTA_Q03B   |                              |
|----------------------------------|---|------------------------------|
|                                  | What is the <u>level</u> of the highest qualification that [you have/[first name] has] completed?   |                              |
|                                  | Type the first three letters of the level, then select the correct level from the coding list.  |                              |
|                                  | Do not use abbreviations or acronyms.   |                              |
|                                  | If level does not appear, type 'Not in coder', and select 'Not in coder' in the pop-up box.   | 'Not in coder' → EDATTA_Q04  |
|                                  | < 100 char >  | Codes 12-619 →<br>EDATTA_Q05 |
| EDATTA_Q03 = 'Not                | EDATTA_Q04  |                              |
| in Coder'                        | Enter the level of the highest qualification completed.   |                              |
| EDATTA_Q03B = 'Not in Coder'     | < 80 char >   | → EDATTA_Q05                 |
| EDATTA_Q03 =                     | EDATTA_Q05  |                              |
| Codes 12-524, 619  EDATTA_Q03B = | What was the main field of study for that qualification?  |                              |
| Codes 12-619                     | Specify main field of study.  |                              |
| EDATTA_Q04 = ALL                 | If 'Arts', 'Teaching/Education', 'Science', 'Engineering', 'Computing', 'Building', 'Applied Science', 'Business', 'Commerce', 'Humanities' or Nursing', ask for more detail. Do not use abbreviations or acronyms. |                              |
|                                  | < 100 char >  | → EDATTA_Q06                 |
| $EDATTA_Q05 = ALL$               | EDATTA_Q06  |                              |
|                                  | Did [you/he/she] complete that qualification before 1998?   |                              |
|                                  | 1. Yes, before 1998   | 1 → CURSTUD_SG01A            |
|                                  | 5. No, 1998 or later  | 5 → CURSTUD_SG01A            |
| EDATTA_Q02 = 5                   | CURSTUD_SG01A   |                              |
| EDATTA_Q03A = 5                  | 1. If xSecSch = 1 [Yes]   | 1 → Next Module              |
| EDATTA_Q06 = ALL                 | 2. Otherwise  | 2 → CURSTUD_Q01              |
| CURSTUD_SG01A =                  | CURSTUD_Q01   |                              |

| 2                 | [Are you/Is [first name]] currently taking <u>any</u> course of study for a trade certificate, diploma, degree or any other educational qualification?                                       |   |
|-------------------|--|---|
|                   | 1. Yes<br>5. No  | 1 → CURSTUD_Q02<br>5 → Next Module  |
| CURSTUD_Q01 = 1   | CURSTUD_Q02  |   |
|                   | At what type of educational institution [are you/is [first name]] currently enrolled?  |   |
|                   | <ol> <li>Secondary school</li> <li>University / Other higher education</li> <li>TAFE / Technical college</li> <li>Business college</li> <li>Industry skills centre</li> <li>Other</li> </ol> | $1 \rightarrow \text{CURSTUD\_Q05}$ $2 \rightarrow \text{CURSTUD\_Q03}$ $3 \rightarrow \text{CURSTUD\_Q03}$ $4 \rightarrow \text{CURSTUD\_Q03}$ $5 \rightarrow \text{CURSTUD\_Q03}$ $6 \rightarrow \text{CURSTUD\_Q03}$ |
| CURSTUD_Q02 = 2-6 | CURSTUD_Q03  |   |
|                   | What is the level of qualification of [your/his/her] current study?  |   |
|                   | Enter level of qualification.  |   |
|                   | < 80 char >  | → CURSTUD_SG03A   |
| CURSTUD_Q03 = ALL | CURSTUD_SG03A  |   |
| ALL               | <ol> <li>If CURSTUD_Q02 = 1 (Secondary School)</li> <li>Otherwise</li> </ol>   | $1 \rightarrow \text{CURSTUD\_Q05} \\ 2 \rightarrow \text{CURSTUD\_Q04}$  |
| CURSTUD_SG03A = 2 | CURSTUD_Q04  |   |
| 2                 | What is the main field of study for that qualification?  |   |
| CV                | If 'Nursing', 'Arts', 'Teaching', 'Science' or 'Engineering', ask for more detail.   |   |
|                   | < 100 char >   | → CURSTUD_Q05   |
| CURSTUD_Q02 = 1   | CURSTUD_Q05  |   |
| CURSTUD_SG03A = 1 | [Are you/Is [first name]] studying full-time or part-time?   |   |
| CURSTUD_Q04 = ALL | <ol> <li>Full-time</li> <li>Part-time</li> </ol>   | 1 → Next Module<br>2 → Next Module  |

**Module 4:** Employment

Includes: Current Employment Status, Job Details, Hours Worked, Shift Work, and Looking for

Work

| From Population                             | Question  | To Question  |
|---|---|--|
| All selected persons aged 15 years and over | HASJOB_Q01  I would like to ask you about <u>last week</u> , that is, the week starting Sunday the [[day] of [month]] and ending [last Saturday the [day] of [month]/yesterday]. <u>Last week</u> , did [you/[first name]] do any work at all in a job, business or farm? |  |
|   | <ol> <li>Yes</li> <li>No</li> <li>Permanently unable to work</li> <li>Permanently not intending to work</li> </ol>  | 1 → HASJOB_Q04<br>5 → HASJOB_Q02<br>6 → DEFJOB_Q01<br>7 → DEFJOB_Q01 |
| HASJOB_Q01 = 5                              | HASJOB_Q02  Last week, did [you/[first name]] do any work without pay in a family business?   |  |
|   | <ul><li>1. Yes</li><li>5. No</li><li>[6. Permanently not intending to work]</li></ul>   | 1 → HASJOB_Q04<br>5 → HASJOB_Q03<br>6 → DEFJOB_Q01                   |
| HASJOB_Q02 = 5                              | HASJOB_Q03  Did [you/[first name]] have a job, business or farm that [you were/he was/she was] away from because of holidays, sickness or any other reason?  1. Yes 5. No   | 1 → HASJOB_Q04<br>5 → LOOK_Q01                                       |
| HASJOB_Q01 = 1                              | [6. Permanently not intending to work]  HASJOB_Q04  | 6 → DEFJOB_Q01   |
| $HASJOB_Q02 = 1$<br>$HASJOB_Q03 = 1$        | Did [you/[first name]] have more than one job or business <u>last week</u> ?  |  |
| 11.1010D_QD_1                               | 1. Yes<br>5. No   | $1 \rightarrow JOBD\_Q01$ $5 \rightarrow JOBD\_Q01$                  |
| HASJOB_Q04 = ALL                            | JOBD_Q01  |  |
|   | [The next few questions are about the job or business in which [you/[first name]] <u>usually</u> work[s] the most   |  |

|                    | hours.]   |   |
|--------------------|---|---|
|                    | Did [you/[first name]] work for an employer, or in [your/his/her] own business? |   |
|                    | <ol> <li>Employer</li> <li>Own business</li> </ol>                              | 1 → JOBD_Q02  |
|                    | 3. Other/Uncertain  | $\begin{array}{c} 2 \rightarrow \text{JOBD\_Q04} \\ 3 \rightarrow \text{JOBD\_Q03} \end{array}$ |
| JOBD_Q01 = 1       | JOBD_Q02  |   |
|                    | [Are you/Is [first name]] paid a wage or salary, or some other form of payment? |   |
|                    | Wage/salary     Other/Uncertain   | 1 → JOBD_SG06   |
| JODD 001 A         |   | 2 → JOBD_Q03  |
| JOBD_Q01 = 3       | JOBD_Q03  |   |
| JOBD_Q02 = 2       | What are [your/his/her] [working/payment] arrangements?                         |   |
|                    | Unpaid voluntary work     Contractor/Subcontractor                              | 1 → LOOK_Q01<br>2 → JOBD_Q04  |
|                    | 3. Own business/Partnership   | 3 <b>→</b> JOBD_Q04   |
|                    | <ul><li>4. Commission only</li><li>5. Commission with retainer</li></ul>        | 4 → JOBD_Q04<br>5 → JOBD_SG06   |
|                    | 6. In a family business without pay   | 6 → JOBD_SG06   |
|                    | <ul><li>7. Payment in kind</li><li>8. Paid by the piece/item produced</li></ul> | 7 → JOBD_SG06<br>8 → JOBD_SG06  |
|                    | 9. Wage/salary earner 10.0ther  | 9 → JOBD_SG06<br>10 → JOBD_SG06   |
| 1000 001           |   | 10 7 JODD_5000  |
| JOBD_Q01 = 2       | JOBD_Q04  |   |
| JOBD_Q03 = 2-4     | [Do you/Does [first name]] have employees in that business?                     |   |
|                    | 1. Yes<br>5. No   | 1 → JOBD_Q05<br>5 → JOBD_Q05  |
|                    |   | 2 4 10BD_Q03  |
| JOBD_Q04 = ALL     | JOBD_Q05  |   |
|                    | Is that business incorporated?  |   |
|                    | 1. Yes  | 1 → JOBD_SG06   |
|                    | 5. No   | 5 → JOBD_SG06   |
| JOBD_Q02 = 1       | JOBD_SG06   |   |
| JOBD_Q03 = 5 to 10 | 1. IF HASJOB_Q01 = 5 and HASJOB_Q02 = 5 and HASJOB_Q03 = 1                      | 1 <b>→</b> JOBD_Q07   |

| JOBD_Q05 = ALL       | 2. Otherwise   | 2 → HOURS_Q01  |
|----------------------|--|--|
| JOBD_SG06 = 1        | JOBD_Q07   |  |
|                      | What was the main reason [you were /[first name] was] away from work <u>last week</u> ?  |  |
|                      | <ol> <li>Holiday/Flextime/Study/Personal reasons</li> <li>Own illness or injury/Sick leave</li> <li>No work available/Not enough work</li> <li>Standard work arrangements/Shift work</li> <li>On strike/Locked out/Industrial dispute</li> <li>Stood down</li> <li>Bad weather/Plant breakdown</li> <li>Other</li> </ol> | $1 \Rightarrow \text{HOURS\_Q01}$ $2 \Rightarrow \text{JOBD\_Q08}$ $3 \Rightarrow \text{HOURS\_Q01}$ $4 \Rightarrow \text{HOURS\_Q01}$ $5 \Rightarrow \text{HOURS\_Q01}$ $6 \Rightarrow \text{HOURS\_Q01}$ $7 \Rightarrow \text{HOURS\_Q01}$ $8 \Rightarrow \text{HOURS\_Q01}$ |
| JOBD_Q07 = 2         | JOBD_Q08   |  |
|                      | [Were you/Was [first name]] on workers' compensation <u>last week</u> ?  |  |
|                      | 1. Yes   | 1 → JOBD_Q09   |
| VODD 000 1           | 5. No  | 5 → HOURS_Q01  |
| JOBD_Q08 = 1         | JOBD_Q09   |  |
|                      | Will [you/[first name]] be returning to work for [your/his/her] employer?  |  |
|                      | 1. Yes<br>5. No<br>6. Don't know   | $1 \Rightarrow \text{HOURS\_Q01}$ $5 \Rightarrow \text{LOOK\_Q01}$ $6 \Rightarrow \text{LOOK\_Q01}$  |
| JOBD_SG06 = 2        | HOURS_Q01  |  |
| JOBD_Q07 = 1, 3 to 8 | How many hours [do you/does [first name]] <u>usually</u> work each week in [that job/that business/all jobs]?  |  |
| JOBD_Q08 = 5         | If usually works less than 1 hour enter 0.   |  |
| JOBD_Q09 = 1         | < 099 >  | → HOURS_SG02   |
| HOURS_Q01 = ALL      | HOURS_SG02   |  |
|                      | 1. IF usually work less than 1 hour (HOURS_Q01 = 0)  | 1 → LOOK_Q01   |
|                      | 2. Otherwise   | 2 <b>→</b> JOBD_Q10  |
| HOURS_SG02 = 2       | JOBD_Q10   |  |
|                      | What is [your/[first name]'s] occupation in that [job/business]?   |  |

|                  | Enter description.   |                |
|------------------|--|----------------|
|                  | < 100 char >   | → JOBD_Q11     |
| JOBD_Q10 = ALL   | JOBD_Q11   |                |
|                  | What are [your/[first name]'s] main tasks and duties?  |                |
|                  | Enter description.   |                |
|                  | < 100 char >   | → JOBD_Q12     |
| JOBD_Q11 = ALL   | JOBD_Q12   |                |
|                  | What kind of business or service is carried out by [your/[first name]'s] [employer/business] at the place where [you/he/she] [work/s]?         |                |
|                  | Enter description.   |                |
|                  | < 100 char >   | → JOBD_Q13     |
| JOBD_Q12 = ALL   | JOBD_Q13   |                |
|                  | What is the name of [your/[first name]'s] [employer/business] at the place where [you/he/she] [work/s]?  |                |
|                  | Enter name of employer or business. Ctrl R may be used here if necessary. Ctrl K may be used here if necessary.                                |                |
|                  | < 100 char ><br>CtrlK<br>CtrlR   | → SHIFT_Q02    |
| JOBD_Q13 = ALL   | SHIFT_Q02  |                |
|                  | In [your/[first name]'s] job [with name of employer/business], did [you/he/she] do any shift work at any time during the <u>last 4 weeks</u> ? |                |
|                  | 1. Yes   | 1 → SHIFT_Q03  |
|                  | 5. No  | 5 → DEFJOB_Q01 |
| $SHIFT\_Q02 = 1$ | SHIFT_Q03  |                |
|                  | Is [your/[first name]'s] shift -   |                |
|                  | A rotating shift which changes periodically?   |                |

|                   | 1. Yes<br>5. No  | 1 → DEFJOB_Q01<br>5 → SHIFT_Q04 |
|-------------------|--|---------------------------------|
| SHIFT_Q03 = 5     | SHIFT_Q04  |                                 |
|                   | -  |                                 |
|                   | (Is [your/[first name]'s] shift -)   |                                 |
|                   | A regular evening, night or graveyard shift?   |                                 |
|                   | 1. Yes<br>5. No  | 1 → DEFJOB_Q01                  |
|                   |  | 5 → SHIFT_Q05                   |
| $SHIFT\_Q04 = 5$  | SHIFT_Q05  |                                 |
|                   | (Is [your/[first name]'s] shift -)   |                                 |
|                   | A regular morning shift?   |                                 |
|                   | 1. Yes   | 1 → DEFJOB_Q01                  |
|                   | 5. No  | 5 → SHIFT_Q06                   |
| $SHIFT\_Q05 = 5$  | SHIFT_Q06  |                                 |
|                   | (Is [your/[first name]'s] shift -)   |                                 |
|                   | A regular afternoon shift?   |                                 |
|                   | 1. Yes   | 1 → DEFJOB_Q01                  |
|                   | 5. No  | 5 → SHIFT_Q07                   |
| SHIFT_Q06 = 5     | SHIFT_Q07  |                                 |
|                   | What kind of shift is it?  |                                 |
|                   | 1. Irregular shift   | 1 → DEFJOB_Q01                  |
|                   | 2. Split shift (consisting of two distinct periods each day)                                 | 2 → DEFJOB_Q01                  |
|                   | 3. On call   | 3 → DEFJOB_Q01                  |
|                   | 4. Other   | 4 → DEFJOB_Q01                  |
| HASJOB_Q03 = 5    | LOOK_Q01   |                                 |
| JOBD_Q03 = 1      | At any time in the <u>last 4 weeks</u> , [have you/has [first                                |                                 |
| JOBD_Q09 = 5 or 6 | name]] been looking for full-time work?  |                                 |
| HOURS_SG02=1      | 1. Yes<br>5. No  | 1 → LOOK_Q03<br>5 → LOOK_Q02    |
| LOOK_Q01 = 5      | LOOK_Q02   |                                 |
|                   | [Have you/Has [first name]] been looking for part-time work at any time in the past 4 weeks? |                                 |

|                | 1. Yes<br>5. No   | 1 → LOOK_Q03<br>5 → DEFJOB_Q01 |
|----------------|---|--------------------------------|
| LOOV 001 1     | LOOK OO2  |                                |
| $LOOK_Q01 = 1$ | LOOK_Q03  |                                |
| LOOK_Q02 = 1   | At any time in the <u>last 4 weeks</u> , [have you/has [first name]] written, phoned, or applied to an employer for work? |                                |
|                | 1. Yes  | 1 → LOOK_Q10                   |
|                | 5. No   | $5 \rightarrow LOOK_Q04$       |
|                | 3.110   | 3 7 <u>2</u> 301 <u>.</u> _00. |
| LOOK_Q03 = 5   | LOOK_Q04  |                                |
|                | (At any time in the <u>last 4 weeks</u> , [have you/has [first name]] -)  |                                |
|                | Answered an advertisement for a job?  |                                |
|                | 1. Yes  | 1 → LOOK_Q10                   |
|                | 5. No   | $5 \rightarrow LOOK_Q05$       |
|                |   |                                |
| LOOK_Q04 = 5   | LOOK_Q05  |                                |
|                | (At any time in the <u>last 4 weeks</u> , [have you/has [first name]] -)  |                                |
|                | Looked in newspapers or on the internet?  |                                |
|                | 1. Yes  | 1 → LOOK_Q06                   |
|                | 5. No   | $5 \rightarrow LOOK_Q06$       |
|                |   | 0                              |
| LOOK_Q05 = ALL | LOOK_Q06  |                                |
|                | (At any time in the <u>last 4 weeks</u> , [have you/has [first name]] -)  |                                |
|                | Checked notice boards?  |                                |
|                | 1. Yes  | 1 → LOOK_Q10                   |
|                | 5. No   | $5 \rightarrow LOOK_Q07$       |
|                |   | 5 7 200K_Q07                   |
| LOOK_Q06 = 5   | LOOK_Q07  |                                |
|                |   |                                |
|                | (At any time in the <u>last 4 weeks</u> , [have you/has [first  |                                |
|                | name]] -)   |                                |
|                | Been registered with Centrelink as a jobseeker?   |                                |
|                | 1. Yes  | 1 → LOOK_Q10                   |
|                | 5. No   | 5 → LOOK_Q08                   |
|                |   |                                |

| LOOK_Q07 = 5                 | LOOK_Q08  |                                    |
|------------------------------|---|------------------------------------|
|                              | (At any time in the <u>last 4 weeks</u> , [have you/has [first name]] -)  |                                    |
|                              | Checked or registered with an employment agency?  |                                    |
|                              | 1. Yes<br>5. No   | 1 → LOOK_Q10<br>5 → LOOK_Q09       |
|                              | 3.110   | 3 7 LOOK_Q09                       |
| LOOK_Q08 = 5                 | LOOK_Q09  |                                    |
|                              | (At any time in the <u>last 4 weeks</u> , [have you/has [first name]] -)  |                                    |
|                              | Done anything else to find a job?   |                                    |
|                              | Advertised or tendered for work   | 1 → LOOK_Q10                       |
|                              | <ul><li>2. Contacted friends/relatives</li><li>3. Other</li></ul>   | 2 → LOOK_Q10<br>3 → DEFJOB_Q01     |
|                              | 4. Only looked in newspapers or on the internet   | 4 → DEFJOB_Q01                     |
|                              | 5. None of these  | 5 → DEFJOB_Q01                     |
| LOOK_Q03 = 1                 | LOOK_Q10  |                                    |
| LOOK_Q04 =1                  | If [you/[first name]] had found a [full-time/part-time] job could [you/he/she] have started work <u>last week</u> ? |                                    |
| LOOK_Q06 = 1                 |   | 1 \$1,000,011,012                  |
| LOOK_Q07 = 1                 | 1. Yes<br>5. No   | 1 → LOOK_Q11_Q12<br>5 → DEFJOB_Q01 |
| LOOK_Q08 = 1                 | 6. Don't know   | 6 → LOOK_Q11_Q12                   |
|                              |   |                                    |
| $LOOK_Q09 = 1 \text{ or } 2$ |   |                                    |
| LOOK_Q10 = 1 or 6            | LOOK_Q11_Q12  |                                    |
|                              | When did [you/[first name]] [begin looking for work]?   |                                    |
|                              | If less than 2 years ago, enter the FULL DATE (ddmmyyyy)  |                                    |
|                              | If 2 years to less than 5 years ago, enter the MONTH and YEAR only (Enter 2 spaces for the day)                     |                                    |
|                              | If 5 years or more ago, enter the YEAR only (Enter 4 spaces for the day and month)                                  |                                    |
|                              | [If did not look for work, enter 99]  |                                    |
|                              |   | <u> </u>                           |

|                        | < dd/mm/yyyy >  | → LOOK_Q11_Q12  |
|------------------------|---|-----------------|
| LOOK_Q11 = ALL         | LOOK_Q11_Q12  |                 |
|                        | When did [you/[first name]] [last work for <u>at least 2</u> weeks in a job of <u>35 hours or more</u> a week]? |                 |
|                        | If less than 2 years ago, enter the FULL DATE (ddmmyyyy)  |                 |
|                        | If 2 years to less than 5 years ago, enter the MONTH and YEAR only (Enter 2 spaces for the day)                 |                 |
|                        | If 5 years or more ago, enter the YEAR only (Enter 4 spaces for the day and month)                              |                 |
|                        | [If has never worked in a job of 35+ hrs/week (for 2 weeks or more), enter 99]                                  |                 |
|                        | < dd/mm/yyyy >  | → DEFJOB_Q01    |
| HASJOB_Q01 = 6<br>or 7 | DEFJOB_Q01  |                 |
| HASJOB_Q02 = 6         | [Have you/Has [first name]] ever served in the Australian Defence Force?  |                 |
| $HASJOB_Q03 = 6$       | 1. Yes  | 1 → Next Module |
| SHIFT_Q02 = 5          | 5. No   | 5 → Next Module |
| SHIFT_Q03 = 1          |   |                 |
| SHIFT_Q04 = 1          |   |                 |
| SHIFT_Q05 = 1          |   |                 |
| SHIFT_Q06 = 1          |   |                 |
| SHIFT_Q07 = ALL        |   |                 |
| LOOK_Q02 = 5           |   |                 |
| LOOK_Q09 = 3-5         |   |                 |
| LOOK_Q10 = 5           |   |                 |
| LOOK_Q12 = ALL         |   |                 |

### National Health Survey 2014-15 Questionnaire

Module 5: Self-Assessed Health Includes: Self-Assessed Health

| From Population                             | Question   | To Question   |
|---|--|---|
| All selected persons aged 15 years and over | <ul><li>SF12_Q01</li><li>I would now like to ask you some questions about [your/[first name]'s] health.</li><li>1. Press [1] to continue.</li></ul>                  | 1 → SF12_Q02  |
| SF12_Q01 = 1                                | SF12_Q02  In general would you say that [your/[first name]'s] health is excellent, very good, good, fair or poor?  1. Excellent 2. Very good 3. Good 4. Fair 5. Poor | 1 → Next module 2 → Next module 3 → Next module 4 → Next module 5 → Next module |

**Module 6:** Health Service Use

**Includes:** Use of Health Professionals in the Last 12mths

| From population      | Question   | To population  |
|----------------------|--|--|
| All selected persons | HSU_Q01  |  |
|                      | Show Prompt Card A1  |  |
|                      | [Have you/Has [first name]] taken any of these actions for [your own/his own/her own/[child's name]'s] health in the <u>last 12 months</u> ?   |  |
|                      | 1. Yes 5. No 6. Don't know   | $1 \rightarrow \text{HSU}\_\text{Q02}$ $5 \rightarrow \text{HSU}\_\text{Q20}$ $6 \rightarrow \text{HSU}\_\text{Q20}$   |
| Hall Ool 1           | WOW, OAA   |  |
| HSU_Q01 = 1          | HSU_Q02 Which ones?  |  |
|                      | More than one response is allowed. Press space bar between responses.  |  |
|                      | <ol> <li>Consulted a GP</li> <li>Consulted a specialist</li> <li>Consulted a dentist</li> <li>Consulted other health professional</li> <li>Admitted to hospital as an inpatient</li> <li>Visited an outpatient clinic</li> </ol> | $1 \rightarrow \text{HSU\_SG04}$ $2 \rightarrow \text{HSU\_SG04}$ $3 \rightarrow \text{HSU\_SG04}$ $4 \rightarrow \text{HSU\_Q03}$ $5 \rightarrow \text{HSU\_SG04}$ $6 \rightarrow \text{HSU\_SG04}$ |
|                      | <ul><li>7. Visited emergency/casualty</li><li>8. Visited day clinic</li></ul>  | 7 → HSU_SG04<br>8 → HSU_SG04   |
| HSU_Q02 = 4          | HSU_Q03  |  |
|                      | Show Prompt Card A2  |  |
|                      | Excluding any time spent in hospital, which of these health professionals [have you/has [first name]] consulted for [your own/his own/her own/[child's name]'s] health in the last 12 months?                                    |  |
|                      | More than one response is allowed. Press space bar between responses.  |  |
|                      | [  |  |
|                      | 10 Aboriginal Health Worker  | 10 → HSU_SG04  |
|                      | 11 Accredited counsellor 12 Acupuncturist  | 11 → HSU_SG04<br>12 → HSU_SG04   |
|                      | 13 Alcohol and drug worker   | 12 → HSU_SG04<br>13 → HSU_SG04   |
|                      | 14 Audiologist/Audiometrist  | 14 → HSU_SG04  |
|                      | 15 Chemist/Pharmacist (for advice only)  | 15 → HSU_SG04  |

|                  | 146011 11.00 11.1  | 16 7 11011 2004            |
|------------------|--|----------------------------|
|                  | 16 Chiropodist/Podiatrist                                      | 16 → HSU_SG04              |
|                  | 17 Chiropractor  | 17 → HSU_SG04              |
|                  | 18 Diabetes educator   | 18 <b>→</b> HSU_SG04       |
|                  | 19 Dietitian/Nutritionist                                      | 19 → HSU_SG04              |
|                  | 20 Naturopath  | 20 → HSU_SG04              |
|                  | 21 Herbalist   | 21 → HSU_SG04              |
|                  | 22 Hypnotherapist  | 22 → HSU_SG04              |
|                  | 23 Nurse   | 23 → HSU_SG04              |
|                  | 24 Occupational therapist                                      | 24 → HSU_SG04              |
|                  | 25 Optician/Optometrist/Orthoptist                             | 25 → HSU SG04              |
|                  | 26 Orthotist/Prosthetists                                      | 26 → HSU_SG04              |
|                  | 27 Osteopath   | $27 \rightarrow HSU\_SG04$ |
|                  | 28 Physiotherapist/Hydrotherapist                              | 28 → HSU_SG04              |
|                  | 29 Psychologist  | 29 → HSU_SG04              |
|                  | 30 Radiographer  | 30 → HSU_SG04              |
|                  | 31 Social worker/Welfare officer                               | $31 \rightarrow HSU\_SG04$ |
|                  | 32 Sonographer   |                            |
|                  |  | 32 → HSU_SG04              |
|                  | 33 Speech therapist/Pathologist                                | 33 → HSU_SG04              |
|                  | 34 Other ]   | 34 → HSU_SG04              |
| HSU_Q02 <> 4     | HSU SG04   |                            |
| 1150_Q02 💸 🕂     | 1150_5604  |                            |
| $HSU_Q03 = ALL$  | 1. IF HSU_Q02 = 1  | 1 → HSU_Q05a               |
| TIS CEQUS = TIEE | 2. Otherwise   | $2 \rightarrow HSU\_SG06$  |
|                  | 2. Otherwise   | 2 7 1150_5000              |
| HSU_SG04 = 1     | HSU_Q05a   |                            |
|                  |  |                            |
|                  | How many times did [you/[first name]] consult a GP             |                            |
|                  | [for [child's name]] in the <u>last 12 months</u> ?            |                            |
|                  |  |                            |
|                  | <1365>   | → HSU_SG06                 |
|                  |  | _                          |
| HSU_SG04 = 2     | HSU_SG06   |                            |
| _                |  |                            |
| HSU_Q05a = ALL   | 1. IF $HSU_Q02 = 2$  | 1 → HSU_Q07a               |
|                  | 2. Otherwise   | $2 \rightarrow HSU\_SG08$  |
|                  |  | _ , 1150_5000              |
| HSU_SG06 = 1     | HSU_Q07a   |                            |
|                  |  |                            |
|                  | How many times did [you/[first name]] consult a                |                            |
|                  | specialist [for [child's name]] in the <u>last 12 months</u> ? |                            |
|                  | specialise [101 [emite 5 nume]] in the months:                 |                            |
|                  | <1365>   | → HSU_SG08                 |
|                  | (1.1.000)  | , 1150_5000                |
| HSU_SG06 = 2     | HSU SG08   |                            |
| _                | _  |                            |
| $HSU_Q07a = ALL$ | 1. IF $HSU_Q02 = 5$  | 1 → HSU_Q11a               |
| ~                | 2. Otherwise   | $2 \rightarrow HSU\_SG12$  |
|                  |  |                            |
|                  | HSU_Q11a   |                            |
| $HSU\_SG08 = 1$  |  |                            |
| _                | 1 **   |                            |
|                  | How many times in the <u>last 12 months</u> [have you/has      |                            |

|                | he/has she] been admitted to hospital as an inpatient?  |  |
|----------------|---|--|
|                | <1365>  | → HSU_SG12   |
| HSU_SG08 = 2   | HSU_SG12  |  |
| HSU_Q11a = ALL | 1. IF HSU_Q02 = 6 2. Otherwise  | 1 → HSU_Q13a<br>2 → HSU_SG14                                       |
| HSU_SG12 = 1   | HSU_Q13a  |  |
|                | How many times in the <u>last 12 months</u> [have you/has he/has she] [visited/taken [child's name] to] an outpatient clinic?             |  |
|                | < 1 365 >   | → HSU_SG14   |
| HSU_SG12 = 2   | HSU_SG14  |  |
| HSU_Q13a = ALL | 1. IF HSU_Q02 = 7 2. Otherwise  | 1 → HSU_Q15a<br>2 → HSU_SG16                                       |
| HSU_SG14 = 1   | HSU_Q15a  |  |
|                | How many times in the <u>last 12 months</u> [have you/has he/has she] [visited/taken [child's name] to] an emergency/casualty department? |  |
|                | < 1 365 >   | → HSU_SG16   |
| HSU_SG14 = 2   | HSU_SG16  |  |
| HSU_Q15a = ALL | <ol> <li>IF HSU_Q02 = 8</li> <li>Otherwise</li> </ol>   | $1 \rightarrow \text{HSU\_Q17a} \\ 2 \rightarrow \text{HSU\_SG18}$ |
| HSU_SG16 = 1   | HSU_Q17a  |  |
|                | How many times in the <u>last 12 months</u> [have you/has he/has she] [visited/taken [child's name] to] a day clinic?                     |  |
|                | < 1 365 >   | → HSU_SG18   |
| HSU_SG16 = 2   | HSU_SG18  |  |
| HSU_Q17a = ALL | 1. IF consulted GP in last 12mths (HSU_Q02 = 1) 2. Otherwise  | $1 \rightarrow \text{HSU\_Q19}$ $2 \rightarrow \text{HSU\_Q20}$    |
| HSU_SG18 = 1   | HSU_Q19   |  |
|                | Show Prompt Card A3   |  |
| -              | 1   | 1  |

|                  | When was the last time [you/[first name]] consulted a GP for [your own/his own/her own/[child's name]'s] health? |  |
|------------------|--|--|
|                  | <ol> <li>Less than 3 months ago</li> <li>3 to less than 6 months ago</li> </ol>                                  | 1 → HSU_Q21SG<br>2 → HSU_Q21SG                                       |
|                  | 3. 6 to less than 9 months ago   | 3 → HSU_Q21SG  |
|                  | <ul><li>4. 9 to 12 months ago</li><li>5. Don't know</li></ul>  | 4 → HSU_Q21SG<br>5 → HSU_Q21SG                                       |
| HSU_Q01 = 5 or 6 | HSU_Q20  |  |
| HSU_SG18 = 2     | When was the last time [you/[first name]] consulted a GP for [your own/his own/her own/[child's name]'s] health? |  |
|                  | 1. 1 year to 2 years ago   | 1 → HSU_SG21   |
|                  | <ul><li>2. More than 2 years ago</li><li>3. Never</li></ul>  | $2 \rightarrow \text{HSU\_SG21}$<br>$3 \rightarrow \text{HSU\_SG21}$ |
|                  | 4. Don't know  | 4 → HSU_SG21   |
| HSU_Q19 = ALL    | HSU_SG21   |  |
| HSU_Q20 = ALL    | 1. IF AGE < 2 years  | 1 → Next module  |
|                  | <ul><li>2. ELSEIF HSU_Q02 = 1 and AGE = 15 and over</li><li>3. Otherwise</li></ul>                               | 2 → HSU_Q22<br>3 → HSU_SG24  |
| HSU_SG21 = 2     | HSU_Q22  |  |
|                  | Show Prompt Card A4  |  |
|                  | [Have you/Has [first name]] discussed any of these issues with a GP in the <u>last 12 months</u> ?               |  |
|                  | 1. Yes   | 1 → HSU_Q23  |
|                  | 5. No<br>6. Don't know   | 5 → HSU_SG23A<br>6 → HSU_SG23A                                       |
| HSU_Q22 = 1      | HSU_Q23  |  |
|                  | Which ones did [you/[first name]] discuss with [your/his/her] GP?  |  |
|                  | More than one response allowed. Press space bar between responses.   |  |
|                  | Reducing or quitting smoking   | 1 → HSU_SG23A  |
|                  | <ul><li>2. Drinking alcohol in moderation</li><li>3. Reaching a healthy weight</li></ul>                         | 2 → HSU_SG23A<br>3 → HSU_SG23A                                       |
|                  | 4. Increasing physical activity  | 4 → HSU_SG23A  |
|                  | <ul><li>5. Eating healthy food or improving diet</li><li>6. Family planning</li></ul>                            | 5 → HSU_SG23A<br>6 → HSU_SG23A                                       |

|                             | 7. Safe sexual practices   | 7 → HSU_SG23A  |
|-----------------------------|--|--|
| HSH O22 5 C                 | •  |  |
| $HSU_Q22 = 5 \text{ or } 6$ | HSU_SG23A  |  |
| HSU_Q23 = ALL               | 1. If respondent is 15-17 years of age, living with parent/guardian, and answering for self.   | 1 → HSU_Q23B   |
|                             | 2. Otherwise   | 2 → HSU_SG24   |
| $HSU\_SG23A = 1$            | HSU_Q23B   |  |
|                             | Mark whether a parent/guardian was present during the interview.   |  |
|                             | <ol> <li>Parent/guardian present during whole interview</li> <li>Parent/guardian present for part of interview</li> <li>Parent/guardian not present</li> </ol>         | $1 \rightarrow \text{HSU\_SG24}$ $2 \rightarrow \text{HSU\_SG24}$ $3 \rightarrow \text{HSU\_SG24}$ |
| HSU_SG21 = 3                | HSU_SG24   |  |
| HSU_SU21 = 3                | NSU_SG24   |  |
| HSU_SG23A =2                | 1. IF HSU_Q02 = 3 2. Otherwise   | $1 \rightarrow \text{HSU\_Q25}$ $2 \rightarrow \text{HSU\_Q27}$                                    |
| HSU_Q23B = ALL              |  |  |
| HSU_SG24 = 1                | HSU_Q25  |  |
|                             | How many consultations [have you/has [first name]] had with a dentist or dental professional for [your/his/her] teeth, dentures or gums in the <u>last 12 months</u> ? |  |
|                             | <150>  | → HSU_Q26  |
| HSU_Q25 = ALL               | HSU_Q26  |  |
|                             | Show Prompt Card A5  |  |
|                             | When was the last time [you/[first name]] consulted a dentist or dental professional [for [child's name]]?   |  |
|                             | <ol> <li>Less than 3 months ago</li> <li>3 to less than 6 months ago</li> </ol>  | 1 → HSU_SG28<br>2 → HSU_SG28   |
|                             | 3. 6 to less than 9 months ago   | $3 \rightarrow HSU\_SG28$  |
|                             | 4. 9 to 12 months ago 5. Don't know  | 4 → HSU_SG28<br>5 → HSU_SG28   |
| Hall access                 |  |  |
| HSU_SG24 = 2                | HSU_Q27  |  |
|                             | Show Prompt Card A6  |  |
|                             | When was the last time [you/[first name]] consulted a dentist or dental professional [for [child's name]]?   |  |
|                             |  | L  |

|                 | T  |                                    |
|-----------------|--|------------------------------------|
|                 | 1. 1 year to 2 years ago                                   | 1 → HSU_SG28                       |
|                 | 2. More than 2 years ago                                   | 2 → HSU_SG28                       |
|                 | 3. Never   | 3 → HSU_SG28                       |
|                 | 4. Don't know  | 4 → HSU SG28                       |
|                 | II Don't Mio'  | 1 7 1150_5020                      |
| HSU_Q26 = ALL   | HSU_SG28   |                                    |
| 1150_Q20 = ALL  | 1150_5G26  |                                    |
| HGH O27 ALL     | 1 IV seems of be storded as                                | 1 > 11011 020                      |
| $HSU_Q27 = ALL$ | 1. IF currently studying                                   | 1 → HSU_Q29                        |
|                 | 2. Otherwise   | 2 → HSU_SG33                       |
|                 |  |                                    |
| $HSU\_SG28 = 1$ | HSU_Q29  |                                    |
|                 |  |                                    |
|                 | I now want you to think about any time [you                |                                    |
|                 | have/[first name] has] had off [study/school] in the       |                                    |
|                 | last 2 weeks.  |                                    |
|                 | last 2 weeks.  |                                    |
|                 | To the lest 2 meets [1                                     |                                    |
|                 | In the <u>last 2 weeks</u> , [have you/has [first name]]   |                                    |
|                 | stayed away from [your/his/her] [study/school] for         |                                    |
|                 | more than half a day because of any illness or injury      |                                    |
|                 | [you/he/she] had?  |                                    |
|                 |  |                                    |
|                 | 1. Yes   | 1 → HSU_Q30                        |
|                 | 5. No  | 5 → HSU_Q31                        |
|                 | 5. 10  | 3 7 HSO_Q31                        |
| Hell O20 1      | HCH O20  |                                    |
| $HSU_Q29 = 1$   | HSU_Q30  |                                    |
|                 |  |                                    |
|                 | How many days in the <u>last 2 weeks</u> [have you/has     |                                    |
|                 | [first name]] stayed away from [study/school]?             |                                    |
|                 |  |                                    |
|                 | <110>  | → HSU_Q31                          |
|                 |  |                                    |
| HSU_Q29 = 5     | HSU_Q31  |                                    |
| 1150_Q27 = 3    | 1130_Q31   |                                    |
| HGH O20 ALL     | L. (b. 1(2b. 1.1.1/[6]                                     |                                    |
| $HSU_Q30 = ALL$ | In the <u>last 2 weeks</u> did [you/[first name]] have any |                                    |
|                 | days off [study/school] to look after or care for          |                                    |
|                 | someone else because they were sick or injured?            |                                    |
|                 |  |                                    |
|                 | 1. Yes   | 1 → HSU_Q32                        |
|                 | 5. No  | 5 → HSU_SG33                       |
|                 |  | _                                  |
| HSU_Q31 = 1     | HSU_Q32  |                                    |
| 7700_401 - 1    | 1100_404   |                                    |
|                 | How many days in the last 2 weeks did [vow/[first          |                                    |
|                 | How many days in the <u>last 2 weeks</u> did [you/[first   |                                    |
|                 | name]] stay away from [study/school] to look after         |                                    |
|                 | someone else?  |                                    |
|                 |  |                                    |
|                 | < 1 10 >   | → HSU_SG33                         |
|                 |  |                                    |
| HSU_SG28 = 2    | HSU_SG33   |                                    |
|                 |  |                                    |
| $HSU_Q31 = 5$   | 1. IF currently employed                                   | 1 → HSU_Q34                        |
|                 | 2. Otherwise   | $2 \rightarrow \text{Next Module}$ |
|                 | 2. Otherwise   | 2 / HOAL MOUNTE                    |

| HCH O22 ALL     |  |                                    |
|-----------------|--|------------------------------------|
| HSU_Q32 = ALL   |  |                                    |
| $HSU\_SG33 = 1$ | HSU_Q34  |                                    |
|                 | I now want you to think about any time [you have/[first name] has] had off work in the <u>last 2</u> weeks.  |                                    |
|                 | In the <u>last 2 weeks</u> [have you/has [first name]] stayed away from work for more than half a day because of any illness or injury [you/he/she] had? |                                    |
|                 | 1. Yes   | 1 → HSU_Q35                        |
|                 | 5. No  | $5 \rightarrow \text{HSU}_Q36$     |
|                 | 3. NO  | 3 7 H3U_Q30                        |
| HGH O24 1       | HGH O25  |                                    |
| $HSU_Q34 = 1$   | HSU_Q35  |                                    |
|                 | How many days in the <u>last 2 weeks</u> [have you/has [first name]] stayed away from work?  |                                    |
|                 | < 1 14 >   | → HSU_Q36                          |
| HSU_Q34= 5      | HSU_Q36  |                                    |
| $HSU_Q35 = ALL$ | In the <u>last 2 weeks</u> did [you/[first name]] have any   |                                    |
|                 | days off work to look after or care for someone else   |                                    |
|                 | because they were sick or injured?   |                                    |
|                 | because they were sick of injured:   |                                    |
|                 | 1. Yes   | 1 → HSU_Q37                        |
|                 | 5. No  | $5 \rightarrow \text{Next Module}$ |
|                 | 5. 140   | 3 7 Next Wodule                    |
| HSU_Q36 = 1     | HSU_Q37  |                                    |
| 1100_00 - 1     | 1150_Q37   |                                    |
|                 | How many days in the <u>last 2 weeks</u> [have you/has   |                                    |
|                 | [first name]] stayed away from work to look after  |                                    |
|                 | someone else?  |                                    |
|                 | Someone else.  |                                    |
|                 | <114>  | → Next Module                      |
|                 | 1117   | 7 HOAT WOODING                     |
|                 |  |                                    |

**Module 7:** 

Mental WellBeing K10, Days Out of Role, and Bodily Pain **Includes:** 

| From Population   | Question  | To population  |
|---|---|--|
| All selected persons aged 18 years and over and is either answering for Self or is relaying answers to the Proxy. | MWB_Q01  The following questions are about your feelings in the past 4 weeks.  1. Press [1] to continue   | 1 → MWB_Q02  |
| MWB_Q01 = ALL   | MWB_Q02  Show Prompt Card B1  In the past 4 weeks, about how often did you feel tired   |  |
|   | out for no good reason?  Ctrl R may be used here if necessary.  1. All of the time  | 1 → MWB_Q03  |
|   | 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time CtrlR   | 2 → MWB_Q03<br>3 → MWB_Q03<br>4 → MWB_Q03<br>5 → MWB_Q03<br>CtrlR → MWB_Q03                |
| MWB_Q02 = ALL   | MWB_Q03 Show Prompt Card B1   |  |
|   | (In the <u>past 4 weeks</u> ,) about how often did you feel nervous?  Ctrl R may be used here if necessary.   |  |
|   | <ol> <li>All of the time</li> <li>Most of the time</li> <li>Some of the time</li> <li>A little of the time</li> <li>None of the time</li> <li>TrlR</li> </ol> | 1 → MWB_Q04<br>2 → MWB_Q04<br>3 → MWB_Q04<br>4 → MWB_Q04<br>5 → MWB_Q05<br>CtrlR → MWB_Q05 |
| MWB_Q03 = 1 to 4  | MWB_Q04   |  |
|   | Show Prompt Card B1  (In the past 4 weeks,) about how often did you feel so nervous that nothing could calm you down?  Ctrl R may be used here if necessary.  |  |

|                      | 1. All of the time   | 1 → MWB_Q05                 |
|----------------------|--|-----------------------------|
|                      | 2. Most of the time  | $2 \rightarrow MWB_Q05$     |
|                      | 3. Some of the time  | $3 \rightarrow MWB_Q05$     |
|                      | 4. A little of the time  | $4 \rightarrow MWB_Q05$     |
|                      |  | _                           |
|                      | 5. None of the time  | $5 \rightarrow MWB_Q05$     |
|                      | CtrlR  | CtrlR → MWB_Q05             |
| MWB_Q03 = 5 or CtrlR | MWB_Q05  |                             |
| MWB_Q04 = ALL        | Show Prompt Card B1  |                             |
|                      |  |                             |
|                      | (In the past 4 weeks,) about how often did you feel  |                             |
|                      | hopeless?  |                             |
|                      | Ctrl R may be used here if necessary.  |                             |
|                      |  | 1 NAWD 006                  |
|                      | 1. All of the time   | $1 \rightarrow MWB_Q06$     |
|                      | 2. Most of the time  | $2 \rightarrow MWB_Q06$     |
|                      | 3. Some of the time  | $3 \rightarrow MWB_Q06$     |
|                      | 4. A little of the time  | 4 → MWB_Q06                 |
|                      | 5. None of the time  | 5 → MWB_Q06                 |
|                      | CtrlR  | $CtrlR \rightarrow MWB_Q06$ |
|                      |  |                             |
| $MWB\_Q05 = ALL$     | MWB_Q06  |                             |
|                      | Show Prompt Card B1  |                             |
|                      | (In the <u>past 4 weeks</u> ,) about how often did you feel restless or fidgety?                 |                             |
|                      | Ctrl R may be used here if necessary.  |                             |
|                      | 1. All of the time   | 1 → MWB_Q07                 |
|                      | 2. Most of the time  | $2 \rightarrow MWB_Q07$     |
|                      | 3. Some of the time  | $3 \rightarrow MWB_Q07$     |
|                      | 4. A little of the time  | $4 \rightarrow MWB_Q07$     |
|                      | 5. None of the time  | $5 \rightarrow MWB_Q08$     |
|                      | CtrlR  | $CtrlR \rightarrow MWB Q08$ |
|                      | Curk   | Cuik 7 MWB_Q06              |
| MWB_Q06 = 1 to 4     | MWB_Q07  |                             |
|                      | Show Prompt Card B1  |                             |
|                      | (In the <u>past 4 weeks</u> ,) about how often did you feel so restless you could not sit still? |                             |
|                      | Ctrl R may be used here if necessary.  |                             |
|                      | 1. All of the time   | 1 → MWB_Q08                 |
|                      | 2. Most of the time  | $2 \rightarrow MWB_Q08$     |
|                      | 3. Some of the time  | $3 \rightarrow MWB_Q08$     |
|                      | 3. Some of the time  | 2 \ MMD_600                 |

|                                | 4. A little of the time   | $4 \rightarrow MWB_Q08$      |
|--------------------------------|---|------------------------------|
|                                | 5. None of the time   | 5 <b>→</b> MWB_Q08           |
|                                | CtrlR   | $CtrlR \rightarrow MWB\_Q08$ |
|                                |   |                              |
| $MWB_Q06 = 5 \text{ or CtrlR}$ | MWB_Q08   |                              |
| MWB_Q07 = ALL                  | Show Prompt Card B1   |                              |
|                                | (In the <u>past 4 weeks</u> ,) about how often did you feel depressed?                              |                              |
|                                | Ctrl R may be used here if necessary.   |                              |
|                                | 1. All of the time  | 1 → MWB_Q09                  |
|                                | 2. Most of the time   | $2 \rightarrow MWB_Q09$      |
|                                | 3. Some of the time   | $3 \rightarrow MWB_Q09$      |
|                                | 4. A little of the time   | $4 \rightarrow MWB_Q09$      |
|                                | 5. None of the time   | $5 \rightarrow MWB_Q09$      |
|                                | CtrlR   | $CtrlR \rightarrow MWB Q09$  |
|                                | Curk  | Culk 7 MWB_Q09               |
| MWB_Q08 = ALL                  | MWB_Q09   |                              |
|                                | Show Prompt Card B1   |                              |
|                                | (In the past 4 weeks,) about how often did you feel   |                              |
|                                | that everything was an effort?  |                              |
|                                | Ctrl R may be used here if necessary.   |                              |
|                                | 1. All of the time  | 1 → MWB_Q10                  |
|                                | 2. Most of the time   | $2 \rightarrow MWB_Q10$      |
|                                | 3. Some of the time   | $3 \rightarrow MWB_Q10$      |
|                                | 4. A little of the time   | $4 \rightarrow MWB_Q10$      |
|                                | 5. None of the time   | $5 \rightarrow MWB_Q10$      |
|                                | CtrlR   | $CtrlR \rightarrow MWB_Q10$  |
|                                | Cuin  | Cuik 7 WWB_Q10               |
| MWB_Q09 = ALL                  | MWB_Q10   |                              |
|                                | Show Prompt Card B1   |                              |
|                                | (In the <u>past 4 weeks</u> ,) about how often did you feel so sad that nothing could cheer you up? |                              |
|                                | Ctrl R may be used here if necessary.   |                              |
|                                | 1. All of the time  | 1 → MWB_Q11                  |
|                                | 2. Most of the time   | $2 \rightarrow MWB_Q11$      |
|                                | 3. Some of the time   | $3 \rightarrow MWB_Q11$      |
|                                | 4. A little of the time   | $4 \rightarrow MWB_Q11$      |
|                                | 5. None of the time   | $5 \rightarrow MWB_Q11$      |
|                                | CtrlR   | $CtrlR \rightarrow MWB_Q11$  |
|                                |   | Canc Mind D Q11              |
|                                | 1   | 1                            |

| $MWB_Q10 = ALL$ | MWB_Q11   |  |
|-----------------|---|--|
|                 | Show Prompt Card B1   |  |
|                 | (In the <u>past 4 weeks</u> ,) about how often did you feel worthless?  |  |
|                 | Ctrl R may be used here if necessary.   |  |
|                 | <ol> <li>All of the time</li> <li>Most of the time</li> <li>Some of the time</li> <li>A little of the time</li> <li>None of the time</li> </ol>   | 1 → MWB_SG11A<br>2 → MWB_SG11A<br>3 → MWB_SG11A<br>4 → MWB_SG11A<br>5 → MWB_SG11A<br>CtrlR → MWB_SG11A |
| MWB_Q11 = ALL   | MWB_SG11A   |  |
|                 | 1. IF at least one code 1, 2, 3, or 4 at MWB_Q02 to MWB_Q11   | 1 →MWB_Q11B  |
|                 | 2. Otherwise  | 2 →PAIN_Q01  |
| MWB_SG11A = 1   | MWB_Q11B  |  |
|                 | In the last 4 weeks, were there any days when you had difficulty managing work, study or your day to day activities because of these feelings?  |  |
|                 | 1. Yes<br>5. No   | $1 \rightarrow MWB\_Q12$ $5 \rightarrow MWB\_Q14$  |
| MWB_Q11B = 1    | MWB_Q12   |  |
|                 | In the <u>last 4 weeks</u> , how many days were you <u>totally</u> <u>unable</u> to work, study or manage your day to day activities because of these feelings?   |  |
|                 | < 0 28 >  | → MWB_Q13  |
| MWB_Q12 = ALL   | MWB_Q13   |  |
|                 | (Apart from those days,) in the <u>last 4 weeks</u> , <u>how many days</u> were you able to work, study or manage your day to day activities, but had to <u>cut down</u> on what you did because of these feelings? |  |
|                 | < 0 28 >  | → MWB_Q14  |
| MWB_Q11B = 5    | MWB_Q14   |  |
| MWB_Q13 = ALL   | In the <u>last 4 weeks</u> , how many times have you seen a doctor or any other health professional about these   |  |

|                               | feelings?   |  |
|-------------------------------|---|--|
|                               | < 0 28 >  | → MWB_Q15  |
| MWB_Q14 = ALL                 | MWB_Q15   |  |
|                               | Show Prompt Card B1   |  |
|                               | In the <u>last 4 weeks</u> , how often have physical health problems been the main cause of these feelings?   |  |
|                               | Ctrl R may be used here if necessary.   |  |
|                               | <ol> <li>All of the time</li> <li>Most of the time</li> <li>Some of the time</li> <li>A little of the time</li> <li>None of the time</li> <li>CtrlR</li> </ol>                                  | 1 → PAIN_Q01<br>2 → PAIN_Q01<br>3 → PAIN_Q01<br>4 → PAIN_Q01<br>5 → PAIN_Q01<br>CtrlR → PAIN_Q01 |
| MWB_SG11A = 2                 | PAIN_Q01  |  |
| MWB_Q15 = ALL                 | The next questions are about bodily or physical pain you have had in the <u>last 4 weeks</u> .  |  |
|                               | Show Prompt Card B2   |  |
|                               | Only one response is allowed.   |  |
|                               | How much bodily pain have you had during the <u>last 4</u> weeks?   |  |
|                               | 1. None   | 1 → Next Module  |
|                               | <ul><li>2. Very mild</li><li>3. Mild</li></ul>  | $2 \rightarrow PAIN_Q02$<br>$3 \rightarrow PAIN_Q02$   |
|                               | 4. Moderate   | 4 → PAIN_Q02   |
|                               | <ul><li>5. Severe</li><li>6. Very severe</li></ul>  | $ \begin{array}{c} 5 \rightarrow PAIN\_Q02 \\ 6 \rightarrow PAIN\_Q02 \end{array} $              |
|                               |   | 0 7 17m1_Q02   |
| $PAIN\_Q01 = 2 \text{ to } 6$ | PAIN_Q02  |  |
|                               | During the <u>last 4 weeks</u> , did pain interfere not at all, a little bit, moderately, quite a bit or extremely, with your normal work (including both work outside the home and housework)? |  |
|                               | <ol> <li>Not at all</li> <li>A little bit</li> <li>Moderately</li> <li>Quite a bit</li> <li>Extremely</li> </ol>  | 1 → Next Module 2 → Next Module 3 → Next Module 4 → Next Module 5 → Next Module                  |
| L                             |   | 1  |

**Module 8:** Disability

Includes: Disability type, Restrictions, and Difficulties with education and work

| From Population            | Question  | To Question   |
|----------------------------|---|---|
| All selected persons       | I would now like to ask about any conditions [you/[first name]] may have that have lasted, or are likely to last, for six months or more.  Show Prompt Card C1  [Do you/Does [first name]] have any of these conditions?  1. Yes 5. No  | 1 → DIS_Q02<br>5 → DIS_Q04  |
| DIS_Q01 = 1                | DIS_Q02  Which ones?  More than one response is allowed. Press space bar between responses.  1. Shortness of breath 2. Chronic or recurring pain 3. A nervous or emotional condition 4. Long term effects as a result of a head injury, stroke or other brain damage 5. Any other long term condition that requires treatment or medication 6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc. | 1 → DIS_Q03 2 → DIS_Q03 3 → DIS_Q03 4 → DIS_Q03 5 → DIS_Q03 6 → DIS_Q03 |
| DIS_Q02 = ALL              | DIS_Q03  [Are you/Is he/Is she] restricted in everyday activities because of [this/these] condition [s]?  1. Yes 5. No  | 1 → DIS_SG03A<br>5 → DIS_Q04  |
| DIS_Q03 = 1  DIS_SG03A = 1 | DIS_SG03A  1. IF DIS_Q02 > 1 response 2. Otherwise  DIS_Q03B  | 1 → DIS_Q03B<br>2 → DIS_Q04   |
| DID_DUUJA – 1              | 010_Q100  |   |

|                | Which ones?  |   |
|----------------|--|---|
|                | More than one response is allowed. Press space bar between responses.  |   |
|                | <ol> <li>Shortness of breath</li> <li>Chronic or recurring pain</li> <li>A nervous or emotional condition</li> <li>Long term effects as a result of a head injury, stroke or other brain damage</li> <li>Any other long term condition that requires treatment or medication</li> <li>Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.]</li> </ol> | $1 \Rightarrow DIS\_Q04$ $2 \Rightarrow DIS\_Q04$ $3 \Rightarrow DIS\_Q04$ $4 \Rightarrow DIS\_Q04$ $5 \Rightarrow DIS\_Q04$ $6 \Rightarrow DIS\_Q04$ |
| DIS_Q01 = 5    | DIS_Q04  |   |
| DIS_Q03 = 5    | I would now like to ask about any other conditions   |   |
| DIS_SG03A = 2  | [you/[first name]] may have that have lasted, or are likely to last, for <u>six months or more</u> .   |   |
| DIS_Q03B = ALL | Show Prompt Card C2  |   |
|                | [Do you/Does he/Does she] have any of these conditions?  |   |
|                | 1. Yes<br>5. No  | 1 → DIS_Q05<br>5 → DIS_SG06   |
| DIS_Q04 = 1    | DIS_Q05  |   |
|                | Which ones?  |   |
|                | More than one response is allowed. Press space bar between responses.  |   |
| CV             | 10. Sight problems not corrected by glasses or contact lenses  | 10 → DIS_SG06   |
|                | <ul><li>11. Hearing problems</li><li>12. Speech problems</li></ul>   | 11 → DIS_SG06<br>12 → DIS_SG06  |
|                | 13. Blackouts, fits or loss of consciousness   | 12 → DIS_SG06   |
|                | 14. Difficulty learning or understanding things  | 14 → DIS_SG06   |
|                | 15. Limited use of arms or fingers   | 15 → DIS_SG06   |
|                | <ul><li>16. Difficulty gripping things</li><li>17. Limited use of legs or feet</li></ul>   | 16 → DIS_SG06<br>17 → DIS_SG06  |
|                | 18. Any condition that restricts physical activity or  | 18 → DIS_SG06   |
|                | physical work (e.g. back problems, migraines)  |   |
|                | <ul><li>19. Any disfigurement or deformity</li><li>20. Any mental illness for which help or</li></ul>  | 19 → DIS_SG06<br>20 → DIS_SG06  |
|                | supervision is required  | 20 7 DIS_5000   |

| DIS_Q04 = 5   | DIS_SG06   |                              |
|---------------|--|------------------------------|
| DIS_Q05 = ALL | 1. IF (number of responses at DIS_Q03B > 1) <b>OR</b> (number of responses at DIS_Q05 > 1) <b>OR</b> (number of responses at DIS_Q03B + number of responses at DIS_Q03B + number | 1 → DIS_Q07                  |
|               | of responses at DIS_Q05 > 1)  2. ELSEIF no {disabling} conditions reported ((DIS_Q01 = 5 OR DIS_Q03 = 5)) AND (DIS_Q04 = 5)  | 2 → Next module              |
|               | 3. Otherwise   | 3 → DIS_Q08                  |
| DIS_SG06 = 1  | DIS_Q07  |                              |
|               | You told me that [you have/[first name] has] [condition names].  |                              |
|               | Which one of these conditions cause [you/him/her] the most problems?   |                              |
|               |  |                              |
|               | 1. Shortness of breath   | 1 → DIS_Q08                  |
|               | 2. Chronic or recurring pain   | 2 → DIS_Q08                  |
|               | 3. A nervous or emotional condition  | $3 \rightarrow DIS_{Q08}$    |
|               | 4. Long term effects as a result of a head injury, stroke or other brain damage  | 4 → DIS_Q08                  |
|               | 5. Any other long term condition that requires treatment or medication   | 5 → DIS_Q08                  |
|               | 6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.  | 6 → DIS_Q08                  |
|               | 10. Sight problems   | 10 → DIS_Q08                 |
|               | 11. Hearing problems   | 10 → DIS_Q08<br>11 → DIS_Q08 |
|               | 12. Speech problems  | 12 → DIS_Q08                 |
|               | 13. Blackouts, fits or loss of consciousness   | 13 → DIS_Q08                 |
|               | 14. Difficulty learning or understanding things  | 14 → DIS_Q08                 |
|               | 15. Limited use of arms or fingers   | 15 → DIS_Q08                 |
|               | 16. Difficulty gripping things   | 16 → DIS_Q08                 |
|               | 17. Limited use of legs or feet  | 17 → DIS_Q08                 |
|               | 18. A condition that restricts physical activity or physical work (e.g. back problems, migraines)  | 18 → DIS_Q08                 |
|               | 19. A disfigurement or deformity   | 19 → DIS_Q08                 |
|               | 20. A mental illness for which help or supervision is required ]   | 20 → DIS_Q08                 |
| DIS_Q07 = ALL | DIS_Q08  |                              |
| DIS_SG06 = 3  | Show Prompt Card C3  |                              |
|               | Because of the condition [s] you have told me about, [do you/does [first name]] ever need [more] help or   |                              |

|               | supervision [than other children [his/her] own age]   |                            |
|---------------|---|----------------------------|
|               | with any of these tasks?  |                            |
|               | 1. Yes<br>5. No   | 1 → DIS_Q09<br>5 → DIS_Q10 |
| DIG 000 1     |   | 5 7 DIS_Q10                |
| DIS_Q08 = 1   | DIS_Q09   |                            |
|               | [Do you/Does [first name]] <u>always</u> need help with any of these tasks?                         |                            |
|               | 1. Yes  | 1 → DIS_SG13               |
|               | 5. No   | 5 → DIS_SG13               |
| DIS_Q08 = 5   | DIS_Q10   |                            |
|               | Show Prompt Card C3   |                            |
|               | Because of the condition [s] you have told me about,  |                            |
|               | [do you/does [first name]] ever have [more] difficulty [than other children [his/her] own age] with |                            |
|               | any of these tasks?   |                            |
|               | 1. Yes  | 1 → DIS_SG13               |
|               | 5. No   | 5 → DIS_Q11                |
| DIS_Q10 = 5   | DIS_Q11   |                            |
|               | Even though [you/[first name]] can do these self  |                            |
|               | care, mobility and communication tasks without difficulty [do you/does he/does she] use any aids to |                            |
|               | assist with these tasks?  |                            |
|               | 1. Yes  | 1 → DIS_SG11a              |
|               | 5. No   | 5 → DIS_SG11a              |
| DIS_Q11 = ALL | DIS_SG11a   |                            |
|               | 1. IF AGE > 4   | 1 → DIS_Q12                |
|               | 2. Otherwise  | 2 → Next Module            |
| DIS_SG11a = 1 | DIS_Q12   |                            |
|               | Can [you/he/she]:   |                            |
|               | Read out categories, pause after each one for a 'yes' or 'no' response.                             |                            |
|               | More than one response is allowed. Press space bar between responses.                               |                            |
|               | 1. Easily walk 200 metres   | 1 → DIS_SG13               |

|               | <ol> <li>Walk up and down stairs without a handrail</li> <li>Easily bend to pick up an object from the floor</li> <li>Use public transport without difficulty, help or supervision</li> <li>None of the above</li> </ol> | $2 \rightarrow DIS\_SG13$<br>$3 \rightarrow DIS\_SG13$<br>$4 \rightarrow DIS\_SG13$<br>$5 \rightarrow DIS\_SG13$ |
|---------------|--|--|
| DIS_Q09 = ALL | DIS_SG13   |  |
| DIS_Q10 = 1   | 1. IF AGE = 5 to 20  | 1 → DIS_Q14  |
| DIS_Q12 = ALL | 2. Otherwise   | $2 \rightarrow DIS\_SG15$  |
| DIS_SG13 = 1  | DIS_Q14  |  |
|               | Because of the condition [s] you have told me about, [do you/does [first name]] have any difficulties with education such as these?  |  |
|               | Show Prompt Card C4  |  |
|               | If 'yes', ask which ones   |  |
|               | More than one response is allowed. Press space bar between responses.  |  |
|               | Not attending school/ further study due to condition   | 1 → DIS_SG15   |
|               | 2. Need time off school/study  | 2 → DIS_SG15   |
|               | 3. Attend special classes/school   | $3 \rightarrow DIS\_SG15$  |
|               | 4. Other related difficulties  | 4 → DIS_SG15   |
|               | 5. No/None of the above  | 5 → DIS_SG15   |
| DIS_SG13 = 2  | DIS_SG15   |  |
| DIS_Q14 = ALL | 1. IF $AGE = 0$ to 14 years  | 1 → Next Module  |
|               | 2. ELSEIF AGE 15 to 64 years   | 2 → DIS_Q16  |
|               | 3. Otherwise   | $3 \rightarrow \text{Next module}$   |
| DIS_SG15 = 2  | DIS_Q16  |  |
|               | Show Prompt Card C5  |  |
| )             | Because of the condition [s] you have told me about, [do you/does [first name]] have any difficulties with employment such as these?   |  |
|               | If 'yes', ask which ones<br>More than one response is allowed. Press space bar<br>between responses.   |  |
|               | <ol> <li>Type of job could do</li> <li>Number of hours that can be worked</li> </ol>   | $1 \rightarrow \text{Next Module} \\ 2 \rightarrow \text{Next Module}$   |

| 3. Finding suitable work      | $3 \rightarrow \text{Next Module}$ |
|-------------------------------|------------------------------------|
| 4. Needing time off work      | 4 → Next Module                    |
| 5. Permanently unable to work | $5 \rightarrow \text{Next Module}$ |
| 6. No/None of the above       | 6 → Next Module                    |
|                               |                                    |



### National Health Survey 2014-15 Questionnaire

**Module 9:** Carers

**Includes:** Unpaid Care Identifier

| From Population                             | Question   | To Question                                     |
|---|--|---|
| All selected persons aged 15 years and over | CARER_Q01  I am now going to ask you about the help [you/[first name]] may provide to others. Do not include any help [you /[first name]] give[s] through an organisation, or any paid help.  In the last 4 weeks, [have you/has [first name]] spent time providing unpaid care, help or assistance to someone with a long-term health condition or disability, or problem related to old age?  1. Yes 5. No 6. Don't know | 1 → Next Module 5 → Next Module 6 → Next Module |

Module 10: Self-Perceived Body Mass Includes: Self-Perceived Body Mass

| From Population                             | Question   | To Question                     |
|---|--|---------------------------------|
| All selected persons aged 15 years and over | BDYMSS_SG01A   |                                 |
| aged to years and ever                      | 1. IF AGE = 18+ and answering for self or relaying answers to Proxy (ProxyCheck = 5 or ProxyPrsnt = 1) | 1 → BDYMSS_Q01                  |
|   | 2. ELSEIF AGE = 15-17yrs and answering for self (ProxyCheck = 5)                                       | 2 → BDYMSS_Q01                  |
|   | 3. Otherwise   | 3 → Next Module                 |
| BDYMSS_SG01A =1                             | BDYMSS_Q01   |                                 |
| or 2  | I would now like to ask you some questions about your weight.  |                                 |
|   | Do you consider yourself to be an acceptable weight, underweight or overweight?                        |                                 |
|   | Acceptable weight  | 1 → Next Module                 |
|   | 2. Underweight   | 2 → Next Module                 |
|   | 3. Overweight  | 3 → Next Module 4 → Next Module |
|   | 4. [Currently pregnant]  | 4 7 Next Wodule                 |

**Module 11:** Exercise

Includes: Walking, Moderate and Vigorous Exercise, and Strength building activities

| From Population                             | Question  | To Population  |
|---|---|--|
| All selected persons aged 15 years and over | EXER_Q01  The next few questions are about walking for fitness, recreation and sport. Please do not include any other walking that [you/[first name]] may have done for other reasons. This will be recorded later.  In the <a href="last week">last week</a> [have you/has [first name]] walked for at least 10 minutes continuously, for fitness, recreation or sport?                                |  |
|   | <ul><li>1. Yes</li><li>5. No</li><li>6. Permanently unable to walk</li></ul>  | $1 \rightarrow \text{EXER\_Q02}$ $5 \rightarrow \text{EXER\_Q03E}$ $6 \rightarrow \text{EXER\_INTRO4}$ |
| EXER_Q01 = 1                                | How many times in the <u>last week</u> did [you/[first name]] walk for fitness, recreation or sport for at least 10 minutes continuously?  Enter amount  Ctrl K may be used here if necessary.  |  |
|   | < 1 99 ><br>Ctrl K  | 199 → EXER_Q03<br>CtrlK → EXER_Q03   |
| EXER_Q02 = ALL                              | EXER_Q03  What was the total amount of time [you/[first name]] spent walking for fitness, recreation or sport in the last week?  Select 'hours' if respondent provided time in hours only.  Select 'minutes' if time provided in minutes only.  Select 'both hours and minutes' if time provided in both.  Ctrl K may be used here if necessary.  1. Hours 2. Minutes 3. Both hours and minutes  Ctrl K | 1 → EXER_Q03a<br>2 → EXER_Q03c<br>3 → EXER_Q03a<br>CtrlK → EXER_INTRO4                                 |

| EXER_Q03 = 1 or 3                    | EXER_Q03A  |  |
|--------------------------------------|--|--|
|                                      | Enter the hours.   |  |
|                                      | < 1 40 >   | → EXER_SG03B   |
| EXER_Q03A = ALL                      | EXER_SG03B   |  |
|                                      | 1. IF EXER_Q03 = 1<br>2. ELSEIF EXER_Q03 = 3   | 1 → EXER_Q03E<br>2 → EXER_Q03C   |
| EXER_Q03 = 2                         | EXER_Q03C  |  |
| $EXER\_SG03B = 2$                    | Enter the minutes.   |  |
|                                      | < 1 999 >  | → EXER_Q03E  |
| EXER_Q01 = 5                         | EXER_Q03E  |  |
| $EXER\_SG03B = 1$ $EXER\_Q03C = ALL$ | [Excluding walking for fitness, recreation and sport already reported, in / In] the <u>last week</u> , did [you/[first name]] walk for at least 10 minutes continuously to get to and from places? |  |
|                                      | 1. Yes<br>5. No  | 1 → EXER_Q03F<br>5 → EXER_INTRO4                                       |
| $EXER\_Q03E = 1$                     | EXER_Q03F  |  |
|                                      | How many times did [you/[first name]] walk for at least 10 minutes continuously to get to and from places in the <u>last week</u> ?  |  |
|                                      | < 1 99 >   | → EXER_Q03G  |
| EXER_Q03F = ALL                      | EXER_Q03G  |  |
|                                      | How much time in total did [you/[first name]] spend walking to get to and from places in the last week?  |  |
|                                      | Select 'hours' if respondent provided time in hours only. Select 'minutes' if time provided in minutes only.   |  |
|                                      | Select 'both hours and minutes' if time provided in both.  |  |
|                                      | Ctrl K may be used here if necessary.  |  |
|                                      | <ol> <li>Hours</li> <li>Minutes</li> <li>Both hours and minutes</li> <li>Ctrl K</li> </ol>   | 1 → EXER_Q03H<br>2 → EXER_Q03J<br>3 → EXER_Q03H<br>CtrlK → EXER_INTRO4 |

| $EXER\_Q03G = 1 \text{ or } 3$ | EXER_Q03H   |                                  |
|--------------------------------|---|----------------------------------|
|                                | Enter the hours.  |                                  |
|                                | < 1 40 >  | → EXER_SG03I                     |
| EXER_Q03H = ALL                | EXER_SG03I  |                                  |
|                                | 1. IF EXER_Q03G = 1<br>2. ELSEIF EXER_Q03G = 3  | 1 → EXER_INTRO4<br>2 → EXER_Q03J |
| $EXER\_Q03G = 2$               | EXER_Q03J   |                                  |
| EXER_SG03I = 2                 | Enter the minutes.  |                                  |
|                                | < 1 999 >   | → EXER_INTRO4                    |
| EXER_Q01 = 6                   | EXER_INTRO4   |                                  |
| EXER_Q03 = Ctrl K              | The next few questions are about moderate and   |                                  |
| $EXER_Q03E = 5$                | vigorous exercise. Please exclude [any walking that [you/[first name]] may have done and] household   |                                  |
| EXER_Q03G = Ctrl K             | chores, gardening or yardwork.  | NEWED OOA                        |
| EXER_SG03I = 1                 | 1. Press [1] to continue  | → EXER_Q04                       |
| EXER_Q03J = ALL                |   |                                  |
| EXER_INTRO4 = ALL              | EXER_Q04  |                                  |
| TALE .                         | In the <u>last week</u> , did [you/[first name]] do any exercise which caused a <u>moderate</u> increase in [your/his/her] heart rate or breathing, that is, moderate exercise? (e.g. gentle swimming, social tennis, golf) |                                  |
|                                | 1. Yes<br>5. No   | 1 → EXER_Q05<br>5 → EXER_Q07     |
| EXER_Q04 = 1                   | EXER_Q05  |                                  |
|                                | How many times did [you/[first name]] do any moderate exercise in the <u>last week</u> ?  |                                  |
|                                | Enter amount  |                                  |
|                                | Ctrl K may be used here if necessary  |                                  |
|                                | < 1 99 ><br>Ctrl K  | → EXER_Q06                       |

| EXER_Q05 = ALL    | EXER_Q06   |  |
|-------------------|--|--|
|                   | What was the <u>total amount</u> of time [you/[first name]] spent doing moderate exercise in the <u>last week</u> ?  |  |
|                   | Select 'hours' if respondent provided time in hours only. Select 'minutes' if time provided in minutes only. Select 'both hours and minutes' if time provided in both. |  |
|                   | Ctrl K may be used here if necessary.  |  |
|                   | 1. Hours 2. Minutes 3. Both hours and minutes Ctrl K   | 1 → EXER_Q06A<br>2 → EXER_Q06C<br>3 → EXER_Q06A<br>CtrlK →EXER_Q07 |
| EXER_Q06 = 1 or 3 | EXER_Q06A  |  |
|                   | Enter the hours.   |  |
|                   | <140>  | → EXER_SG06B   |
| EXER_Q06a = ALL   | EXER_SG06B   |  |
|                   | 1. IF EXER_Q06 = 1<br>2. ELSEIF EXER_Q06 = 3   | $1 \rightarrow \text{EXER\_Q07}$ $2 \rightarrow \text{EXER\_Q06C}$ |
| EXER_Q06 = 2      | EXER_Q06C  |  |
| EXER_SG06B = 2    | Enter the minutes.   |  |
|                   | < 1 999 >  | → EXER_Q07   |
| EXER_Q04 = 5      | EXER_Q07   |  |
| EXER_Q06 = Ctrl K | In the <u>last week</u> , did [you/[first name]] do any  |  |
| $EXER\_SG06B = 1$ | exercise which caused a <u>large</u> increase in [your/his/her] heart rate or breathing, that is,  |  |
| EXER_Q06C = ALL   | vigorous exercise? (e.g. jogging, cycling, aerobics, competitive tennis)   |  |
|                   | 1. Yes<br>5. No  | 1 → EXER_Q08<br>5 → EXER_SG14                                      |
| EXER_Q07 = 1      | EXER_Q08   |  |
|                   | How many times did [you/[first name]] do any vigorous exercise in the <u>last week</u> ?   |  |

|                   | Enter amount   |  |
|-------------------|--|--|
|                   | Ctrl K may be used here if necessary.  |  |
|                   | < 1 99 >   | → EXER_Q09   |
|                   | Ctrl K   | 7 LALK_Q0)   |
| EXER_Q08 = ALL    | EXER_Q09   |  |
|                   | What was the <u>total amount</u> of time [you/[first name]] spent doing vigorous exercise in the <u>last week</u> ?  Select 'hours' if respondent provided time in hours |  |
|                   | only. Select 'minutes' if time provided in minutes only. Select 'both hours and minutes' if time provided in both.   |  |
|                   | Ctrl K may be used here if necessary   |  |
|                   | <ol> <li>Hours</li> <li>Minutes</li> <li>Both hours and minutes</li> <li>Ctrl K</li> </ol>   | 1 → EXER_Q09A<br>2 → EXER_Q09C<br>3 → EXER_Q09A<br>CtrlK → EXER_SG14 |
| EXER_Q09 = 1 or 3 | EXER_Q09A  |  |
|                   | Enter the hours.   |  |
|                   | < 1 40 >   | → EXER_SG09B   |
| EXER_Q09A = ALL   | EXER_SG09B   |  |
|                   | 1. IF EXER_Q09 = 1<br>2. ELSEIF EXER_Q09 = 3   | 1 → EXER_SG14<br>2 → EXER_Q09C                                       |
| EXER_Q09 = 2      | EXER_Q09C  |  |
| $EXER\_SG09B = 2$ | Enter the minutes.   |  |
|                   | < 1 999 >  | → EXER_SG14  |
| EXER_Q07 = 5      | EXER_SG14  |  |
| EXER_Q09 = Ctrl K | 1. IF reported exercise (EXER_Q01 = 1 or EXER_Q03E = 1 or EXER_Q04 = 1 or  | 1 → EXER_Q15A  |
| $EXER\_SG09B = 1$ | EXER_Q07 = 1) 2. Otherwise   | 2 → EXER_Q16A  |
| EXER_Q09C         | 2. Otherwise   | 2 / LALK_QIOA  |
| EXER_SG14 = 1     | EXER_Q15A  |  |

|                                      | Thinking about all the types of exercise you have already told me about, that is [walking for fitness, recreation or sport /vigorous exercise/moderate exercise/walking to get to and from places], how many days in the <a href="last week_did">last week_did</a> [you/[first name]] exercise? |   |
|--------------------------------------|---|---|
|                                      | <17>  | → EXER_Q15B   |
| $EXER_Q15A = ALL$                    | EXER_Q15B   |   |
|                                      | How many of these days did [you/[first name]] exercise for at least 30 minutes per day?   |   |
|                                      | <07>  | → EXER_SG15C  |
| $EXER_Q15B = ALL$                    | EXER_SG15C  |   |
|                                      | 1. IF AGE = 15 to 17 AND EXER_Q15B > 0 2. Otherwise   | $1 \rightarrow \text{EXER\_Q15D}$ $2 \rightarrow \text{EXER\_Q16A}$ |
| EXER_SG15C = 1                       | EXER_Q15D   |   |
|                                      | How many of these days did [you/[first name]] exercise for at least 60 minutes?   |   |
|                                      | < 07 >  | → EXER_Q16A   |
| EXER_SG14 = 2                        | EXER_Q16A   |   |
| $EXER\_SG15C = 2$ $EXER\_Q15D = ALL$ | Some activities are designed to increase muscle strength or tone, such as lifting weights, resistance training, pull-ups, push-ups, or sit-ups.   |   |
|                                      | Including any activities already mentioned, in the last week did [you/[first name]] do any strength or toning activities?   |   |
|                                      | 1. Yes<br>5. No   | 1 → EXER_Q16B<br>5 → EXER_SG17                                      |
| IF EXER_Q16A = $1$                   | EXER_Q16B   |   |
|                                      | On how many days <u>last week</u> did [you/[first name]] do any strength or toning activities?  |   |
|                                      | Ctrl K may be used here if necessary  |   |
|                                      | < 17 ><br>Ctrl K  | → EXER_SG17   |
| $EXER_Q16A = 5$                      | EXER_SG17   |   |

| EXER_Q16B = ALL              | IF currently employed  | 1 → EXER_Q18                      |
|------------------------------|--|-----------------------------------|
| LALK_QIOD - ALL              | 2. Otherwise   | $2 \rightarrow \text{EXER}_Q22$   |
|                              | 2. Otherwise   | 2 / ETEK_Q22                      |
| EXER_SG17 = 1                | EXER_Q18   |                                   |
| _                            |  |                                   |
|                              | When [you are/[first name] is] at work, which of the   |                                   |
|                              | following best describes what [you do/he does/she  |                                   |
|                              | does] on a typical work day?   |                                   |
|                              |  |                                   |
|                              | Read out each category until a 'yes' response is given   |                                   |
|                              | 1 Mostly sitting   | 1 A EVER SC10                     |
|                              | <ul><li>1. Mostly sitting</li><li>2. Mostly standing</li></ul>   | 1 → EXER_SG19<br>2 → EXER_SG19    |
|                              | 3. Mostly walking  | $3 \rightarrow \text{EXER\_SG19}$ |
|                              | 4. Mostly heavy labour or physically demanding   | $4 \rightarrow \text{EXER\_SG19}$ |
|                              | work   | 4 / EXER_SOI)                     |
|                              | 5. Don't know  | 5 → EXER_SG19                     |
|                              |  |                                   |
| $EXER_Q18 = ALL$             | EXER_SG19  |                                   |
|                              |  |                                   |
|                              | 1. IF HOURS_Q01 > 34   | 1 → EXER_Q20                      |
|                              | 2. Otherwise   | 2 → EXER_Q22                      |
| EVED GG10 1                  | EVED 040   |                                   |
| $EXER\_SG19 = 1$             | EXER_Q20   |                                   |
|                              | The following question is about sitting at work  |                                   |
|                              | (including meal and snack breaks and time spent  |                                   |
|                              | sitting at a desk).  |                                   |
|                              | Sitting at a desky.  |                                   |
|                              | How much time [do you/does [first name]] spend   |                                   |
|                              | sitting at work on a usual work day?   |                                   |
|                              |  |                                   |
|                              | Please note that occupations that involve driving are  |                                   |
|                              | to include this time as 'sitting' time at work.  |                                   |
|                              |  |                                   |
|                              | Select 'hours' if respondent provided time in hours  |                                   |
|                              | only.  |                                   |
|                              | Select 'minutes' if time provided in minutes only.   |                                   |
|                              | Select 'both hours and minutes' if time provided in both.  |                                   |
|                              | voii.  |                                   |
|                              | Ctrl K may be used here if necessary.  |                                   |
|                              | The second of th |                                   |
|                              | 1. Hours   | 1 → EXER_Q20A                     |
|                              | 2. Minutes   | $2 \rightarrow \text{EXER\_Q20C}$ |
|                              | 3. Both hours and minutes  | 3 → EXER_Q20A                     |
|                              | 5. None  | $5 \rightarrow \text{EXER}_Q21$   |
|                              | Ctrl K   | CtrlK $\rightarrow$ EXER_Q21      |
| EVED 020 = 1 am 2            | EVED O20A  |                                   |
| $EXER_Q20 = 1 \text{ or } 3$ | EXER_Q20A  |                                   |
|                              |  |                                   |

|                                | Enter the hours.   |  |
|--------------------------------|--|--|
|                                | Emer me nows.  |  |
|                                | < 1 24 >   | → EXER_SG20B   |
| EVED O20A - ALI                | EVED CCAAD   |  |
| $EXER_Q20A = ALL$              | EXER_SG20B   |  |
|                                | 1. IF EXER_Q20 = 1   | 1 → EXER_Q21   |
|                                | 2. ELSEIF EXER_Q20 = 3   | $2 \rightarrow \text{EXER\_Q20C}$  |
| $EXER\_Q20 = 2$                | EXER_Q20C  |  |
| LALK_Q20 = 2                   | EAER_Q20C  |  |
| $EXER\_SG20B = 2$              | Enter the minutes.   |  |
|                                | < 1 999 >  | VENED 021  |
|                                | < 1 999 >  | → EXER_Q21   |
| $EXER_Q20 = 5 \text{ or Ctrl}$ | EXER_Q21   |  |
| K                              |  |  |
| $EXER\_SG20B = 1$              | (Excluding any time you have already mentioned), how much time in total [do you/does [first name]] |  |
| EAEK_SOZOB = 1                 | usually spend sitting while watching television or   |  |
| $EXER_Q20C = ALL$              | using the computer before and after work?  |  |
|                                |  |  |
|                                | Select 'hours' if respondent provided time in hours  |  |
|                                | only.  Select 'minutes' if time provided in minutes only.  |  |
|                                | Select 'both hours and minutes' if time provided in  |  |
|                                | both.  |  |
|                                | Ctrl K may be used here if necessary.  |  |
|                                | Ciri K may be used here if necessary.  |  |
|                                | 1. Hours   | 1 → EXER_Q21A  |
|                                | 2. Minutes   | $2 \rightarrow \text{EXER\_Q21C}$  |
|                                | 3. Both hours and minutes  | $3 \rightarrow \text{EXER\_Q21A}$  |
|                                | 5. None<br>Ctrl K  | $5 \rightarrow \text{EXER\_Q23}$<br>CtrlK $\rightarrow \text{EXER\_Q23}$ |
|                                |  | Cum / Emerce Q25   |
| EXER_Q21 = 1 or 3              | EXER_Q21A  |  |
|                                | Enter the hours.   |  |
|                                | Lines the nows.  |  |
|                                | <124>  | → EXER_SG21B   |
| EVED O21A - ALL                | EVED SC21B   |  |
| $EXER_Q21A = ALL$              | EXER_SG21B   |  |
|                                | 1. IF EXER_Q21 = 1   | 1 → EXER_Q23   |
|                                | 2. ELSEIF EXER_Q21 = 3   | $2 \rightarrow \text{EXER\_Q21C}$  |
| $EXER\_Q21 = 2$                | EXER_Q21C  |  |
| LALK_Q21 - 2                   | INTELL VALUE   |  |
| $EXER\_SG21B = 2$              | Enter the minutes.   |  |
|                                | < 1 000 >  | △ EVED O22   |
|                                | < 1 999 >  | → EXER_Q23   |

| EXER_SG17 = 2          | EXER_Q22   |  |
|------------------------|--|--|
| EXER_SG19 = 2          | How much time [do you/does [first name]] spend sitting while watching television or using the computer on a <u>usual [work/week] day</u> ?                             |  |
|                        | Select 'hours' if respondent provided time in hours only. Select 'minutes' if time provided in minutes only. Select 'both hours and minutes' if time provided in both. |  |
|                        | Ctrl K may be used here if necessary.  |  |
|                        | <ol> <li>Hours</li> <li>Minutes</li> <li>Both hours and minutes</li> <li>None</li> <li>Ctrl K</li> </ol>   | $1 \rightarrow \text{EXER\_Q22A}$ $2 \rightarrow \text{EXER\_Q22C}$ $3 \rightarrow \text{EXER\_Q22A}$ $5 \rightarrow \text{EXER\_Q23}$ $\text{CtrlK} \rightarrow \text{EXER\_Q23}$ |
| EXER_Q22 = 1 or 3      | EXER_Q22A  |  |
|                        | Enter the hours  |  |
|                        | <124>  | → EXER_SG22B   |
| EXER_Q22A = ALL        | EXER_SG22B   |  |
|                        | 1. IF EXER_Q22 = 1<br>2. ELSEIF EXER_Q22 = 3   | 1 → EXER_Q23<br>2 → EXER_Q22C  |
| EXER_Q22 = 2           | EXER_Q22C  |  |
| EXER_SG22B = 2         | Enter the minutes.   |  |
|                        | < 1 999 >  | → EXER_Q23   |
| EXER_Q21= 5 or Ctrl    | EXER_Q23   |  |
| EXER_SG21B = 1         | Show Prompt Card D1  |  |
| $EXER_Q21C = ALL$      | How much time [do you/does [first name]] spend sitting in other leisure time on a usual [work/week] day?   |  |
| EXER_Q22 = 5 or Ctrl K | Select 'hours' if respondent provided time in hours  |  |
| EXER_SG22B = 1         | only. Select 'minutes' if time provided in minutes only.   |  |
| EXER_Q22C = ALL        | Select 'both hours and minutes' if time provided in both.  |  |

|                   | Ctrl K may be used here if necessary.  |   |
|-------------------|--|---|
|                   | <ol> <li>Hours</li> <li>Minutes</li> <li>Both hours and minutes</li> <li>None</li> <li>Ctrl K</li> </ol> | 1 → EXER_Q23A 2 → EXER_Q23C 3 → EXER_Q23A 5 → Next Module CtrlK → Next Module |
| EXER_Q23 = 1 or 3 | EXER_Q23A  |   |
|                   | Enter the hours  |   |
|                   | <124>  | → EXER_SG23B  |
| EXER_Q23A = ALL   | EXER_SG23B   |   |
|                   | 1. IF EXER_Q23 = 1<br>2. ELSEIF EXER_Q23 = 3   | $1 \rightarrow \text{Next Module} \\ 2 \rightarrow \text{EXER\_Q23C}$         |
| $EXER_Q23 = 2$    | EXER_Q23C  |   |
| $EXER\_SG23B = 2$ | Enter the minutes.   |   |
|                   | < 1 999 >  | → Next Module   |

**Module 12:** 

Breast Feeding Age Exclusively Breastfed **Includes:** 

| From Population            | Question   | To Question   |
|----------------------------|--|---|
| All selected persons       | SBF_Q01  |   |
| children aged 0 to 3 years | Has [child's name] ever received breast milk?  |   |
|                            | 1. Yes   | 1 → SBF_SG02  |
|                            | 5. No  | 5 → SBF_Q07   |
| SBF_Q01 = 1                | SBF_SG02   |   |
|                            | 1. IF SBF_Q01 = 1 and AgeMonths < 25 months 2. Otherwise   | $ \begin{array}{c} 1 \rightarrow SBF\_Q03 \\ 2 \rightarrow SBF\_Q07 \end{array} $ |
| SBF_SG02 = 1               | SBF_Q03  |   |
|                            | Is [child's name] currently receiving breast milk?   |   |
|                            | 1. Yes   | 1 → SBF_Q05   |
|                            | 5. No  | 5 → SBF_Q04   |
| SBF_Q03 = 5                | SBF_Q04  |   |
|                            | How old was [child's name] when [he/she] stopped receiving any breast milk?                                |   |
|                            | 1. Months  | 1 → SBF_Q04a  |
|                            | 2. Less than 1 month   | 2 → SBF_Q06   |
| SBF_Q04 = 1                | SBF_Q04a   |   |
|                            | Enter number of months   |   |
|                            | < 1 24>  | → SBF_Q06   |
| SBF_Q03 = 1                | SBF_Q05  |   |
|                            | Show Prompt Card E1.   |   |
|                            | Has [child's name] <u>ever</u> had any food or drink <u>other</u> <u>than</u> breast milk?                 |   |
|                            | 1. Yes   | 1 → SBF_Q06   |
|                            | 5. No  | $5 \rightarrow \text{Next module}$  |
| SBF_Q04 = 2                | SBF_Q06  |   |
| SBF_Q04a = ALL             | How old was [child's name] when [he/she] <u>first</u> had any food or drink <u>other than</u> breast milk? |   |

# National Health Survey 2014-15 Questionnaire

| SBF_Q05 = 1      |   |                                    |
|------------------|---|------------------------------------|
|                  | 1. Months   | 1 → SBF_Q06a                       |
|                  | 2. Less than 1 month  | 2 → SBF_Q07                        |
|                  |   |                                    |
| $SBF_Q06 = 1$    | SBF_Q06a  |                                    |
|                  | Enter number of months  |                                    |
|                  | <136>   | → SBF_Q07                          |
| SBF_Q01 = 5      | SBF_Q07   |                                    |
| SBF_SG02 = 2     | How old was [child's name] when [he/she] <u>first</u> ate any soft or semi-solid or solid food? |                                    |
| $SBF_Q06 = 2$    |   |                                    |
|                  | 1. Months   | $1 \rightarrow SBF_Q07a$           |
| $SBF_Q06a = ALL$ | 2. Less than 1 month  | $2 \rightarrow \text{Next Module}$ |
|                  | 3. Has never had any soft/semi solid or solid food  | 3 → Next Module                    |
| SBF_Q07 = 1      | SBF_Q07a  |                                    |
| 221_20/          | D21_Q014  |                                    |
|                  | Enter number of months  |                                    |
|                  | <136>   | → Next Module                      |

Module 13: Smoking

Includes: Personal Smoking status and Household smoking

| From Population                             | Question  | To Question   |
|---|---|---|
| All selected persons aged 15 years and over | SMOKE_Q01   |   |
|   | I would now like to ask you some questions about smoking.   |   |
|   | [Do you/Does [first name]] currently smoke?   |   |
|   | 1. Yes<br>5. No   | $ \begin{array}{c} 1 \rightarrow \text{SMOKE\_Q02} \\ 5 \rightarrow \text{SMOKE\_Q04} \end{array} $ |
| SMOKE_Q01 = 1                               | SMOKE_Q02   |   |
|   | [Do you/Does [first name]] smoke regularly, that is, at least once a day?   |   |
|   | 1. Yes<br>5. No   | 1 → SMOKE_Q08<br>5 → SMOKE_Q03  |
| SMOKE_Q02 = 5                               | SMOKE_Q03   |   |
|   | [Do you/Does [first name]] smoke at least once a week?  |   |
|   | 1. Yes<br>5. No   | 1 → SMOKE_Q04<br>5 → SMOKE_Q04  |
| SMOKE_Q01 = 5                               | SMOKE_Q04   |   |
| SMOKE_Q03 = ALL                             | [Have you/Has [first name]] <u>ever</u> smoked regularly, that is, at least once a day?   |   |
|   | 1. Yes<br>5. No   | 1 → SMOKE_Q05<br>5 → SMOKE_Q05  |
| SMOKE_Q04 = ALL                             | SMOKE_Q05   |   |
|   | [Have you/Has [first name]] smoked at least 100 cigarettes in [your/his/her] entire life?   |   |
|   | 1. Yes<br>5. No   | 1 → SMOKE_SG07<br>5 → SMOKE_Q06   |
| SMOKE_Q05 = 5                               | SMOKE_Q06   |   |
|   | [Have you/Has [first name]] ever smoked pipes, cigars, or other tobacco products at least 20 times in [your/his/her] entire life? |   |

|                         | T   |   |
|-------------------------|---|---|
|                         | 1. Yes<br>5. No   | 1 → SMOKE_SG07<br>5 → SMOKE_SG07                                    |
| SMOKE_Q05 = 1           | SMOKE_SG07  |   |
| SMOKE_Q06 = ALL         | 1. IF SMOKE_Q02 = 1 OR SMOKE_Q04 = 1 2. Otherwise   | 1 → SMOKE_Q08<br>2 → SMOKE_SG14                                     |
| SMOKE_Q02 = 1           | SMOKE_Q08   |   |
| SMOKE_SG07 = 1          | How old [were you/was [first name]] when [you/he/she] first started to smoke regularly (that is, at least once a day)?  |   |
|                         | Enter age.  |   |
|                         | < 1 99 >  | →SMOKE_SG09   |
| SMOKE_Q08 = ALL         | SMOKE_SG09  |   |
|                         | 1. IF SMOKE_Q02 = 1 2. Otherwise  | $1 \rightarrow \text{SMOKE\_Q13}$ $2 \rightarrow \text{SMOKE\_Q10}$ |
| SMOKE_SG09 = 2          | SMOKE_Q10   |   |
|                         | How old [were you/was [first name]] when [you/he/she] stopped smoking regularly, that is, at least once a day?  |   |
|                         | Enter age.  |   |
|                         | < 1 99 >  | → SMOKE_SG10A   |
| SMOKE_Q10 = ALL         | SMOKE_SG10A   |   |
|                         | <ol> <li>IF (SMOKE_Q10 = AGE)</li> <li>ELSEIF SMOKE_Q10 = (Age-1) AND (xDateOfBirth = 'Don't know' OR (xIntDate – Day/Month of Birth &lt; 365 {days}))</li> </ol> | $1 \rightarrow SMOKE\_SG12$ $2 \rightarrow SMOKE\_Q11$              |
|                         | 3. Otherwise  | 3 → SMOKE_SG12  |
| SMOKE_SG10A = 2         | SMOKE_Q11   |   |
|                         | Was that in the <u>last 12 months</u> ?   |   |
|                         | 1. Yes<br>5. No   | 1 → SMOKE_SG12<br>5 → SMOKE_SG12                                    |
| SMOKE_SG10A = 1<br>or 3 | SMOKE_SG12  |   |
| OI J                    | 1. IF SMOKE_Q01 = 1 and SMOKE_Q11 = 5   | 1 → SMOKE_Q13   |

| SMOKE_Q11 = ALL     | 2. Otherwise  | 2 → SMOKE_SG14                                     |
|---------------------|---|--|
| SMOKE_SG09 = 1      | SMOKE_Q13   |  |
| SMOKE_SG12 = 1      | Has [your/[first name]]'s] smoking increased, decreased or stayed about the same since this time last year? |  |
|                     | <ol> <li>Increased</li> <li>Decreased</li> <li>Stayed about the same</li> </ol>                             | 1 → SMOKE_SG14<br>2 → SMOKE_SG14<br>3 → SMOKE_SG14 |
| SMOKE_SG07 = 2      | SMOKE_SG14  |  |
| SMOKE_SG12 = 2      | 1. IF UR in a single person HH and SMOKE_Q01 =  | 1 → SMKHOUS_SG03                                   |
| SMOKE_Q13 = ALL     | 2. ELSEIF UR in a single person HH and SMOKE Q01 = 5  | 2 → Next Module                                    |
|                     | 3. ELSEIF (18 years and over) AND (R is the only  | 3 → SMKHOUS_SG03                                   |
|                     | person >= 8yrs in the hhld) 4. ELSEIF if 18 years and over 5. Otherwise                                     | 4 → SMKHOUS_Q01<br>5 → SMKHOUS_SG05                |
| SMOKE_SG14 = 4      | SMKHOUS_Q01   |  |
|                     | Does anyone else in this household regularly smoke, that is, at least once a day?                           |  |
|                     | 1. Yes<br>5. No   | 1 → SMKHOUS_Q02<br>5 → SMKHOUS_SG03                |
| SMKHOUS_Q01 = 1     | SMKHOUS_Q02   |  |
|                     | How many other people in this household smoke regularly?  |  |
|                     | Enter number.   |  |
|                     | <199>   | → SMKHOUS_SG03                                     |
| SMKHOUS_Q01 = 5     | SMKHOUS_SG03  |  |
| SMKHOUS_Q02 = ALL   | 1. IF SMOKE_Q02 = 1 or SMKHOUS_Q02 is answered  | 1 → SMKHOUS_Q04                                    |
| SMOKE_SG14 = 1 or 3 | 2. Otherwise  | 2 → SMKHOUS_SG05                                   |
| SMKHOUS_SG03 = 1    | SMKHOUS_Q04   |  |
|                     | [Do you/Does [first name]/Does anyone in this household] usually smoke inside the house?                    |  |

# National Health Survey 2014-15 Questionnaire

|                   | 1. Yes<br>5. No  | 1 → SMKHOUS_SG05<br>5 → SMKHOUS_SG05 |
|-------------------|--|--------------------------------------|
|                   | J. 140   | 5 7 SWIKITOUS_SOUS                   |
| SMOKE_SG14 = 5    | SMKHOUS_SG05   |                                      |
| SMKHOUS_SG03 = 2  | 1. IF respondent is 15-17 years of age, living with parent/guardian, and answered for self | 1 → SMKHOUS_Q06                      |
| SMKHOUS_Q04 = ALL | 2. Otherwise   | 2 → Next Module                      |
| SMKHOUS_SG05 = 1  | SMKHOUS_Q06  |                                      |
|                   | Mark whether a parent or guardian was present during the-Smoking questions.                |                                      |
|                   | Parent/Guardian present for all of the Smoking questions                                   | 1 → Next module                      |
|                   | 2. Parent/Guardian present for only some of the Smoking questions                          | 2 → Next module                      |
|                   | 3. Parent/Guardian not present for any of the Smoking questions                            | 3 → Next module                      |

Module 14: Dietary Behaviours

Includes: Vegetable, Fruit and Dairy Consumption

| From Population                            | Question  | To Question   |
|--|---|---|
| All selected persons aged 2 years and over | The next few questions are about some of the foods that [you/[first name]] eat [s] and drink [s].  Show Prompt Card F1  What is the main type of milk that [you/[first name]] usually [have/has]?  1. Cow's milk 2. Soy milk 3. Evaporated or sweetened condensed milk 4. Other type of milk - specify 5. Does not drink milk 6. Don't know | 1 → DIET_Q03 2 → DIET_Q03 3 → DIET_Q03 4 → DIET_Q02 5 → DIET_Q05 6 → DIET_Q05 |
| DIET_Q01 = 4                               | DIET_Q02  |   |
|  | Enter 'other' type of milk.   |   |
|  | < 60 char >   | → DIET_Q03  |
| DIET_Q01 = 1-3                             | DIET_Q03  |   |
| DIET_Q02 = ALL                             | Show Prompt Card F2   |   |
|  | What is the fat content of the milk [you/[first name]] usually [have/has]?  |   |
|  | <ol> <li>Whole milk/regular/full cream (3% or more)</li> <li>Reduced fat e.g. Low/Lite/HiLo (around 1 or 2%)</li> <li>Skim e.g. Skinny/Shape/Fat Free (less than 1%)</li> <li>Don't know</li> </ol>   | 1 → DIET_Q05<br>2 → DIET_Q05<br>3 → DIET_Q05<br>4 → DIET_Q05                  |
| DIET_Q01 = 5-6                             | DIET_Q05  |   |
| DIET_Q03 = ALL                             | This question is about [your/[first name]'s] usual consumption of vegetables, including fresh, frozen and tinned vegetables.  |   |
|  | Show Prompt Card F3   |   |
|  | How many serves of vegetables [do you/does [first name]] <u>usually</u> eat each day?   |   |
|  | 1. 1 serve  | 1 → DIET_Q06  |

|                | <ol> <li>2. 2 serves</li> <li>3. 3 serves</li> <li>4. 4 serves</li> <li>5. 5 serves</li> <li>6. 6 serves or more</li> <li>7. Less than one serve</li> <li>8. Does not eat vegetables</li> </ol>   | 2 → DIET_Q06<br>3 → DIET_Q06<br>4 → DIET_Q06<br>5 → DIET_Q06<br>6 → DIET_Q06<br>7 → DIET_Q06<br>8 → DIET_Q06 |
|----------------|---|--|
| DIET_Q05 = ALL | DIET_Q06  Since this time last year, has the amount of vegetables [you/[first name]] usually consume[s] increased, decreased or stayed about the same?  |  |
|                | <ol> <li>Increased</li> <li>Decreased</li> <li>Stayed about the same</li> </ol>   | $1 \Rightarrow DIET\_Q08$ $2 \Rightarrow DIET\_Q08$ $3 \Rightarrow DIET\_Q08$                                |
| DIET_06 = ALL  | This question is about [your/[first name]'s] usual consumption of fruit, including fresh, dried, frozen and tinned fruit.  Show Prompt Card F4  How many serves of fruit [do you/does [first name]] usually eat each day?  1. 1 serve 2. 2 serves 3. 3 serves | 1 → DIET_Q09 2 → DIET_Q09 3 → DIET_Q09   |
|                | <ul><li>4. 4 serves</li><li>5. 5 serves</li><li>6. 6 serves or more</li><li>7. Less than one serve</li><li>8. Does not eat fruit</li></ul>  | 4 → DIET_Q09<br>5 → DIET_Q09<br>6 → DIET_Q09<br>7 → DIET_Q09<br>8 → DIET_Q09                                 |
| DIET_Q08 = ALL | DIET_Q09  Since this time last year, has the amount of fruit [you/[first name]] usually consume[s] increased, decreased or stayed about the same?   |  |
| DIET 000 – ALL | <ol> <li>Increased</li> <li>Decreased</li> <li>Stayed about the same</li> </ol>   | 1 → DIET_Q12<br>2 → DIET_Q12<br>3 → DIET_Q12   |
| DIET_Q09 = ALL | DIET_Q12  Does the person who prepares [your/[first name]'s] meals add salt when they are cooking?  |  |

|                   | If Yes prompt whether very often, occasionally or rarely                                  |  |
|-------------------|---|--|
|                   | 1. Yes very often   | 1 → DIET_Q13   |
|                   | <ul><li>2. Yes occasionally</li><li>3. Yes rarely</li></ul>                               | 2 → DIET_Q13<br>3 → DIET_Q13                         |
|                   | 5. No   | $5 \rightarrow DIET_Q15$<br>$5 \rightarrow DIET_Q14$ |
|                   | 6. Don't know   | $6 \rightarrow DIET_Q14$                             |
|                   | o. Bon timow  | 0 7 2121_Q11   |
| DIET_Q12 = 1-3    | DIET_Q13  |  |
|                   |   |  |
|                   | Is it iodised (i.e. contains iodine)?   |  |
|                   | 1 V   | 1 \ DIET 014   |
|                   | 1. Yes usually 5. No  | 1 → DIET_Q14<br>5 → DIET_Q14                         |
|                   | 6. Don't know   | $6 \rightarrow DIET_Q14$                             |
|                   | o. Boil t know  | 0 / BiLI_QI4   |
| DIET_Q12 = 5 or 6 | DIET_Q14  |  |
| DIET_Q13 = ALL    | [Do you/Does [first name]] [or anyone else] add salt to [your/his/her] meal at the table? |  |
|                   | If Yes prompt whether very often, occasionally or rarely                                  |  |
|                   | 1. Yes very often   | 1 → DIET_Q15   |
|                   | 2. Yes occasionally   | $2 \rightarrow DIET_Q15$                             |
|                   | 3. Yes rarely   | $3 \rightarrow DIET_Q15$                             |
|                   | 5. No   | $5 \rightarrow \text{Next module}$                   |
|                   | 6. Don't know   | $6 \rightarrow \text{Next module}$                   |
|                   |   |  |
| DIET_Q14 = 1-3    | DIET_Q15  |  |
|                   | Is it iodised (i.e. contains iodine)?   |  |
|                   | is it founded (i.e. contains found):  |  |
|                   | 1. Yes usually  | 1 → Next module                                      |
|                   | 5. No   | $5 \rightarrow \text{Next module}$                   |
| CV                | 6. Don't know   | 6 → Next module                                      |

#### **Module 15:** Alcohol Consumption

Includes: Last time consumed alcohol, Days in last week drank alcohol, Details of Alcohol consumed at most recent episodes, and Usual alcohol consumption.

| From Population           | Question  | To Question   |
|---------------------------|---|---|
| All selected persons aged | ALCCON_Q02  |   |
| 15 years and over         | The next few questions are about alcoholic drinks.  |   |
|                           | Some people may drink more or less than others, depending on their lifestyle and individual choices.  |   |
|                           | How long ago did [you/[first name]] <u>last</u> have an alcoholic drink?  |   |
|                           | <ol> <li>1. 1 week or less</li> <li>2. More than 1 week to less than 2 weeks</li> <li>3. 2 weeks to less than 1 month</li> <li>4. 1 month to less than 3 months</li> <li>5. 3 months to less than 12 months</li> <li>6. 12 months</li> <li>7. More than 12 months</li> <li>8. Never</li> <li>9. Don't remember</li> </ol> | $1 \Rightarrow ALCDAY\_Q01$ $2 \Rightarrow ALCUSU\_Q02$ $3 \Rightarrow ALCUSU\_Q02$ $4 \Rightarrow ALCUSU\_Q02$ $5 \Rightarrow ALCUSU\_Q02$ $6 \Rightarrow ALC\_SG04$ $7 \Rightarrow ALC\_SG04$ $8 \Rightarrow ALC\_SG04$ $9 \Rightarrow ALC\_SG04$ |
| ALCCON_Q02 = 1            | ALCDAY_Q01  |   |
|                           | On which days in the last 7 days did [you/[first name]] have drinks that contained alcohol?  More than one response is allowed. Press space bar between responses.  |   |
|                           | <ol> <li>All</li> <li>Monday</li> <li>Tuesday</li> <li>Wednesday</li> <li>Thursday</li> <li>Friday</li> <li>Saturday</li> <li>Sunday</li> </ol>   | 1 → ALC_L01_START<br>2 → ALC_L01_START<br>3 → ALC_L01_START<br>4 → ALC_L01_START<br>5 → ALC_L01_START<br>6 → ALC_L01_START<br>7 → ALC_L01_START<br>8 → ALC_L01_START  |
| ALCDAY_Q01 = ALL          | ALC_L01_START   |   |
|                           | < Start loop – AlcoholConsumptionDetails[13] >  | → ALCMAT_Q01  |
|                           | Note: Loop is to collect data for the 3 Most Recent Days of Alcohol Consumption, as reported at ALCDAY_Q01.   |   |
| ALCDAY_L01_START          | ALCMAT_Q01  |   |

| = ALL                             |  |  |
|-----------------------------------|--|--|
| = ALL                             | What did [you/[first name]] have to drink on [(insert most recent day to interview day)/(insert second most recent day to interview day)/(insert third most recent day to interview day)]?  Show Prompt Card G1  More than one response is allowed. Press space bar between responses.  10. Light beer | 10→ALC_L02_START   |
|                                   | <ul><li>11. Medium strength beer</li><li>12. Full strength beer</li><li>13. White wine</li><li>14. Red wine</li></ul>  | 11→ALC_L02_START<br>12→ALC_L02_START<br>13→ALC_L02_START<br>14→ALC_L02_START                   |
|                                   | <ul><li>15. Low alcohol wine</li><li>16. Champagne/sparkling wine</li><li>17. Pre-mixed/Ready to drink</li><li>18. Liqueurs</li></ul>  | 15→ALC_L02_START<br>16→ALC_L02_START<br>17→ALC_L02_START<br>18→ALC_L02_START                   |
|                                   | <ul><li>19. Spirits</li><li>20. Fortified wine</li><li>21. Cider</li><li>22. Cocktail</li><li>23. Other (Specify)</li></ul>  | 19→ALC_L02_START<br>20→ALC_L02_START<br>21→ALC_L02_START<br>22→ALC_L02_START<br>23→ALCMAT_Q01a |
|                                   |  | 25-7ALCMA1_Q01a  |
| ALCMAT_Q01 = 23                   | ALCMAT_Q01a  Enter other type of drink.  |  |
|                                   | < 60 char >  | → ALC_L02_START  |
| ALCMAT_Q01 = 10 to 22             | ALC_L02_START  |  |
| ALCMAT_Q01a = ALL                 | < Start loop – DrinkDetails[170] > Note: Loop is to collect detailed consumption data for each type of beverage reported at ALCMAT_Q01.  | → ALCMAT_Q02   |
| ALC_L02_START =                   | ALCMAT_Q02   |  |
| ALL                               | [Drink type] consumed on [day of consumption]  |  |
|                                   | What type and brand of [type of drink] was that?  < 60 char >  | 'Not found in coder' → ALCMAT_Q02A ELSE → ALC_SG2B   |
|                                   |  | ELSE / ALC_SG2B  |
| ALCMAT_Q02 = 'Not found in coder' | ALCMAT_Q02A  [Drink type] consumed on Iday of consumption!   |  |
|                                   | [Drink type] consumed on [day of consumption]  |  |
|                                   | Enter other drink description  |  |

|                                    | < 60 char >   | → ALC_SG2B                       |
|------------------------------------|---|----------------------------------|
| ALCMAT_Q02 <> 'Not found in coder' | ALC_SG2B  |                                  |
|                                    | 1. IF ALCMAT_Q01 = 23   | 1 → ALCMAT_Q03A                  |
| $ALCMAT_Q02A = ALL$                | 2. Otherwise  | 2 → ALCMAT_Q03                   |
| ALC_SG2B = 2                       | ALCMAT_Q03  |                                  |
|                                    | [Drink type] consumed on [day of consumption]   |                                  |
|                                    | What sized serves of [drink name or brand] did [you/[first name]] drink?                      |                                  |
|                                    | Show Prompt Card [G2/G3/G4/G5/G6/G7/G8]   |                                  |
|                                    | ]   |                                  |
|                                    | Beer / Cider:   |                                  |
|                                    | 1. 5oz/140ml glass  | $1 \rightarrow ALCMAT_Q04$       |
|                                    | 2. 7oz/200ml glass/Pony/Butcher   | $2 \rightarrow ALCMAT_Q04$       |
|                                    | 3. 10oz/285ml glass/Pot/Middy/  | 3 → ALCMAT_Q04                   |
|                                    | Handle/Schooner(SA)   | 4 NALCMAT OO4                    |
|                                    | <ul><li>4. 330ml glass/bottle/can</li><li>5. 375ml glass/bottle/can (average serve)</li></ul> | $4 \rightarrow ALCMAT_Q04$       |
|                                    | 6. 15oz/425ml glass/Schooner/ Pint(SA)  | 5 → ALCMAT_Q04<br>6 → ALCMAT_Q04 |
|                                    | 7. 20oz/575ml glass/Pint  | $7 \rightarrow ALCMAT_Q04$       |
|                                    | 8. 750ml Bottle/Longneck  | $8 \rightarrow ALCMAT_Q04$       |
|                                    | 17. Other - specify   | $17 \rightarrow ALCMAT_Q04$      |
|                                    | 17. Other specify   | 17 7 TECM11_Q03/1                |
|                                    | Wine:   |                                  |
|                                    | 1. 60ml glass   |                                  |
|                                    | 2. 120ml glass  |                                  |
|                                    | 3. 140ml glass (average serve)  |                                  |
|                                    | 4. 150ml glass  |                                  |
|                                    | 5. 200ml glass  |                                  |
|                                    | 17. Other - specify   |                                  |
|                                    | Champagne/Sparkling wine:   |                                  |
|                                    | 1. 120ml glass (small)  |                                  |
|                                    | 2. 140ml glass (medium)   |                                  |
|                                    | 3. 170ml glass (average serve)  |                                  |
|                                    | 4. 200ml glass (large)  |                                  |
|                                    | 17. Other - specify   |                                  |
|                                    | Ready to Drink:   |                                  |
|                                    | 1. 200ml bottle/can   |                                  |
|                                    | 2. 275ml bottle/can   |                                  |
|                                    | 3. 300ml bottle/can   |                                  |
|                                    | 4. 330ml bottle/can (average serve)   |                                  |
|                                    | 5. 375ml bottle/can   |                                  |
|                                    | 6. 400ml bottle/can   |                                  |

|                              | 17. Other - specify  |                                     |
|------------------------------|--|-------------------------------------|
|                              | Liqueurs/Spirits  1. Half nip (15ml)  2. Nip (30ml)  3. Double nip (60ml)  17. Other - specify                           |                                     |
|                              | Fortified Wine  1. 1oz/30ml/Nip  2. 2oz/60ml Port/Sherry glass 3. 3oz/90ml Port glass 4. 140ml glass 17. Other - specify |                                     |
|                              | Cocktail 1. 120ml glass (small) 2. 140ml glass (medium) 3. 200ml glass (large) 17. Other – specify ]                     |                                     |
| ALC_SG2B = 1                 | ALCMAT_Q03A  |                                     |
| ALCMAT_Q03 = 17              | [Drink type] consumed on [day of consumption]  |                                     |
|                              | [What sized serves of [drink name or brand] did [you/[first name]] have?/Enter other size of serve reported.]            |                                     |
|                              | < 60 char >  | → ALCMAT_Q04                        |
| ALCMAT_Q03 = 1,2,3,4,5,6,7,8 | ALCMAT_Q04   |                                     |
|                              | [Drink type] consumed on [day of consumption]  |                                     |
| ALCMAT_Q03A = ALL            | How many of this sized serve of [drink name or brand] did [you/[first name]] have?                                       |                                     |
|                              | [ <serve size="">] reported.</serve>   |                                     |
|                              | < 1 99 >   | → ALC_SG05                          |
| ALCMAT_Q04                   | ALC_SG05   |                                     |
|                              | <ol> <li>IF Last Loop for the Alcohol Type</li> <li>Otherwise</li> </ol>   | 1 → ALC_L02_END<br>2 → AnotherDrink |
| ALC_SG05 = 2                 | AnotherDrink   |                                     |
|                              | [Drink type] consumed on [day of consumption]  |                                     |
|                              | Is another row required for [type of drink]?   |                                     |

|                    | 1. Yes   | 1 → ALC_L02_END  |
|--------------------|--|--|
|                    | 5. No  | 5 → ALC_L02_END  |
| ALC_SG05 = 1       | ALC_L02_END  |  |
| AnotherDrink = ALL | < End loop – DrinkDetails[170] >   | → ALC_L01_END  |
| ALC_L02_END = ALL  | ALC_L01_END  |  |
|                    | < End loop – AlcoholConsumptionDetails[13] >   | → ALCUSU_Q01   |
| ALC_L02_END = All  | ALCUSU_Q01   |  |
|                    | Is the amount [you/[first name]] drank last week more, about the same, or less, compared to most weeks?  |  |
|                    | <ol> <li>More</li> <li>About the same</li> <li>Less</li> </ol>   | $1 \Rightarrow ALCUSU\_Q02$ $2 \Rightarrow ALCUSU\_Q02$ $3 \Rightarrow ALCUSU\_Q02$  |
| ALCUSU_Q01 = ALL   | ALCUSU_Q02   |  |
| ALCCON_Q2 = 2-5    | How often did [you/[first name]] have an alcoholic drink of any kind in the <u>last 12 months</u> ?  |  |
|                    | <ol> <li>Every day</li> <li>5 to 6 days a week</li> <li>3 to 4 days a week</li> <li>1 to 2 days a week</li> <li>2 to 3 days a month</li> <li>About 1 day a month</li> <li>Less often than 1 day a month</li> <li>Don't know</li> </ol> | 1 → ALCGQF_Q01<br>2 → ALCGQF_Q01<br>3 → ALCGQF_Q01<br>4 → ALCGQF_Q01<br>5 → ALCGQF_Q01<br>6 → ALCGQF_Q01<br>7 → ALCGQF_Q01<br>8 → ALCGQF_Q01 |
| ALCUSU_Q02 = ALL   | ALCGQF_Q01   |  |
|                    | Show Prompt Card G9  |  |
|                    | The next questions are about the number of standard drinks that [you have/[first name] has] had in the <u>last 12 months</u> .   |  |
|                    | This card shows the standard drink guide.  |  |
|                    | In the <u>last 12 months</u> how often [have you/has [first name]] had 11 or more standard drinks in a day?  |  |
|                    | <ol> <li>Times per week</li> <li>Number of times in the last 12 months</li> <li>Nil</li> </ol>   | $1 \Rightarrow ALCGQF\_Q02$ $2 \Rightarrow ALCGQF\_Q03$ $3 \Rightarrow ALCGQF\_Q04$  |

| ALCGQF_Q01 = 1   | ALCGQF_Q02   |   |
|------------------|--|---|
|                  | Enter number of times <u>per week</u> .  |   |
|                  | Ctrl K may be used here if necessary.  |   |
|                  | <17>   | 17 → ALCGQF_Q04   |
|                  | Ctrl K   | CtrlK → ALCGQF_Q04  |
| ALCGQF_Q01 = 2   | ALCGQF_Q03   |   |
|                  | Enter number of times in the <u>last 12 months</u> .   |   |
|                  | Ctrl K may be used here if necessary.  | 1366 →  |
|                  | <1366>   | ALCGQF_Q04  |
|                  | Ctrl K   | CtrlK → ALCGQF_Q04  |
| ALCGQF_Q01 = 3   | ALCGQF_Q04   |   |
| ALCGQF_Q02 = ALL | Show Prompt Card G9  |   |
| ALCGQF_Q03 = ALL | In the <u>last 12 months</u> how often [have you/has [first name]] had 7 or more standard drinks in a day? |   |
|                  | <ol> <li>Times per week</li> <li>Number of times in the last 12 months</li> <li>Nil</li> </ol>             | $1 \rightarrow ALCGQF\_Q05$ $2 \rightarrow ALCGQF\_Q06$ $3 \rightarrow ALCGQF\_Q07$ |
| ALCGQF_Q04 = 1   | ALCGQF_Q05   |   |
|                  | Enter number of times <u>per week</u> .  |   |
|                  | Ctrl K may be used here if necessary.  |   |
|                  | <17>   | 17 → ALCGQF_Q07   |
|                  | Ctrl K   | CtrlK → ALCGQF_Q07  |
| ALCGQF_Q04 = 2   | ALCGQF_Q06   |   |
|                  | Enter number of times in the <u>last 12 months</u> .   |   |
|                  | Ctrl K may be used here if necessary.  | 1366 →  |
|                  | <1366>   | ALCGQF_Q07  |
|                  | Ctrl K   | CtrlK → ALCGQF_Q07  |
| ALCGQF_Q04 = 3   | ALCGQF_Q07   |   |
| ALCGQF_Q05 = ALL | Show Prompt Card G9  |   |

| ALCCOE OO6 - ALL | In the last 12 months have often theve you has first   |                                  |
|------------------|--|----------------------------------|
| ALCGQF_Q06 = ALL | In the <u>last 12 months</u> how often [have you/has [first name]] had 5 or more standard drinks in a day? |                                  |
|                  | 1. Times per week  | 1 → ALCGQF_Q08                   |
|                  | 2. Number of times in the last 12 months   | $2 \rightarrow ALCGQF_Q08$       |
|                  | 3. Nil   | 3 → ALCGQF_Q10                   |
| ALCGQF_Q07 =1    | ALCGQF_Q08   |                                  |
|                  | Enter number of times <u>per week</u> .  |                                  |
|                  | Ctrl K may be used here if necessary.  |                                  |
|                  | <17>   | 17 <b>→</b> ALCGQF_Q10           |
|                  | CtrlK  | CtrlK → ALCGQF_Q10               |
| ALCGQF_Q07 = 2   | ALCGQF_09  |                                  |
|                  | Enter number of times in the <u>last 12 months</u> .   |                                  |
|                  | Ctrl K may be used here if necessary.  | 1 266                            |
|                  | <1366>   | 1366 <b>→</b><br>ALCGQF_Q10      |
|                  | Ctrl K   | $CtrlK \rightarrow ALCGQF_Q10$   |
| ALCGQF_Q07 = 3   | ALCGQF_Q10   |                                  |
| ALCGQF_08 = ALL  | Show Prompt Card G9  |                                  |
| ALCGQF_09 = ALL  | In the <u>last 12 months</u> how often [have you/has [first name]] had 3 or more standard drinks in a day? |                                  |
|                  |  | 1 > 11 CCOF 011                  |
|                  | <ol> <li>Times per week</li> <li>Number of times in the last 12 months</li> </ol>                          | 1 → ALCGQF_Q11<br>2 → ALCGQF_Q12 |
|                  | 3. Nil   | $3 \rightarrow ALC_Q03$          |
| ALCGQF_Q10 =1    | ALCGQF_Q11   |                                  |
|                  | Enter number of times <u>per week</u> .  |                                  |
|                  | Ctrl K may be used here if necessary.  |                                  |
|                  | <17>   | 17 → ALC_Q03                     |
|                  | Ctrl K   | $CtrlK \rightarrow ALC_Q03$      |
| ALCGQF_Q10 = 2   | ALCGQF_12  |                                  |
|                  | Enter number of times in the <u>last 12 months</u> .   |                                  |
|                  | Ctrl K may be used here if necessary.  |                                  |
|                  | <1366>   | 1366 → ALC_Q03                   |

|  | Ctrl K  | CtrlK → ALC_Q03   |
|--|---|---|
| ALCGQF_Q10 = 3                           | ALC_Q03   |   |
| $ALCGQF_Q11 = ALL$<br>$ALCGQF_Q12 = ALL$ | Has the amount of alcohol that [you/[first name]] usually drink[s] increased, decreased or stayed about the same since this time last year? |   |
|  | <ol> <li>Increased</li> <li>Decreased</li> <li>Stayed about the same</li> </ol>   | $1 \rightarrow ALC\_SG04$ $2 \rightarrow ALC\_SG04$ $3 \rightarrow ALC\_SG04$ |
| ALCCON_Q02 = 6-9                         | ALC_SG04  |   |
| ALC_Q03 = ALL                            | <ol> <li>IF respondent is 15-17 years of age, living with parent/guardian and answering for self.</li> <li>Otherwise</li> </ol>             | $1 \Rightarrow ALC\_Q05$ $2 \Rightarrow Next module$                          |
| ALC_SG04 = 1                             | ALC_Q05   |   |
|  | Mark whether a parent or guardian was present during the alcohol questions.   |   |
|  | Parent/Guardian present for all of the Alcohol questions  | 1 → Next module   |
|  | 2. Parent/Guardian present for only some of the Alcohol questions   | $2 \rightarrow \text{Next module}$  |
|  | 3. Parent/Guardian not present for any of the Alcohol questions   | 3 → Next module   |

**Module 16:** Conditions – Asthma

Includes: General Intro to Conditions, Asthma Prevalence, and Treatment

| From Population      | Question   | To Question  |
|----------------------|--|--|
| All selected persons | CONDINTRO  |  |
|                      | Earlier I asked you some questions about whether [you were /[first name] was] restricted in [your/his/her] day to day activities because of any medical conditions [you/he/she] had. Now I would like to ask you about some specific medical conditions. |  |
|                      | 1. Press [1] to continue   | 1 → ASTH_Q01   |
| CONDINTRO = ALL      | ASTH_Q01   |  |
|                      | I would like to ask about asthma.  |  |
|                      | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] asthma?   |  |
|                      | 1. Yes<br>5. No<br>6. Don't know   | 1 → ASTH_Q02<br>5 → Next Condition<br>Module<br>6 → Next Condition<br>Module |
| ASTH_Q01 = 1         | ASTH_Q02   |  |
|                      | Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness.  [Have you/Has [first name]] had any symptoms of asthma or taken treatment for asthma in the <a href="last 12">last 12</a> months?                               |  |
|                      | 1. Yes<br>5. No  | 1 → ASTH_Q03<br>5 → ASTH_Q03   |
| ASTH_Q02 = ALL       | ASTH_Q03   |  |
| ) '                  | [Do you/Does [first name]] still get asthma?   |  |
|                      | 1. Yes<br>5. No  | 1 → ASTH_SG04<br>5 → ASTH_SG04   |
| ASTH_Q03 = ALL       | ASTH_SG04  |  |
|                      | <ol> <li>IF asthma or symptoms of asthma are current<br/>(ASTH_Q02 = 1 or ASTH_Q03 = 1)</li> <li>Otherwise</li> </ol>  | 1 → ASTH_Q20 2 → Next Condition  |

| ASTH_Q20  At any time in the last 12 months, was [your/[first name]'s] asthma worse or out of control?  1. Yes 5. No  ASTH_Q21  How many times in the last 12 months, [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q20 = 5  ASTH_Q20 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q20 = ALL  ASTH_Q20  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  Enter number of times.   |                  |   | Module                  |
|---|------------------|---|-------------------------|
| asthma worse or out of control?  1. Yes 5. No 5 → ASTH_Q21  How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  <0366> → ASTH_Q22  ASTH_Q21 = ALL Dyou/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by astima or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  | $ASTH\_SG04 = 1$ | ASTH_Q20  |                         |
| asthma worse or out of control?  1. Yes 5. No 5 → ASTH_Q21  How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  <0366> → ASTH_Q22  ASTH_Q21 = ALL Dyou/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by astima or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | At any time in the <u>last 12 months</u> , was [your/[first |                         |
| 5. No  ASTH_Q21  How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  <0366>  ASTH_Q22  ASTH_Q20 = 5  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  |   |                         |
| 5. No  ASTH_Q21  How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  <0366>  ASTH_Q22  ASTH_Q20 = 5  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | 1 Yes   | 1 → ASTH O21            |
| How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   |                  |   | =                       |
| How many times in the last 12 months. [have you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   | ACTU O20 1       | A CITY A COAL   |                         |
| you/has [first name]] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  In the last 4 weeks. [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. Don't know  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   | ASTH_Q20 = 1     | ASTH_Q21  |                         |
| department because [your/his/her] asthma was worse or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. ASTH_Q30 6. Don't know  ASTH_Q30 During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | How many times in the <u>last 12 months</u> , [have         |                         |
| or out of control?  Enter number of times.  < 0 366 > → ASTH_Q22  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | _ =   |                         |
| Enter number of times. <ul> <li>&lt;0366&gt;</li> <li>→ ASTH_Q22</li> </ul> <li>ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?</li>   |                  |   |                         |
| ASTH_Q20 = 5  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  |   |                         |
| ASTH_Q20 = 5  ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. Don't know 6. D |                  | Enter number of times.                                      |                         |
| ASTH_Q21 = ALL  [Do you/Does [first name]] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. Don't know  ASTH_Q30 During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   |                  | < 0 366 >   | → ASTH_Q22              |
| action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1 → ASTH_Q29 7 → ASTH_Q29  ASTH_Q29  ASTH_Q29  ASTH_Q29  ASTH_Q30 5 → ASTH_Q30 6 → ASTH_Q30 6 → ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   | ASTH_Q20 = 5     | ASTH_Q22  |                         |
| action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control?  1. Yes 5. No 6. Never heard of one 7. Don't know  ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1 → ASTH_Q29 7 → ASTH_Q29  ASTH_Q29  ASTH_Q29  ASTH_Q29  ASTH_Q30 5 → ASTH_Q30 6 → ASTH_Q30 6 → ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   | ASTH O21 = ALL   | [Do you/Does [first name]] have a written asthma            |                         |
| 1. Yes 5. No 6. Never heard of one 7. Don't know  1. Yes 5. No 6. Never heard of one 7. Don't know  1. Yes 7. → ASTH_Q29 7. → ASTH_Q29 7. → ASTH_Q29 7. → ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1. → ASTH_Q30 5. No 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30 During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | action plan, that is, written instructions of what to do    |                         |
| 5. No 6. Never heard of one 7. Don't know  ASTH_Q29 7 → ASTH_Q29 7 → ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1 → ASTH_Q30 5 → ASTH_Q30 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | if [your/his/her] asthma is worse or out of control?        |                         |
| 5. No 6. Never heard of one 7. Don't know  ASTH_Q29 7 → ASTH_Q29 7 → ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1 → ASTH_Q30 5 → ASTH_Q30 6. Don't know  ASTH_Q29 = ALL  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | 1. Yes  | 1 → ASTH O29            |
| 7. Don't know 7 → ASTH_Q29  ASTH_Q22 = ALL ASTH_Q29  In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?   |                  | 5. No   | 5 → ASTH_Q29            |
| ASTH_Q29  In the <u>last 4 weeks</u> , [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30  ASTH_Q30  During the <u>last 4 weeks</u> , how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  |   | _                       |
| In the <u>last 4 weeks</u> , [have you/has [first name]] been woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  1. Yes 5. No 6. Don't know  ASTH_Q30 6. During the <u>last 4 weeks</u> , how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | 7. Don't know   | / <del>7</del> ASTH_Q29 |
| woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. Don't know  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  | ASTH_Q22 = ALL   | ASTH_Q29  |                         |
| woken by asthma or wheezing?  1. Yes 5. No 6. Don't know  ASTH_Q30 6. Don't know  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | In the last 4 weeks, [have you/has [first name]] been       |                         |
| 5. No 6. Don't know  5 → ASTH_Q30 6 → ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  |   |                         |
| 5. No 6. Don't know  5 → ASTH_Q30 6 → ASTH_Q30  ASTH_Q30  During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | 1 Yes   | 1 → ASTH O30            |
| ASTH_Q29 = ALL  ASTH_Q30  During the <u>last 4 weeks</u> , how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  |   | _ ~                     |
| During the <u>last 4 weeks</u> , how often did [your/his/her] asthma interfere with [your/his/her] daily activities?  |                  | 6. Don't know   | 6 → ASTH_Q30            |
| asthma interfere with [your/his/her] daily activities?  | ASTH_Q29 = ALL   | ASTH_Q30  |                         |
| asthma interfere with [your/his/her] daily activities?  |                  | During the lest 4 weeks how often did from higher           |                         |
| Enter number of times.  |                  |   |                         |
|   |                  | Enter number of times.                                      |                         |
| < 0 366 > → ACTIO[1]  |                  | < 0 366 >   | → ACTIO[1]              |

#### **Module 17:** Conditions – Actions

Includes: Consultation with Health Professionals in last 2wks/12mths and Days Out of Role

| From Population                      | Question   | To Question                      |
|--------------------------------------|--|----------------------------------|
| All selected persons and             | ACTIO_L01_START  |                                  |
| relevant condition group is endorsed | < Start loop – Actio[18] >   | → ACTIO_Q01                      |
|                                      | Note: Loop is to collect Actions data for each Condition Group.  |                                  |
| ACTIO_L01_START = ALL                | ACTIO_Q01  |                                  |
|                                      | Show Prompt Card [H1/I3/J3/K2/L2/M2/M4/O4/P4]  |                                  |
|                                      | [Have/Has] [you /[first name]] taken any of these actions for [your/his/her/[child's name]'s] [condition] [, excluding your Gout,/, excluding your Rheumatism,/, excluding your Gout and Rheumatism,] in the <u>last 2 weeks</u> ? |                                  |
|                                      | 1. Yes   | 1 → ACTIO_Q02                    |
|                                      | 5. No  | 5 → ACTIO_Q04                    |
|                                      | 6. Don't know  | 6 → ACTIO_Q04                    |
| ACTIO_Q01 = 1                        | ACTIO_Q02  |                                  |
|                                      | Which ones?  |                                  |
|                                      | More than one response is allowed. Press space bar between responses.  |                                  |
|                                      | 1. Consulted a GP  | 1 → ACTIO_SG03                   |
|                                      | <ul><li>2. Consulted a Specialist</li><li>3. Consulted a Dentist</li></ul>   | 2 → ACTIO_SG03<br>3 → ACTIO_SG03 |
|                                      | 4. Consulted other health professional   | $4 \rightarrow ACTIO\_SG03$      |
|                                      | 5. Admitted to hospital as an inpatient  | 5 → ACTIO_SG03                   |
|                                      | <ul><li>6. Visited an outpatient clinic</li><li>7. Visited emergency/casualty</li></ul>  | 6 → ACTIO_SG03<br>7 → ACTIO_SG03 |
|                                      | 8. Visited day clinic  | 8 → ACTIO_SG03                   |
| ACTIO_Q02 = ALL                      | ACTIO_SG03   |                                  |
|                                      | 1. IF ACTIO_Q02 <> 1   | 1 → ACTIO_Q04                    |
|                                      | 2. ELSEIF ACTIO_Q02 = 1  | 2 → ACTIO_Q04a                   |
|                                      | 3. Otherwise   | 3 → ACTIO_SG05                   |
| ACTIO_Q01 = 5 or 6                   | ACTIO_Q04  |                                  |
| ACTIO_SG03 = 1                       | [Have/Has] [you/[first name]] consulted a GP about [your/his/her/[child's name]'s] [condition] in the <u>last</u>  |                                  |

|                               | <u>12 months</u> ?  |                                  |
|-------------------------------|---|----------------------------------|
|                               | 1. Yes  | 1 → ACTIO_Q04B                   |
|                               | 5. No 6. Don't know   | 5 → ACTIO_SG05<br>6 → ACTIO_SG05 |
| ACTIO_SG03 = 2                | ACTIO_Q04A  |                                  |
|                               | How many times did [you/[first name]] consult a GP about [your/his/her/[child's name]'s] [condition] in the <u>last 2 weeks</u> ?         |                                  |
|                               | Enter number of times   |                                  |
|                               | < 125>  | → ACTIO_Q04B                     |
| ACTIO_Q04 = 1                 | ACTIO_Q04B  |                                  |
| ACTIO_Q04A = ALL              | How many times did [you/[first name]] consult a GP about [your/his/her/[child's name]'s] [condition] in the <u>last 12 months</u> ?       |                                  |
|                               | Enter number of times   |                                  |
|                               | < 1 366 >   | → ACTIO_SG05                     |
| ACTIO_SG03 = 3                | ACTIO_SG05  |                                  |
| $ACTIO_Q04 = 5 \text{ or } 6$ | <ol> <li>IF ACTIO_Q02 &lt;&gt; 2</li> <li>ELSEIF ACTIO_Q02 = 2</li> </ol>   | 1 → ACTIO_Q06<br>2 → ACTIO_Q06A  |
| ACTIO_Q04B = ALL              | 3. Otherwise  | 3 → ACTIO_Q09                    |
| ACTIO_SG05 = 1                | ACTIO_Q06   |                                  |
|                               | [Have/Has] [you/[first name]] consulted a Specialist about [your/his/her/ [child's name]'s] [condition] in the <u>last 12 months</u> ?    |                                  |
|                               | 1. Yes  | 1 → ACTIO_Q06B                   |
|                               | <ul><li>5. No</li><li>6. Don't know</li></ul>   | 5 → ACTIO_Q09<br>6 → ACTIO_Q09   |
| ACTIO_SG05 = 2                | ACTIO_Q06A  |                                  |
|                               | How many times did [you/[first name]] consult a Specialist about [your/his/her/[child's name]'s] [condition] in the <u>last 2 weeks</u> ? |                                  |
|                               | Enter number of times   |                                  |
|                               | < 1 25 >  | → ACTIO_Q06B                     |

| ACTIO_Q06 = 1      | ACTIO_Q06b   |                                    |
|--------------------|--|------------------------------------|
| ACTIO_Q06A = ALL   | How many times did [you/[first name]] consult a Specialist about [your/his/her/[child's name]'s] [condition] in the <u>last 12 months</u> ?  |                                    |
|                    | Enter number of times  |                                    |
|                    | < 1 366 >  | → ACTIO_Q09                        |
| ACTIO_SG05 = 3     | ACTIO_Q09  |                                    |
| ACTIO_Q06 = 5 or 6 | Show Prompt Card [H2/I4/J4/K3/L3/M3/M5/O5/P5]  |                                    |
| ACTIO_Q06B = ALL   | Excluding any time spent in hospital, [have/has] [you/[first name]] consulted any of these health professionals about [your/his/her/[child's name]'s] [condition] in the <u>last 12 months</u> ? |                                    |
|                    | 1. Yes<br>5. No  | 1 → ACTIO_Q10                      |
|                    | 6. Don't know  | 5 → ACTIO_SG11<br>6 → ACTIO_SG11   |
| ACTIO_Q09 = 1      | ACTIO_Q10  |                                    |
|                    | Which ones?  |                                    |
|                    | More than one response is allowed. Press space bar between responses.  |                                    |
|                    | 10. Aboriginal Health Worker   | 10 → ACTIO_SG11                    |
|                    | 11. Accredited counsellor  | 11 → ACTIO_SG11                    |
|                    | 12. Acupuncturist  | 12 → ACTIO_SG11                    |
|                    | 13. Alcohol and drug worker  | 13 → ACTIO_SG11                    |
|                    | 14. Audiologist/Audiometrist   | 14 → ACTIO_SG11                    |
|                    | 15. Chemist/Pharmacist (for advice only)   | 15 → ACTIO_SG11                    |
|                    | 16. Chiropodist/Podiatrist   | 16 → ACTIO_SG11                    |
|                    | <ul><li>17. Chiropractor</li><li>18. Diabetes Educator</li></ul>   | 17 → ACTIO_SG11<br>18 → ACTIO_SG11 |
|                    | 19. Dietitian/Nutritionist   | 19 → ACTIO_SG11                    |
|                    | 20. Naturopath   | 20 → ACTIO_SG11                    |
|                    | 21. Herbalist  | 20 → ACTIO_SG11<br>21 → ACTIO_SG11 |
|                    | 22. Hypnotherapist   | 22 → ACTIO_SG11                    |
|                    | 23. Nurse  | 22 → ACTIO_SG11 23 → ACTIO_SG11    |
|                    | 24. Occupational therapist   | 24 → ACTIO_SG11                    |
|                    | 25. Optician/Optometrist/Orthoptist  | 25 → ACTIO_SG11                    |
|                    | 26. Orthotist/Prosthetists   | 26 → ACTIO_SG11                    |
|                    | 27. Osteopath  | 27 → ACTIO_SG11                    |
|                    | 28. Physiotherapist/Hydrotherapist   | 28 → ACTIO_SG11                    |

|                        | <ul> <li>29. Psychologist</li> <li>30. Radiographer</li> <li>31. Social worker/Welfare officer</li> <li>32. Sonographer</li> <li>33. Speech therapist/Pathologist</li> <li>34. Other</li> </ul>                             | 29 → ACTIO_SG11<br>30 → ACTIO_SG11<br>31 → ACTIO_SG11<br>32 → ACTIO_SG11<br>33 → ACTIO_SG11<br>34 → ACTIO_SG11                         |
|------------------------|---|--|
| ACTIO_Q09 = 5 or 6     | ACTIO_SG11  |  |
| ACTIO_Q10 = ALL        | <ol> <li>IF CURSTUD_Q01 = 1 or xSecSch = 1</li> <li>ELSEIF AGE = 15-24 and xTerSch = 1</li> <li>ELSEIF HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1</li> <li>ELSEIF AGE = 5 to 14 years</li> <li>Otherwise</li> </ol> | $1 \rightarrow ACTIO_Q12$ $2 \rightarrow ACTIO_Q12$ $3 \rightarrow ACTIO_Q15$ $4 \rightarrow ACTIO_Q12$ $5 \rightarrow ACTIO_L01\_END$ |
| ACTIO_SG11 = 1, 2 or 4 | ACTIO_Q12   |  |
|                        | I now want you to think about any time [you/[first name]] [have/has] had off [study/school] because of [your/his/her] [condition].  |  |
|                        | In the <u>last 12 months</u> , [have/has] [you/[first name]] stayed away from [study/school] for more than half a day because of [your/his/her] [condition]?  |  |
|                        | 1. Yes<br>5. No   | 1 → ACTIO_Q13<br>5 → ACTIO_SG14  |
| ACTIO_Q12 = 1          | ACTIO_Q13   |  |
|                        | How many days in the <u>last 12 months</u> [have/has] [you/[first name]] stayed away from [study/school] because of [your/his/her] [condition]?   |  |
|                        | Enter number of days.   |  |
|                        | <1366>  | → ACTIO_SG14   |
| ACTIO_Q12 = 5          | ACTIO_SG14  |  |
| ACTIO_Q13 = ALL        | 1. If HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1  | 1 → ACTIO_Q15  |
|                        | 2. Otherwise  | 2 → ACTIO_L01_END  |
| ACTIO_SG11 = 3         | ACTIO_Q15   |  |
| ACTIO_SG14 = 1         | I now want you to think about any time [you/[first name]] [have/has] had off work because of [your/his/her] [condition].  |  |

|                 | In the <u>last 12 months</u> , [have/has] [you/[first name]] stayed away from work for more than half a day because of [your/his/her] [condition]?                      |                                    |
|-----------------|---|------------------------------------|
|                 | 1. Yes<br>5. No   | 1 → ACTIO_Q16<br>5 → ACTIO_L01_END |
| ACTIO_Q15 = 1   | ACTIO_Q16  How many days in the <u>last 12 months</u> [have/has] [you/[first name]] stayed away from work because of [your/his/her] [condition]?  Enter number of days. |                                    |
|                 | < 1 366 >   | → ACTIO_L01_END                    |
| ACTIO_SG11 = 5  | ACTIO_L01_END   |                                    |
| ACTIO_SG14 = 2  | < End loop – Actio[116] >   | → Next Module                      |
| ACTIO_Q15 = 5   |   |                                    |
| ACTIO_Q16 = ALL |   |                                    |

**Module 18:** Conditions – Cancer

**Includes:** Cancer Screening and Prevalence

| From Population      | Question   | To Question                     |
|----------------------|--|---------------------------------|
| All selected persons | CNCR_Q01   |                                 |
|                      | The next few questions are about cancer.   |                                 |
|                      | -  |                                 |
|                      | [Do you/Does [first name]], or anyone else, <u>regularly</u> check [your/his/her] skin for any changes in freckles |                                 |
|                      | and moles?   |                                 |
|                      | 1. Yes   | 1 → CNCR_Q02                    |
|                      | 5. No 6. Don't know  | 5 → CNCR_Q02<br>6 → CNCR_Q02    |
|                      |  | 0 7 CIVER_Q02                   |
| $CNCR_Q01 = ALL$     | CNCR_Q02   |                                 |
|                      | Show Prompt Card [I1/I2]   |                                 |
|                      | [Have you/Has [first name]] ever been <u>tested</u> for any type of cancer?  |                                 |
|                      | type of cancer?  |                                 |
|                      | 1. Yes   | 1 → CNCR_SG03                   |
|                      | 5. No  | 5 → CNCR_Q08                    |
| CNCR_Q02 = 1         | CNCR_SG03  |                                 |
|                      | 1. IF SEX = 1 (Male)   | 1 → CNCR_Q04M                   |
|                      | 2. ELSEIF SEX = 2 (Female)   | 2 → CNCR_Q04F                   |
| CNCR_SG03 = 1        | CNCR_Q04M  |                                 |
|                      | Show Prompt Card I1  |                                 |
|                      | What type(s) of cancer [have you/has [first name]] ever been <u>tested</u> for?                                    |                                 |
|                      | ever been <u>tested</u> for :  |                                 |
|                      | More than one response is allowed. Press space bar between responses.  |                                 |
|                      | Bowel (e.g. had a faecal occult blood test)  | 1 → CNCR_Q05                    |
|                      | 2. Prostate  | $2 \rightarrow \text{CNCR} Q05$ |
|                      | 3. Other   | 3 → CNCR_Q05                    |
| $CNCR\_SG03 = 2$     | CNCR_Q04F  |                                 |
|                      | Show Prompt Card I2  |                                 |
|                      | What type(s) of cancer [have you/has [first name]] ever been <u>tested</u> for?                                    |                                 |

|                 | <ul><li>More than one response is allowed. Press space bar between responses.</li><li>1. Bowel (e.g. had a faecal occult blood test)</li></ul> | 1 → CNCR_Q05   |
|-----------------|--|--|
|                 | <ol> <li>Breast (e.g. had a mammogram)</li> <li>Cervical cancer (e.g. had a pap smear)</li> <li>Other</li> </ol>                               | 2 → CNCR_Q05<br>3 → CNCR_Q05<br>4 → CNCR_Q05   |
| CNCR_Q04M = ALL | CNCR_Q05   |  |
| CNCR_Q04F= ALL  | In the <u>last 2 years</u> , [have you/has [first name]] been tested for any type of cancer?   |  |
|                 | 1. Yes<br>5. No  | 1 → CNCR_SG06<br>5 → CNCR_Q08  |
| CNCR_Q05 = 1    | CNCR_SG06  |  |
|                 | <ol> <li>IF CNCR_Q04M = multiple responses</li> <li>ELSEIF CNCR_Q04F = multiple responses</li> <li>Otherwise</li> </ol>                        | $1 \rightarrow \text{CNCR\_Q07M}$ $2 \rightarrow \text{CNCR\_Q07F}$ $3 \rightarrow \text{CNCR\_Q08}$ |
| CNCR_SG06 = 1   | CNCR_Q07M  |  |
|                 | What type(s) of cancer [have you/has [first name]] been tested for in the <u>last 2 years</u> ?  |  |
|                 | More than one response is allowed. Press space bar between responses.  |  |
|                 | <ol> <li>Bowel (e.g. had a faecal occult blood test)</li> <li>Prostate</li> <li>Other ]</li> </ol>   | 1 → CNCR_Q08<br>2 → CNCR_Q08<br>3 → CNCR_Q08   |
| CNCR_SG06 = 2   | CNCR_Q07F  | _  |
| CIVER_SOU0 = 2  | What type(s) of cancer [have you/has [first name]] been tested for in the <u>last 2 years</u> ?  |  |
|                 | More than one response is allowed. Press space bar between responses.  |  |
|                 | [ 1. Bowel (e.g. had a faecal occult blood test)   | 1 → CNCR_Q08   |
|                 | <ol> <li>Breast (e.g. had a mammogram)</li> <li>Cervical cancer (e.g. had a pap smear)</li> <li>Other ]</li> </ol>                             | 2 → CNCR_Q08<br>3 → CNCR_Q08<br>4 → CNCR_Q08   |
| CNCR_Q02 = 5    | CNCR_Q08   | 7 / CNCK_Q00   |
|                 |  |  |

| CNCR_SG06 = 3   CNCR_Q07M = ALL   1. Yes   5. No   5. No   6. Don't know   6. Don't know | CNCR_Q05 = 5        | [Have you/Has [first name]] ever been told by a |                       |
|--|---------------------|---|-----------------------|
| S. No 6. Don't know 5 → CNCR_SG21 6 → CNCR_SG21 7 ○ CNCR_SG21  | CNCR_SG06 = 3       |   |                       |
| CNCR_Q07F = ALL  6. Don't know  6. → CNCR_SG21  CNCR_Q09  What type of cancer [were you/was [first name]] told [you/he/she] had?  More than one response is allowed. Press space bar between responses.  [  10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma)  11. Colon/rectum/bowel cancer (colorectal)  12. Breast cancer  13. Prostate cancer  14. Lung cancer (include trachea, pleura and bronchus)  15. Cervical cancer  16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer  18. Stomach cancer  19. Leukaemia  20. Non-Hodgkin lymphoma  21. Other type of lymphoma  21. Other type of lymphoma  22. Cancer of unknown primary site  23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  < 'Not Listed' (999) → CNCR_SG11  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed' (999) → CNCR_SG11  CNCR_Q10 = 'Not Listed' (999) → CNCR_SG11  CNCR_Q10 = 'Not Listed' (999) → CNCR_SG11  | CNCR_Q07M = ALL     | 1. Yes  | 1 → CNCR_Q09          |
| CNCR_Q08 = 1  CNCR_Q09  What type of cancer [were you/was [first name]] told [you/he/she] had?  More than one response is allowed. Press space bar between responses.  [ 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma) 11. Colon/rectum/bowel cancer (colorectal) 12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus) 15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary) 17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  CNCR_Q10 = 'Not Listed'  CNCR_Q10a = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10a  |                     |   |                       |
| What type of cancer [were you/was [first name]] told [you/he/she] had?  More than one response is allowed. Press space bar between responses.  [ 10. Skin cancer (include melanoma, basal cell carcinoma) 11. Colon/rectum/bowel cancer (colorectal) 12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus) 15. Cervical cancer 16. Cancer of other female reproductive organs (include utrus, ovary) 17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not CNCR_Q10A   | $CNCR_Q07F = ALL$   | 6. Don't know                                   | 6 → CNCR_SG21         |
| [you/he/she] had?  More than one response is allowed. Press space bar between responses.  [ 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma) 11. Colon/rectum/bowel cancer (colorectal) 12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus) 15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary) 17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed' (999) → CNCR_Q10A  | CNCR_Q08 = 1        | CNCR_Q09  |                       |
| between responses.  [  10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma)  11. Colon/rectum/bowel cancer (colorectal)  12. Breast cancer  13. Prostate cancer  14. Lung cancer (include trachea, pleura and bronchus)  15. Cervical cancer  16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer  18. Stomach cancer  19. Leukaemia  20. Non-Hodgkin lymphoma  21. Other type of lymphoma  21. Other type of lymphoma  22. Cancer of unknown primary site  23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'   |                     | - · · · · · · · · · · · · · · · · · · ·         |                       |
| carcinoma, squamous cell carcinoma)  11. Colon/rectum/bowel cancer (colorectal)  12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus)  15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  CNCR_Q10 = 'Not Listed'  CNCR_Q10a = 'Not CNCR_Q10A   |                     |   |                       |
| carcinoma, squamous cell carcinoma)  11. Colon/rectum/bowel cancer (colorectal)  12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus)  15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  CNCR_Q10 = 'Not Listed'  CNCR_Q10a = 'Not CNCR_Q10A   |                     |   |                       |
| 11. Colon/rectum/bowel cancer (colorectal) 12. Breast cancer 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus) 15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary) 17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10A  CNCR_Q10 = 'Not Listed'  CNCR_Q10A  CNCR_Q10A   |                     |   | 10 → CNCR_SG11        |
| 13. Prostate cancer 14. Lung cancer (include trachea, pleura and bronchus) 15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary) 17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed' CNCR_Q10 = 'Not CNCR_Q10A  CNCR_Q10 = 'Not CNCR_Q10A  CNCR_Q10 = 'Not CNCR_Q10A  |                     | 11. Colon/rectum/bowel cancer (colorectal)      | _                     |
| 14. Lung cancer (include trachea, pleura and bronchus)  15. Cervical cancer 16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  'Not Listed' (999) → CNCR_Q10A  ELSE → CNCR_SG11  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed' (999) → CNCR_SG11   |                     |   |                       |
| bronchus)  15. Cervical cancer  16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer  18. Stomach cancer  19. Leukaemia  20. Non-Hodgkin lymphoma  21. Other type of lymphoma  21. Other type of lymphoma  22. Cancer of unknown primary site  23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10A  ELSE → CNCR_SG11   |                     |   | <del>-</del>          |
| 16. Cancer of other female reproductive organs (include uterus, ovary)  17. Bladder/kidney cancer 18. Stomach cancer 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'  CNCR_Q104  CNCR_Q104  CNCR_Q104  CNCR_Q105  CNCR_Q106  CNCR_Q106  CNCR_Q106  CNCR_Q107  CNCR_Q107  CNCR_Q107  CNCR_Q107  CNCR_Q108  CNCR_Q108  CNCR_Q109   |                     |   | 14 → CNCR_SG11        |
| (include uterus, ovary)  17. Bladder/kidney cancer  18. Stomach cancer  19. Leukaemia  20. Non-Hodgkin lymphoma  21. Other type of lymphoma  22. Cancer of unknown primary site  23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  < 50 char >  CNCR_Q104  CNCR_Q104  CNCR_Q105  CNCR_Q106  CNCR_Q106  CNCR_Q106  CNCR_Q106  CNCR_Q107  CNCR_Q107  CNCR_Q107  CNCR_Q107  CNCR_Q108  CNCR_Q108  CNCR_Q109   |                     |   | _                     |
| 18. Stomach cancer  19. Leukaemia  20. Non-Hodgkin lymphoma  21. Other type of lymphoma  22. Cancer of unknown primary site  23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  CNCR_Q10 = 'Not Listed'  CNCR_Q10 = 'Not Listed'  CNCR_Q10A  CNCR_Q10A  CNCR_Q10A  CNCR_Q10A  CNCR_Q10A  CNCR_Q10A  CNCR_Q10A  |                     | -   | 16 → CNCR_SG11        |
| 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  < 50 char >  CNCR_Q104  CNCR_Q10 = 'Not Listed'  CNCR_Q104  CNCR_Q105  CNCR_Q106  CNCR_Q106  CNCR_Q107  CNCR_Q107  CNCR_Q108  CNCR_Q108  CNCR_Q109 = 'Not Listed'  CNCR_Q109  |                     | 17. Bladder/kidney cancer                       | 17 → CNCR_SG11        |
| 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  23. CNCR_Q10  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  |                     | 18. Stomach cancer                              | 18 <b>→</b> CNCR_SG11 |
| 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other cancer (specify) ]  22. CNCR_SG11 23. Other cancer (specify) ]  23. Other cancer (specify) ]  23. CNCR_Q10  Please specify other type of cancer.  (Not Listed' (999) → CNCR_Q10A  (S0 char > ELSE → CNCR_SG11  |                     |   | _                     |
| 22. Cancer of unknown primary site 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.   |                     |   |                       |
| 23. Other cancer (specify) ]  CNCR_Q09 = 23  CNCR_Q10  Please specify other type of cancer.  |                     |   | _                     |
|  |                     |   | _                     |
| Please specify other type of cancer.   |                     | 23. Other cancer (specify)                      | 23 → CNCR_Q10         |
| $\begin{array}{c} \text{CNCR\_Q10A} \\ < 50 \text{ char} > \\ \end{array}$ $\begin{array}{c} \text{CNCR\_Q10A} \\ \text{ELSE} \rightarrow \text{CNCR\_SG11} \\ \end{array}$ $\begin{array}{c} \text{CNCR\_Q10A} \\ \text{Listed'} \\ \end{array}$  | CNCR_Q09 = 23       | CNCR_Q10  |                       |
| < 50  char >   |                     | Please specify other type of cancer.            | ` ′                   |
| Listed'  |                     | < 50 char >                                     |                       |
|  |                     | CNCR_Q10A                                       |                       |
|  | Listed              | Enter other type of cancer.                     |                       |
| < 60 char > → CNCR_SG11  |                     | < 60 char >                                     | → CNCR_SG11           |
| CNCR_Q09 = 10 to 22  | CNCR_Q09 = 10 to 22 | CNCR_SG11                                       |                       |
| CNCR_Q10 <> 'Not<br>Listed'  1. IF CNCR_Q09 = 10 ('Skin cancer') 2. IF TypeOfCancer (CNCR_Q09) = 1 response<br>only AND TypeOfCancer = 23 AND  1. ⇒ CNCR_Q12 2. Next condition<br>module   |                     | 2. IF TypeOfCancer (CNCR_Q09) = 1 response      | 2 → Next condition    |

| CNCR_Q10A = ALL | TypeOfCancerOther (CNCR_Q10) = "Not a condition"   |  |
|-----------------|--|--|
|                 | 3. Otherwise   | 3 → CNCR_Q13   |
| CNCR_SG11 = 1   | CNCR_Q12   |  |
|                 | What type of skin cancer was this?   |  |
|                 | More than one response is allowed. Press space bar between responses.  |  |
|                 | <ol> <li>Melanoma</li> <li>Basal cell carcinoma (BCC)</li> <li>Squamous cell carcinoma (SCC)</li> <li>Other form of skin cancer</li> <li>Don't know</li> </ol> | 1 → CNCR_Q13 2 → CNCR_Q13 3 → CNCR_Q13 4 → CNCR_Q13 5 → CNCR_Q13 |
| CNCR_SG11 = 3   | CNCR_Q13   |  |
| CNCR_Q12 = ALL  | [Are you/Is [first name]] currently receiving treatment for [your/his/her] cancer?   |  |
|                 | 1. Yes<br>5. No  | 1 → CNCR_Q14<br>5 → CNCR_Q14                                     |
| CNCR_Q13 = ALL  | CNCR_Q14   |  |
|                 | Including cancer which is in remission, [do you/does [first name]] <u>currently</u> have cancer?   |  |
|                 | Remission is the time between treatment for cancer and being informed of a cancer free status.   |  |
|                 | 1. Yes<br>5. No  | 1 → CNCR_SG15<br>5 → CNCR_SG17                                   |
| CNCR_Q14 = 1    | CNCR_SG15  |  |
| CY              | <ol> <li>IF CNCR_Q09 = multiple response</li> <li>Otherwise</li> </ol>   | 1 → CNCR_Q16<br>2 → CNCR_SG17                                    |
| CNCR_SG15= 1    | CNCR_Q16   |  |
|                 | What types of cancer [do you/does [first name]] currently have?  |  |
|                 | More than one response allowed. Press space bar between responses.   |  |
|                 | [ 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma)  | 10 → CNCR_SG17   |

|                               | 11. Colon/rectum/bowel cancer (colorectal)   | 11 → CNCR_SG17  |
|-------------------------------|--|---|
|                               | 12. Breast cancer  | 12 → CNCR_SG17  |
|                               | 13. Prostate cancer  | 13 → CNCR_SG17  |
|                               | 14. Lung cancer (include trachea, pleura and bronchus)   | 14 → CNCR_SG17  |
|                               | 15. Cervical cancer  | 15 <b>→</b> CNCR_SG17   |
|                               | 16. Cancer of other female reproductive organs (include uterus, ovary)   | 16 → CNCR_SG17  |
|                               | 17. Bladder/kidney cancer  | 17 → CNCR_SG17  |
|                               | 18. Stomach cancer   | 18 → CNCR_SG17  |
|                               | 19. Leukaemia  | 19 → CNCR_SG17  |
|                               | 20. Non-Hodgkin lymphoma   | $20 \rightarrow \text{CNCR\_SG17}$  |
|                               | 21. Other type of lymphoma   | 20 → CNCR_SG17<br>21 → CNCR_SG17  |
|                               | · · · · · · · · · · · · · · · · · · ·  |   |
|                               | 22. Cancer of unknown primary site   | 22 → CNCR_SG17  |
|                               | 23. [Other type identified in CNCR_Q10/CNCR_Q10a] ]  | 23 → CNCR_SG17  |
| CNCD 014 5                    | CNOD COAR  |   |
| $CNCR_Q14 = 5$                | CNCR_SG17  |   |
| $CNCR\_SG15 = 2$              | 1. IF CNCR_Q16 = 10 and CNCR_Q12 =   | 1 → CNCR_Q18  |
|                               | multiple response  |   |
| $CNCR_Q16 = ALL$              | 2. ELSEIF CNCR_Q16 = 12 or CNCR_Q09 = 12   | $2 \rightarrow \text{CNCR}\_\text{Q20}$   |
|                               | 3. Otherwise   | 3 → CNCR_SG21   |
| CNCR_SG17 = 1                 | CNCR_Q18   |   |
|                               |  |   |
|                               | What type of skin cancer is this?  |   |
|                               | What type of sain cancer is this.  |   |
|                               | More than one response is allowed. Press space bar   |   |
|                               |  |   |
|                               | More than one response is allowed. Press space bar   |   |
|                               | More than one response is allowed. Press space bar between responses.  | 1 → CNCR SG10   |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma   | 1 → CNCR_SG19 2 → CNCR_SG19   |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC)   | $2 \rightarrow \text{CNCR\_SG19}$   |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC)  | $2 \rightarrow \text{CNCR\_SG19}$<br>$3 \rightarrow \text{CNCR\_SG19}$                                |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance  | 2 → CNCR_SG19<br>3 → CNCR_SG19<br>4 → CNCR_SG19   |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC)  | $2 \rightarrow \text{CNCR\_SG19}$<br>$3 \rightarrow \text{CNCR\_SG19}$                                |
| CNCR_Q18 = ALL                | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance  | 2 → CNCR_SG19<br>3 → CNCR_SG19<br>4 → CNCR_SG19   |
| CNCR_Q18 = ALL                | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19   | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19   |
| CNCR_Q18 = ALL                | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12   | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19   |
| CNCR_Q18 = ALL                | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1   | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2]                    |
| CNCR_Q18 = ALL                | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12   | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19   |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1 3. Otherwise  | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |
| CNCR_Q18 = ALL  CNCR_SG17 = 2 | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1   | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |
|                               | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1 3. Otherwise  | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |
| CNCR_SG17 = 2                 | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1 3. Otherwise  CNCR_Q20  | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |
| CNCR_SG17 = 2                 | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1 3. Otherwise  CNCR_Q20  At what age [were you/was [first name]] first diagnosed with breast cancer? | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |
| CNCR_SG17 = 2                 | More than one response is allowed. Press space bar between responses.  [ 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cance 5. Don't know ]  CNCR_SG19  1. IF CNCR_Q16 = 12 or CNCR_Q09 = 12 2. ELSEIF CNCR_Q14= 1 3. Otherwise  CNCR_Q20  At what age [were you/was [first name]] first                               | 2 → CNCR_SG19 3 → CNCR_SG19 4 → CNCR_SG19 5 → CNCR_SG19  1 → CNCR_Q20 2 → ACTIO[2] 3 → Next Condition |

|                   | < 1 97 >                        | → CNCR_SG21                     |
|-------------------|---------------------------------|---------------------------------|
| CNCR_Q08 = 5 or 6 | CNCR_SG21                       |                                 |
| CNCR_SG17 = 3     | 1. IF CNCR_Q14 = 1 2. Otherwise | 1 → ACTIO[2]<br>2 → CARSTAT Q01 |
| CNCR_Q20 = ALL    |                                 | -                               |



**Module 19:** Conditions – Cardiovascular

Includes: Prevalence, and Cholesterol and BP Checks

| From Population      | Question  | To Question   |
|----------------------|---|---|
| All selected persons | CARSTAT_Q01   |   |
|                      | I would now like to ask you about conditions of the heart and circulatory systems.  |   |
|                      | Show Prompt Card J1   |   |
|                      | Including any conditions which can be controlled with medication, [have you/has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] any heart or circulatory conditions? |   |
|                      | 1. Yes<br>5. No<br>6. Don't know  | 1 → CARSTAT_Q03<br>5 → CARSTAT_SG12<br>6 → CARSTAT_SG12                                 |
| CARSTAT_Q01 = 1      | CARSTAT_Q03   |   |
|                      | What are the names of these conditions?   |   |
|                      | Prompt for any other heart or circulatory conditions.   |   |
|                      | More than one response is allowed. Press space bar between responses.   |   |
|                      | 10. Rheumatic heart disease 11. Heart attack  | 10 → CARSTAT_Q05<br>11 → CARSTAT_Q05  |
|                      | <ul><li>12. Heart failure</li><li>13. Stroke (including after effects of stroke)</li><li>14. Transient ischaemic attack (TIA, 'mini stroke')</li></ul>  | 12 → CARSTAT_Q05<br>13 → CARSTAT_Q05<br>14 → CARSTAT_Q05                                |
|                      | <ul><li>15. Angina</li><li>16. High blood pressure/hypertension</li></ul>   | 15 → CARSTAT_Q05<br>16 → CARSTAT_Q05  |
|                      | <ul><li>17. Low blood pressure/hypotension</li><li>18. Hardening of the</li></ul>   | 17 → CARSTAT_Q05<br>18 → CARSTAT_Q05  |
|                      | arteries/atherosclerosis/arteriosclerosis  19. Fluid problems/fluid retention/oedema  | 19 → CARSTAT_Q05  |
|                      | 20. High cholesterol  | 20 → CARSTAT_Q05  |
|                      | 21. Rapid or irregular heartbeats/tachycardia/palpitations  | 21 → CARSTAT_Q05<br>22 → CARSTAT_Q05  |
|                      | 22. Heart murmur/heart valve disorder   | $23 \rightarrow \text{CARSTAT}\_\text{Q05}$ $23 \rightarrow \text{CARSTAT}\_\text{Q05}$ |
|                      | 23. Haemorrhoids  | 24 → CARSTAT_Q05  |
|                      | 24. Varicose veins  | 25 →  |
|                      | 25. Other (specify)   | CARSTAT_L01_START   |
| CARSTAT_Q03 = 25     | CARSTAT_L01_START   |   |

|   | < Start loop/s – ConditionNamesOther & EnterConditionNamesOther >  Note: Loop is to collect up to three extra Cardiovascular conditions.  | → CARSTAT_Q04  |
|---|---|--|
| CARSTAT_L01_STA<br>RT = ALL                     | CARSTAT_Q04  Please specify other type of heart or circulatory conditions.  3 fields are available: enter only one 'other' heart or circulatory condition per field. Press enter to go to the next field. |  |
|   | If more than 3 reported, prompt for <u>main</u> 3 'other' heart or circulatory conditions.  < 60 char >   | 'Not Listed' (999) → CARSTAT_Q04a ELSE → CARSTAT_L01_END |
| CARSTAT_Q04 = 'Not Listed'                      | CARSTAT_Q04a  Enter other conditions.  < 60 char >  | → CARSTAT_L01_END  |
| CARSTAT_Q04 <> 'Not Listed'  CARSTAT_Q04a = ALL | CARSTAT_L01_END  < End loop/s – ConditionNamesOther & EnterConditionNamesOther >  | → CARSTAT_Q05  |
| CARSTAT_L01_END<br>= ALL                        | <ol> <li>CARSTAT_SG04</li> <li>IF has reported at least 1 valid Cardio condition</li> <li>Otherwise</li> </ol>  | 1 → CARSTAT_Q05<br>2 → CARSTAT_SG12                      |
| CARSTAT_SG04 = ALL  CARSTAT_Q03 = 10 to 23      | CARSTAT_Q05  Including any conditions which [you are/[first name] is] controlling with medication, [do you/[does he/does she]] <u>currently</u> have any heart or circulatory conditions?                 |  |
| CARCEAT COS 1                                   | 1. Yes 5. No  | 1 → CARSTAT_SG06<br>5 → CARSTAT_SG12                     |
| CARSTAT_Q05 = 1                                 | 1. IF multiple valid conditions reported 2. Otherwise   | 1 → CARSTAT_Q07<br>2 → CARSTAT_Q09                       |

| CARSTAT_SG06 = 1    | CARSTAT_Q07   |                               |
|---------------------|---|-------------------------------|
| or 2                | ·   |                               |
|                     | What are the names of these heart or circulatory    |                               |
|                     | conditions?   |                               |
|                     |   |                               |
|                     | More than one response is allowed. Press space bar  |                               |
|                     | between responses.                                  |                               |
|                     |   |                               |
|                     |   |                               |
|                     | 10. Rheumatic heart disease                         | 10 <b>→</b> CARSTAT_Q09       |
|                     | 11. Heart attack                                    | $11 \rightarrow CARSTAT_Q09$  |
|                     | 12. Heart failure                                   | 12 <b>→</b> CARSTAT_Q09       |
|                     | 13. Stroke (including after effects of stroke)      | 13 <b>→</b> CARSTAT_Q09       |
|                     | 14. Transient ischaemic attack (TIA, 'mini stroke') | $14 \rightarrow CARSTAT_Q09$  |
|                     | 15. Angina  | 15 → CARSTAT_Q09              |
|                     | 16. High blood pressure/hypertension                | 16 → CARSTAT_Q09              |
|                     | 17. Low blood pressure/hypotension                  | 17 → CARSTAT_Q09              |
|                     | 18. Hardening of the                                | $18 \rightarrow CARSTAT_Q09$  |
|                     | arteries/atherosclerosis/arteriosclerosis           |                               |
|                     | 19. Fluid problems/fluid retention/oedema           | 19 → CARSTAT_Q09              |
|                     | 20. High cholesterol                                | 20 → CARSTAT_Q09              |
|                     | 21. Rapid or irregular                              | 21 → CARSTAT_Q09              |
|                     | heartbeats/tachycardia/palpitations                 | 22 → CARSTAT_Q09              |
|                     | 22. Heart murmur/heart valve disorder               | 23 → CARSTAT_Q09              |
|                     | 23. Haemorrhoids                                    | 24 → CARSTAT_Q09              |
|                     | 24. Varicose veins                                  | 25 → CARSTAT_Q09              |
|                     | 25. [Other condition reported in                    |                               |
|                     | CARSTAT_Q04/CARSTAT_Q04a excluding                  |                               |
|                     | 'Not a condition']                                  | 26 → CARSTAT_Q09              |
|                     | 26. [Other condition reported in                    |                               |
|                     | CARSTAT_Q04/CARSTAT_Q04a excluding                  | _                             |
|                     | 'Not a condition']                                  | 27 → CARSTAT_Q09              |
|                     | 27. [Other condition reported in                    |                               |
|                     | CARSTAT_Q04/CARSTAT_Q04a excluding                  |                               |
|                     | 'Not a condition']]                                 |                               |
|                     |   |                               |
| $CARSTAT\_SG06 = 3$ | CARSTAT_Q09   |                               |
| GARGEAE OOF         |   |                               |
| CARSTAT_Q07 =       | (Again remembering to include any conditions which  |                               |
| ALL                 | can be controlled with medication.)                 |                               |
|                     |   |                               |
|                     | [Has this condition/Have any of these conditions]   |                               |
|                     | lasted, or [is it/are they] expected to last, for 6 |                               |
|                     | months or more?                                     |                               |
|                     | 1 Vac   | 1 NOADSTAT SC10               |
|                     | 1. Yes  | $1 \rightarrow CARSTAT\_SG10$ |
|                     | 5. No   | 5 → CARSTAT_SG12              |
| CADCTAT OOO = 1     | CADCTAT CC10  |                               |
| $CARSTAT\_Q09 = 1$  | CARSTAT_SG10  |                               |
|                     | 1. IF CARSTAT_Q07 = multiple responses              | 1 → CARSTAT_Q11               |
|                     | 1. II CANSTAT_QUI — mumpic responses                | 1 \ CUIDIUI_\(1)              |

|  | 2. Otherwise   | 2 → CARSTAT_SG12  |
|--|--|---|
| CARSTAT_Q10SG = 1  | CARSTAT_Q11 Which conditions are they?   |   |
|  | More than one response allowed. Press space bar between responses.   |   |
|  | [ 10. Rheumatic heart disease 11. Heart attack 12. Heart failure 13. Stroke (including after effects of stroke) 14. Transient ischaemic attack (TIA, 'mini stroke') 15. Angina 16. High blood pressure/hypertension 17. Low blood pressure/hypotension 18. Hardening of the arteries/atherosclerosis/arteriosclerosis 19. Fluid problems/fluid retention/oedema 20. High cholesterol 21. Rapid or irregular heartbeats/tachycardia/palpitations 22. Heart murmur/heart valve disorder 23. Haemorrhoids 24. Varicose veins 25. [Other condition reported in CARSTAT_Q04/CARSTAT_Q04a excluding 'Not a condition'] 26. [Other condition reported in CARSTAT_Q04/CARSTAT_Q04a excluding | 10 → CARSTAT_SG12<br>11 → CARSTAT_SG12<br>12 → CARSTAT_SG12<br>13 → CARSTAT_SG12<br>14 → CARSTAT_SG12<br>15 → CARSTAT_SG12<br>16 → CARSTAT_SG12<br>17 → CARSTAT_SG12<br>18 → CARSTAT_SG12<br>20 → CARSTAT_SG12<br>21 → CARSTAT_SG12<br>22 → CARSTAT_SG12<br>23 → CARSTAT_SG12<br>24 → CARSTAT_SG12<br>25 → CARSTAT_SG12 |
|  | 'Not a condition'] 27. [Other condition reported in CARSTAT_Q04/CARSTAT_Q04a excluding 'Not a condition']  | 27 → CARSTAT_SG12   |
| CARSTAT_Q01 = 5<br>or 6<br>CARSTAT_Q05 = 5<br>CARSTAT_Q09 = 5<br>CARSTAT_SG10= 2<br>CARSTAT_Q11 =<br>ALL | <ol> <li>IF AGE &gt;= 45 years</li> <li>ELSEIF AGE = 18 to 44 years and CARSTAT_Q05 = 1</li> <li>ELSEIF AGE = 18 to 44 years</li> <li>ELSEIF AGE &lt; 18 and CARSTAT_Q05 = 1</li> <li>Otherwise</li> </ol>   | 1 → CARSTAT_Q24 2 → CARSTAT_Q24 3 → CARSTAT_Q27 4 → CARSTAT_Q36 5 → Next Condition Module   |
| CARSTAT_SG12 = 1 or 2  | CARSTAT_Q24  |   |
|  | [Have you/Has [first name]] had [your/his/her]   |   |

|                      | cholesterol checked in the <u>last 5 years</u> ?   |                                      |
|----------------------|--|--------------------------------------|
|                      | 1. Yes   | 1 → CARSTAT_Q26                      |
|                      | 5. No  | $5 \rightarrow \text{CARSTAT}_Q27$   |
|                      | 6. Don't know  | 6 → CARSTAT_Q27                      |
| CARSTAT_Q24 = 1      | CARSTAT_Q26  |                                      |
|                      | Was [your/[first name]'s] cholesterol checked in the <u>last 12 months</u> ?                         |                                      |
|                      | 1. Yes   | 1 → CARSTAT_Q27                      |
|                      | 5. No  | $5 \rightarrow \text{CARSTAT}_{Q27}$ |
|                      | 6. Don't know  | 6 → CARSTAT_Q27                      |
| CARSTAT_SG12 = 3     | CARSTAT_Q27  |                                      |
| CARSTAT_Q24 = 5 or 6 | [Have you/Has [first name]] had [your/his/her] blood pressure checked in the <u>last 2 years</u> ?   |                                      |
|                      |  | 1 NOADSTAT SCOO                      |
| CARSTAT_Q26 = ALL    | 1. Yes<br>5. No  | 1 → CARSTAT_SG28<br>5 → CARSTAT_SG35 |
|                      | 6. Don't know  | $6 \rightarrow CARSTAT\_SG35$        |
| CADSTAT 027 - 1      | CARCTATE CC20  |                                      |
| $CARSTAT\_Q27 = 1$   | CARSTAT_SG28   |                                      |
|                      | 1. IF CARSTAT_Q05 = 1  | 1 → CARSTAT_Q29                      |
|                      | 2. Otherwise   | 2 → Next Condition  Module           |
|                      |  | Wodule                               |
| $CARSTAT\_SG28 = 1$  | CARSTAT_Q29  |                                      |
|                      | [Have you/Has [first name]] had [your/his/her] blood pressure checked in the <u>last 12 months</u> ? |                                      |
|                      | 1. Yes   | 1 → CARSTAT_Q30                      |
|                      | 5. No  | $5 \rightarrow CARSTAT\_SG35$        |
|                      | 6. Don't know  | 6 → CARSTAT_SG35                     |
| CARSTAT_Q29 = 1      | CARSTAT_Q30  |                                      |
|                      | Is [your/[first name]'s] blood pressure <u>usually</u> checked by:                                   |                                      |
|                      | Only one response is allowed.  |                                      |
|                      | 1. A GP  | 1 → CARSTAT_Q31                      |
|                      | 2. A specialist  | $2 \rightarrow CARSTAT_Q31$          |
|                      | <ul><li>3. Other health professional e.g. a nurse</li><li>4. None of the above</li></ul>             | 3 → CARSTAT_Q31<br>4 → CARSTAT_Q31   |
|                      |  | + \ C(110)1/11_Q(1)                  |
| CARSTAT_Q30 =        | CARSTAT_Q31  |                                      |

| ALL                  | Did [you/[first name]] test [your/his/her] own blood pressure in the <u>last 12 months</u> ?                                |   |
|----------------------|---|---|
|                      | <ol> <li>Yes</li> <li>No</li> <li>Don't know</li> </ol>   | 1 → CARSTAT_SG35<br>5 → CARSTAT_SG35<br>6 → CARSTAT_SG35                                  |
| CARSTAT_Q27 = 5 or 6 | CARSTAT_SG35  |   |
| CARSTAT_Q29 = 5 or 6 | <ol> <li>IF CARSTAT_Q05 = 1</li> <li>Otherwise</li> </ol>   | 1 → CARSTAT_Q36<br>2 → Next Condition<br>Module   |
| CARSTAT_Q31 = ALL    |   |   |
| CARSTAT_SG12 = 4     | CARSTAT_Q36   |   |
| CARSTAT_SG35 = 1     | Show Prompt Card J2   |   |
|                      | [Do you/Does [first name]] take <u>any</u> medications for [your/his/her] heart or circulatory conditions on a daily basis? |   |
|                      | 1. Yes 5. No 6. Don't know  | $1 \rightarrow ACTIO\_Q01[3]$ $5 \rightarrow ACTIO\_Q01[3]$ $6 \rightarrow ACTIO\_Q01[3]$ |

Module 20: Conditions – Arthritis Includes: Prevalence and Actions

| From Population      | Question   | To Question                     |
|----------------------|--|---------------------------------|
| All selected persons | ARTHF_Q01  |                                 |
|                      | The next few questions are about arthritis or related conditions.                              |                                 |
|                      | [Do you/Does [first name]] have, or [have you/has he/has she] ever had Gout?                   |                                 |
|                      | 1. Yes<br>5. No  | 1 → ARTHF_Q02<br>5 → ARTHF_Q02  |
| ARTHF_Q01 = ALL      | ARTHF_Q02  |                                 |
|                      | ([Do you/Does [first name]] have, or [have you/has he/has she] ever had)                       |                                 |
|                      | Rheumatism?  |                                 |
|                      | 1. Yes<br>5. No  | 1 → ARTHF_Q03<br>5 → ARTHF_Q03  |
| ARTHF_Q02 = ALL      | ARTHF_Q03  |                                 |
|                      | ([Do you/Does [first name]] have, or [have you/has he/has she] ever had)                       |                                 |
|                      | Arthritis?   |                                 |
|                      | 1. Yes<br>5. No  | 1 → ARTHF_Q04<br>5 → ARTHF_SG09 |
| ARTHF_Q03 = 1        | ARTHF_Q04  |                                 |
| CV                   | The next few questions are about what types of arthritis [you have/[first name] has] ever had. |                                 |
|                      | [Do you/Does [first name]] have, or [have you/has he/has she] ever had Osteoarthritis?         |                                 |
|                      | 1. Yes<br>5. No  | 1 → ARTHF_Q05<br>5 → ARTHF_Q05  |
| ARTHF_Q04 = ALL      | ARTHF_Q05  |                                 |
|                      | ([Do you/Does [first name]] have, or [have you/has he/has she] ever had)                       |                                 |

|                                | Rheumatoid arthritis?   |  |
|--------------------------------|---|--|
|                                | 1. Yes  | 1 → ARTHF_Q06  |
|                                | 5. No   | 5 → ARTHF_Q06  |
| ARTHF_Q05 = ALL                | ARTHF_Q06   |  |
|                                | ([Do you/Does [first name]] have, or [have you/has  |  |
|                                | he/has she] ever had)   |  |
|                                | Any other type of arthritis?  |  |
|                                | 1. Yes – can specify type   | 1 → ARTHF_Q08  |
|                                | <ul><li>3. Yes – but type unknown</li><li>5. No</li></ul>                                       | $3 \rightarrow ARTHF\_SG09$<br>$5 \rightarrow ARTHF\_SG09$ |
| ARTHF_Q06 = 1                  | ARTHF_Q08   |  |
|                                | Enter other type of arthritis.  | 'Not listed'   |
|                                |   | →ARTHF_Q08a  |
|                                | < 60 char >   | ELSE → ARTHF_SG09  |
| ARTHF_Q08 = 'Not listed'       | ARTHF_Q08a  |  |
| nstea                          | Enter other description.  |  |
|                                | < 60 char >   | → ARTHF_SG09   |
| ARTHF_Q03 = 5                  | ARTHF_SG09  |  |
| $ARTHF\_Q06 = 3 \text{ or } 5$ | 1. IF ARTHF_Q01 = 5 and ARTHF_Q02 = 5 and   | 1 → Next Condition   |
| ARTHF_Q08 <> 'Not              | ARTHF_Q03 = 5 and AGE $>= 15$<br>2. ELSEIF ARTHF_Q01 = 5 and ARTHF_Q02 = 5                      | Module   |
| listed'                        | and ARTHF_Q03 = 5 and AGE < 15 3. ELSEIF ARTHF_Q01 = No AND ARTHF_Q02 =                         | 2 → Next Condition  Module                                 |
| ARTHF_Q08a = ALL               | No AND ARTHF_Q04 = No AND ARTHF_Q05   |  |
|                                | = No AND ARTHF_Q06 = 1 AND ARTHF_Q08<br>= "Not a condition"                                     | 3 → Next Condition<br>Module                               |
|                                | 4. Otherwise  | 4 → ARTH_Q02   |
| ARTHF_SG09 = 4                 | ARTH_Q02  |  |
| AKIIII'_SUU9 = 4               |   |  |
|                                | [Do you/Does [first name]] <u>currently</u> have [any of these conditions/[name of condition]]? |  |
|                                | 1. Yes  | 1 → ARTH_Q04   |
|                                | <ul><li>5. No</li><li>6. Don't know</li></ul>   | 5 → ARTH_SG05<br>6 → ARTH_SG05                             |
| ARTH_Q02 = 1                   | ARTH_Q04  | _  |
| -                              |   |  |

|                                 | Which ones?  |   |
|---------------------------------|--|---|
|                                 | More than one response is allowed. Press space bar between responses.  |   |
|                                 | [ 1. Gout 2. Rheumatism 3. Osteoarthritis 4. Rheumatoid arthritis 5. <insert 'not="" a="" arthf_q08="" arthq08a="" condition'="" excluding="" from="" response=""> 6. Arthritis – type unknown ]</insert>  | $1 \rightarrow ARTH\_SG05$ $2 \rightarrow ARTH\_SG05$ $3 \rightarrow ARTH\_SG05$ $4 \rightarrow ARTH\_SG05$ $5 \rightarrow ARTH\_SG05$ $6 \rightarrow ARTH\_SG05$ |
| $ARTH\_Q02 = 5 \text{ or } 6$   | ARTH_SG05  | 1 →   |
| ARTH_Q04 = ALL                  | 1. IF ARTH_Q04 = 1 or 2 2. Otherwise   | ARTH_L01_START 2 → ARTH_SG09  |
| ARTH_SG05 = 1                   | ARTH_L01_START   |   |
|                                 | < Start loop – SixMonthsOrMore >   | → ARTH_Q06  |
|                                 | Note: Loop is to collect data on Long Term Status for Gout and Rheumatism.   |   |
| ARTH_L01_START = ALL            | ARTH_Q06   |   |
| ALL                             | Has [your/[first name]'s] [Gout/Rheumatism] lasted, or is it expected to last, for six months or more?   |   |
|                                 | 1. Yes   | 1 → ARTH_L01_END  |
|                                 | 5. No 6. Don't know  | $5 \rightarrow ARTH\_L01\_END$<br>$6 \rightarrow ARTH\_L01\_END$  |
| ARTH_Q06 = ALL                  | ARTH_L01_END   |   |
|                                 |  |   |
|                                 | < End loop - Long Term Gout or Rheumatism >  | → ARTH_SG09   |
| ARTH_SG05 = 2<br>ARTH L01 END = |  | → ARTH_SG09   |
|                                 | < End loop - Long Term Gout or Rheumatism >  ARTH_SG09  1. IF (ARTH_Q04 = 1 or 2 AND ARTH_Q04 = 1 response) OR (ARTH_Q04 = 1 AND 2 AND   | → ARTH_SG09  1 → Next Condition Module  |
| ARTH_L01_END =                  | < End loop - Long Term Gout or Rheumatism > ARTH_SG09 <ol> <li>IF (ARTH_Q04 = 1 or 2 AND ARTH_Q04 = 1 response) OR (ARTH_Q04 = 1 AND 2 AND ARTH_Q04 = 2 responses) (eg. only have gout or rheumatism)</li> </ol>   | 1 → Next Condition  Module  2 → Next Condition  |
| ARTH_L01_END =                  | < End loop - Long Term Gout or Rheumatism > ARTH_SG09 <ol> <li>IF (ARTH_Q04 = 1 or 2 AND ARTH_Q04 = 1 response) OR (ARTH_Q04 = 1 AND 2 AND ARTH_Q04 = 2 responses) (eg. only have gout or rheumatism)</li> <li>ELSEIF ARTH_Q02 = 5 or 6 AND AGE &gt;14</li> <li>ELSEIF ARTH_Q02 = 5 or 6</li> </ol>                    | 1 → Next Condition Module  2 → Next Condition Module 3 → Next Condition   |
| ARTH_L01_END = ALL              | < End loop - Long Term Gout or Rheumatism > ARTH_SG09 <ol> <li>IF (ARTH_Q04 = 1 or 2 AND ARTH_Q04 = 1 response) OR (ARTH_Q04 = 1 AND 2 AND ARTH_Q04 = 2 responses) (eg. only have gout or rheumatism)</li> <li>ELSEIF ARTH_Q02 = 5 or 6 AND AGE &gt;14</li> <li>ELSEIF ARTH_Q02 = 5 or 6</li> <li>Otherwise</li> </ol> | 1 → Next Condition  Module  2 → Next Condition  Module  |
| ARTH_L01_END =                  | < End loop - Long Term Gout or Rheumatism > ARTH_SG09 <ol> <li>IF (ARTH_Q04 = 1 or 2 AND ARTH_Q04 = 1 response) OR (ARTH_Q04 = 1 AND 2 AND ARTH_Q04 = 2 responses) (eg. only have gout or rheumatism)</li> <li>ELSEIF ARTH_Q02 = 5 or 6 AND AGE &gt;14</li> <li>ELSEIF ARTH_Q02 = 5 or 6</li> </ol>                    | 1 → Next Condition Module  2 → Next Condition Module  3 → Next Condition Module   |

| ARTH_L02_START = ALL | Max Loops: 4 Loop Type: Each Response Using Responses from: ARTH_Q04 = 3, 4, 5 or 6  ARTH_Q10  [Were you/Was [first name]] told by a doctor or nurse that [you have/he has/she has] [arthritis condition reported in ARTH_Q04 (3to6)]?  1. Yes 5. No                                       | 1 → ARTH_L02_END<br>5 → ARTH_L02_END                             |
|----------------------|--|--|
|                      | 6. Don't know  | 6 → ARTH_L02_END   |
| $ARTH_Q10 = ALL$     | ARTH_L02_END   |  |
|                      | < End loop – Whether told >  | → ARTH_SG17  |
| ARTH_L02_END = ALL   | ARTH_SG17  |  |
| ALL                  | 1. IF ARTH_Q10[14] = 1 2. ELSEIF AGE > 14 3. Otherwise   | 1 → ARTH_Q18 2 → Next Condition Module 3 → Next Condition Module |
| ARTH_SG17 = 1        | ARTH_Q18   |  |
|                      | How old [were you/was [first name]] when [you were/he was/she was] first told that [you/he/she] had [Osteoarthritis/Rheumatoid arthritis/ < other arthritis type(s)> /arthritis] [, excluding your Gout/, excluding your Rheumatism/, excluding your Gout and Rheumatism]?                 |  |
|                      | Enter age in years.  |  |
|                      | Ctrl K may be used here if necessary.  |  |
|                      | < 0 99 >   | → ARTH_Q19   |
| ARTH_Q18 = ALL       | ARTH_Q19   |  |
|                      | Show Prompt Card K1  |  |
|                      | [Have you/Has [first name]] taken any of these actions for [your/his/her] [Osteoarthritis/Rheumatoid arthritis/ < other arthritis type(s)> /arthritis] [, excluding your Gout/, excluding your Rheumatism/, excluding your Gout and Rheumatism,] in the <a href="last 2">last 2</a> weeks? |  |

|              | <ol> <li>Yes</li> <li>No</li> <li>Don't know</li> </ol>   | 1 → ARTH_Q20<br>5 → ACTIO[4]<br>6 → ACTIO[4]  |
|--------------|---|---|
| ARTH_Q19 = 1 | ARTH_Q20  |   |
|              | Which ones?   |   |
|              | <ol> <li>More than one response allowed. Press space bar between responses.</li> <li>Did weight/strength/resistance training</li> <li>Obtained and/or used physical aids (used at home or work)</li> <li>Water therapy</li> <li>Massage</li> <li>Changed eating pattern/diet</li> <li>Losing weight</li> <li>Exercised most days</li> <li>Other action taken</li> </ol> | $1 \rightarrow ACTIO[4]$ $2 \rightarrow ACTIO[4]$ $3 \rightarrow ACTIO[4]$ $4 \rightarrow ACTIO[4]$ $5 \rightarrow ACTIO[4]$ $6 \rightarrow ACTIO[4]$ $7 \rightarrow ACTIO[4]$ $8 \rightarrow ACTIO[4]$ |

Module 21:

Conditions – Osteoporosis Prevalence and Bone Density Tests **Includes:** 

| From Population                             | Question   | To Question                        |
|---|--|------------------------------------|
| All selected persons aged 15 years and over | OSTEO_Q01  |                                    |
| aged 0-14 and reported Gout/Rheumatism/Art  | I would now like to ask you about osteoporosis.  |                                    |
| hritis                                      | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] osteoporosis or osteopenia? |                                    |
|   | (Osteopenia is a mild loss of bone density that may progress to osteoporosis.)   |                                    |
|   | 1. Yes   | 1 → OSTEO_Q02                      |
|   | <ul><li>5. No</li><li>6. Don't know</li></ul>  | 5 → OSTEO_SG01a<br>6 → OSTEO_SG01a |
|   | o. Don't know  | 0 7 OSTEO_SGOTA                    |
| OSTEO_Q01 = 5 or 6                          | OSTEO_SG01a  |                                    |
|   | 1. IF AGE > 49   | 1 → AO_Q15                         |
|   | 2. Otherwise   | 2 → Next Condition                 |
| OSTEO_Q01 = 1                               | OSTEO_Q02  | Module                             |
| O31EO_Q01 = 1                               | OSTEO_Q02  |                                    |
|   | Which one [were you/was [first name]] told [you have/he has/she has]?  |                                    |
|   | 1. Osteoporosis  | 1 → OSTEO_Q04                      |
|   | 2. Osteopenia  | 2 → OSTEO_Q04                      |
|   | 3. Both  | 3 → OSTEO_Q04                      |
| OSTEO_Q02 = ALL                             | OSTEO_Q04  |                                    |
|   | At what age [were you/was [first name]] first told [you/he/she] had [osteoporosis/osteopenia]?                             |                                    |
|   | Enter age in years.  |                                    |
|   | Ctrl K may be used here if necessary.  |                                    |
|   | < 0 99 >   | → OSTEO_Q05                        |
| OSTEO_Q04 = ALL                             | OSTEO_Q05  |                                    |
|   | Show Prompt Card L1  |                                    |
|   | [Have you/Has [first name]] taken any of these   |                                    |
|   | actions for [your/his/her] [osteoporosis/osteopenia] in the <u>last 2 weeks</u> ?  |                                    |

|                    | 1. Yes<br>5. No  | 1 → OSTEO_Q06<br>5 → AO_Q15           |
|--------------------|--|---------------------------------------|
|                    | 6. Don't know  | _                                     |
|                    | 6. Don t know  | 6 → AO_Q15                            |
| OSTEO_Q05 = 1      | OSTEO_Q06  |                                       |
|                    | Which ones?  |                                       |
|                    | More than one response allowed. Press space bar between responses.             |                                       |
|                    | 1. Did weight/strength/resistance training                                     | 1 → AO_Q15                            |
|                    | <ul><li>2. Obtained and/or used physical aids (used at home or work)</li></ul> | $2 \rightarrow AO_Q15$                |
|                    | 3. Water therapy   | 3 → AO_Q15                            |
|                    | 4. Massage   | $4 \rightarrow AO_Q15$                |
|                    | 5. Changed eating pattern/diet   | $5 \rightarrow AO_Q15$                |
|                    | 6. Losing weight   | $6 \rightarrow AO_Q15$                |
|                    | 7. Exercised most days   | $7 \rightarrow AO_Q15$                |
|                    | 8. Other action taken  | $8 \rightarrow AO_Q15$                |
|                    | or other action taken  | 0 7 110 _ Q15                         |
| OSTEO_SG01a = 1    | AO_Q15   |                                       |
| OSTEO_Q05 = 5 or 6 | [Have you/Has [first name]] ever had [your/his/her] bone density tested?       |                                       |
| $OSTEO_Q06 = ALL$  |  |                                       |
|                    | 1. Yes   | 1 → AO_Q16                            |
|                    | 5. No  | 5 → AO_SG17                           |
|                    | 6. Don't know  | 6 → AO_SG17                           |
|                    |  |                                       |
| AO_Q15 = 1         | AO_Q16   |                                       |
|                    | Was the bone density test taken in the <u>last 2 years</u> ?                   |                                       |
|                    | 1. Yes   | 1 → AO_SG17                           |
|                    | 5. No  | $5 \rightarrow AO\_SG17$              |
|                    | 6. Don't know  | $6 \rightarrow AO\_SG17$              |
|                    | o. Don't know  | 0 7 110_5517                          |
| AO_Q15 = 5 or 6    | AO_SG17  |                                       |
| AO_Q16 = ALL       | 1. If OSTEO_Q02 is answered  | 1 → ACTIO[5]                          |
| 110_Q10 - ALL      | 2. Otherwise   | $2 \rightarrow \text{Next Condition}$ |
|                    | 2. Otherwise   | Module                                |
|                    |  | iviodule                              |
|                    |  |                                       |

Module 22: Conditions – Diabetes & High Sugar Levels Includes: Prevalence, Screening, Actions, and Medications

| From Population      | Question   | To Question  |
|----------------------|--|--|
| All selected persons | DIABST_Q01   |  |
|                      | These next few questions are about Diabetes and High Sugar Levels.   |  |
|                      | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] Diabetes?   |  |
|                      | 1. Yes<br>5. No  | $1 \rightarrow DIABST_Q01A$ $5 \rightarrow DIABST_Q01A$          |
| DIABST_Q01 = ALL     | DIABST_Q01A  |  |
|                      | Have either of [your/[first name]'s] parents, or any of [your/[first name]'s] brothers or sisters ever been told by a doctor or nurse that they have Diabetes? |  |
|                      | 1. Yes<br>5. No<br>6. Don't know   | 1 → DIABST_SG01B<br>5 → DIABST_SG01B<br>6 → DIABST_SG01B         |
| DIABST_Q01A =        | DIABST_SG01B   |  |
| ALL                  | 1. IF DIABST_Q01 = 1<br>2. ELSEIF DIABST_Q01 = 5   | $1 \Rightarrow DIABST\_Q06$ $2 \Rightarrow DIABST\_Q02$          |
| DIABST_Q01BSG = 2    | DIABST_Q02   |  |
|                      | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] High Sugar Levels in [your/his/her] blood or urine?             |  |
|                      | 1. Yes<br>5. No  | 1 → HSL_Q01<br>5 → DIABST_SG03                                   |
| DIABST_Q02 = 5       | DIABST_SG03  |  |
|                      | 1. IF AGE >= 50 years 2. ELSEIF CARSTAT_Q09 = 1 3. Otherwise   | 1 → DIABST_Q04<br>2 → DIABST_Q04<br>3 → Next Condition<br>Module |

| $DIABST\_SG03 = 1 \text{ or}$ | DIABST_Q04   |  |
|-------------------------------|--|--|
| 2                             | [Have you/Has [first name]] [been screened for diabetes in the <u>last 3 years/ever</u> been screened for diabetes]?  1. Yes 5. No 6. Don't know | 1 → Next Condition  Module 5 → Next Condition  Module 6 → Next Condition |
| DIABST_SG01B = 1              | DIABST_Q06   | Module   |
| 21201_00012                   | At what age [were you/was [first name]] first told that [you/he/she] had Diabetes?   |  |
|                               | Enter age in years.  |  |
|                               | Ctrl K may be used here if necessary.  |  |
|                               | < 099 ><br>Ctrl K  | 099 → DIABST_Q07<br>CtrlK → DIABST_Q07                                   |
| DIABST_Q06 = ALL              | DIABST_Q07   |  |
|                               | What type of Diabetes [were you/was [first name]] told [you have/he has/she has]?  |  |
|                               | More than one response is allowed. Press space bar between responses.  |  |
|                               | 1. Type 1 (Insulin Dependent Diabetes  | 1 → DIABST_SG09b   |
|                               | Mellitus/Juvenile Onset Diabetes/Type A)  2. Type 2 (Non-Insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/Type B)                        | 2 → DIABST_SG09b   |
|                               | <ul><li>3. Gestational (pregnancy)</li><li>4. Diabetes insipidus</li></ul>   | 3 → DIABST_SG09b<br>4 → DIABST_SG09b                                     |
|                               | 5. Other (specify)   | 5 → DIABST_Q09   |
|                               | 6. Don't know ]  | 6 → DIABST_SG09b   |
| DIABST_Q07 = 5                | DIABST_Q09   |  |
|                               | Enter only <u>one</u> type of 'other' diabetes.  |  |
|                               | If more than one type of 'other' diabetes is reported, probe for main type.  | 'Not Listed (999) → DIABST_Q09a  |
|                               | < 60 char >  | ELSE → DIABST_SG09b  |
| DIABST_Q09 = 'Not<br>Listed'  | DIABST_Q09a  |  |
|                               | Enter other type of diabetes.  |  |

|                     | < 60 char >   | → DIABST_SG09b              |
|---------------------|---|-----------------------------|
| DIABST_Q07 =        | DIABST_SG09b  |                             |
| 1,2,3,4,6           |   |                             |
| DIADGE COO OI       | 1. IF DIABST_Q07 = 1 response only AND  | 1 → Next condition          |
| DIABST_Q09 <> 'Not  | DIABST_Q07 = 5 AND DIABST_Q09 = "Not a  | module                      |
| Listed'             | condition" 2. Otherwise   | 2 -> DIABST O10             |
| DIABST_Q09a = ALL   | 2. Otherwise  | 2 → DIABST_Q10              |
| DIMBOT_Q07a - MEE   |   |                             |
| DIABST_SG09b = 2    | DIABST_Q10  |                             |
|                     | [Do you/Does [first name]] currently have Diabetes?                                 |                             |
|                     | 1. Yes  | 1 → DIABST_SG11             |
|                     | 5. No   | $5 \rightarrow DIABACT_Q01$ |
|                     | 6. Don't know   | 6 → DIABACT_Q01             |
| DV1DGE 010 1        |   |                             |
| $DIABST_Q10 = 1$    | DIABST_SG11   |                             |
|                     | 1. IF DIABST_Q07 = a single response  | 1 → DIABST_SG13             |
|                     | 2. IF DIABST_Q07 = multiple response  | $2 \rightarrow DIABST_Q12$  |
|                     |   | ~                           |
| $SG_DIABST_Q11 = 2$ | DIABST_Q12  |                             |
|                     | Which toward do you do as [first gone]] suggestly                                   |                             |
|                     | Which types [do you/does [first name]] currently have?                              |                             |
|                     | nave:   |                             |
|                     | More than one response is allowed. Press space bar                                  |                             |
|                     | between responses.  |                             |
|                     |   |                             |
|                     |   |                             |
|                     | 1. Type 1 (Insulin Dependent Diabetes   | 1 → DIABST_SG13             |
|                     | Mellitus/Juvenile Onset Diabetes/Type A)  2. Type 2 (Non-insulin Dependent Diabetes | 2 → DIABST_SG13             |
|                     | Mellitus/Adult Onset Diabetes/Type B}   | 2 7 DIADS1_SG13             |
|                     | 3. Gestational (pregnancy)  | 3 → DIABST_SG13             |
|                     | 4. Diabetes insipidus   | 4 → DIABST_SG13             |
|                     | 5. [Insert response from DIABST_Q09 or  | 5 → DIABST_SG13             |
|                     | DIABST_Q09a excluding 'Not a condition']  |                             |
|                     | 6. Type unknown ]   | 6 → DIABST_SG13             |
| DIABST_SG11 = 1     | DIABST_SG13   |                             |
| DII IDDI _0011 - 1  | DIIIDI _0010  |                             |
| $DIABST_Q12 = ALL$  | 1. IF DIABST_Q07 = 4 only or if DIABST_Q12 =  | 1 → Next Condition          |
|                     | 4 only  | Module                      |
|                     | 2. Otherwise  | 2 → DIABACT_Q01             |
| DIABST_Q02 = 1      | HSL_Q01   |                             |
|                     | At what age [were you/was [first name]] first told                                  |                             |
|                     | At what age [were you/was [Hist Hame]] Hist told                                    |                             |

|                                | that [you/he/she] had high sugar levels?  |  |
|--------------------------------|---|--|
|                                | Enter age in years.   |  |
|                                | Ctrl K may be used here if necessary.   |  |
|                                |   | 0.00 7.1161 003  |
|                                | < 0 99 ><br>Ctrl K  | 099 → HSL_Q02<br>CtrlK → HSL_Q02   |
| HSL_Q01 = ALL                  | HSL_Q02   |  |
|                                | [Do you/Does [first name]] <u>currently</u> have high sugar levels?   |  |
|                                | 1. Yes 5. No 6. Don't know  | 1 → HSL_Q03<br>5 → Next Condition<br>Module<br>6 → Next Condition<br>Module  |
| HSL_Q02 = 1                    | HSL_Q03   |  |
|                                | [Have your/Has [first name]'s] high sugar levels lasted, or are they expected to last, for 6 months or more?  |  |
|                                | 1. Yes 5. No 6. Don't know  | 1 → DIABACT_Q01 5 → Next Condition Module 6 → Next Condition Module  |
| $DIABST_Q10 = 5 \text{ or } 6$ | DIABACT_Q01   |  |
| DIABST_SG13 = 2                | About how often in the <u>last 12 months</u> did [you/[first  |  |
| HSL_Q03 = 1                    | name]], or someone else test [your/his/her] blood glucose levels?   |  |
|                                | <ol> <li>At least once a day</li> <li>At least once a week</li> <li>At least once a month</li> <li>Every 2 to less than 3 months</li> <li>Every 3 to less than 6 months</li> <li>Every 6 months</li> <li>Every 7 to 11 months</li> <li>Every 12 months</li> <li>Not at all in the last 12 months</li> <li>Don't know</li> </ol> | 1 → DIABACT_ SG01 2 → DIABACT_ SG01 3 → DIABACT_ SG01 4 → DIABACT_ SG01 5 → DIABACT_ SG01 6 → DIABACT_ SG01 7 → DIABACT_ SG01 8 → DIABACT_ SG01 9 → DIABACT_ SG01 10 → DIABACT_ SG01 |
| DIABACT_Q01 =                  | DIABACT_SG01  |  |
| ALL                            | <ol> <li>IF DIABST_Q10 = 5 or 6</li> <li>ELSE</li> </ol>  | 1 → DIABMED_Q14<br>2 → DIABACT_Q02   |

| DIABACT_SG01 = 2   | DIABACT_Q02   |  |
|--|---|--|
|  | About how often in the <u>last 12 months</u> did [you/[first name]], or someone else check [your/his/her] feet?   |  |
|  | <ol> <li>At least once a day</li> <li>At least once a week</li> <li>At least once a month</li> <li>Every 2 to less than 3 months</li> <li>Every 3 to less than 6 months</li> <li>Every 6 months</li> <li>Every 7 to 11 months</li> <li>Every 12 months</li> <li>Not at all in the last 12 months</li> <li>Don't know</li> </ol> | 1 → DIABMED_Q01 2 → DIABMED_Q01 3 → DIABMED_Q01 4 → DIABMED_Q01 5 → DIABMED_Q01 6 → DIABMED_Q01 7 → DIABMED_Q01 8 → DIABMED_Q01 9 → DIABMED_Q01 10 → DIABMED_Q01 |
| DIABACT_Q02 = ALL  | DIABMED_Q01   |  |
|  | [Are you/Is [first name]] currently taking insulin every day?   |  |
|  | 1. Yes<br>5. No<br>6. Don't know  | 1 → DIABMED_Q02 5 → Next Condition Module 6 → Next Condition Module  |
| $DIABMED_Q01 = 1$  | DIABMED_Q02   |  |
|  | At what age did [you/[first name]] start having insulin every day?  Enter age in years.   |  |
|  | Ctrl K may be used here if necessary.   |  |
|  | < 099 ><br>Ctrl K   | 099 → DIABMED_Q04<br>CtrlK → DIABMED_Q04   |
| DIABMED_Q02 = ALL  | DIABMED_Q04   |  |
| THE STATE OF THE S | What is the name or brand of the insulin [you /[first name]] [take/takes]?  |  |
|  | If name/brand of insulin is not listed, type 'not listed' and enter the name in free text field.  | 'Not Listed' → DIABMED_Q04a  |
|  | < 200 char >  | ELSE → DIABMED_Q10   |
| DIABMED_Q04 = 'Not Listed'   | DIABMED_Q04a  |  |
| NOT LISTED   | Enter name/brand of insulin   |  |
|  | < 200 char >  | → DIABMED_Q10  |

| DIABMED_Q04 <> 'Not Listed' | DIABMED_Q10   |                                    |
|-----------------------------|---|------------------------------------|
| DIABMED_Q04a = ALL          | [Have you/Has [first name]] changed [your/his/her] eating pattern or diet because of [your/his/her] [diabetes/high sugar levels]?             |                                    |
|                             | 1. Yes  | 1 → DIABMED_Q11                    |
|                             | 5. No   | 5 → DIABMED_Q12                    |
| DIABMED_Q10 = 1             | DIABMED_Q11   |                                    |
|                             | [Are you/Is [first name]] <u>currently</u> following a changed eating pattern or diet because of [your/his/her] [diabetes/high sugar levels]? |                                    |
|                             | 1. Yes  | 1 → DIABMED_Q12                    |
|                             | 5. No   | 5 → DIABMED_Q12                    |
| DIABMED_Q10 = 5             | DIABMED_Q12   |                                    |
| DIABMED_Q11 =               | Show Prompt Card M1   |                                    |
| ALL                         | [(Apart from being on a special diet.)]   |                                    |
|                             | In the <u>last 2 weeks</u> , [have you/has [first name]] taken any [other] action to manage [your/his/her] [diabetes/high sugar levels]?      |                                    |
|                             | 1. Yes<br>5. No   | 1 → DIABMED_Q13<br>5 → DIABMED_Q14 |
| DIABMED_Q12 = 1             | DIABMED_Q13   |                                    |
|                             | Which ones?   |                                    |
|                             | More than one response is allowed. Press space bar between responses.   |                                    |
|                             | 1. Losing weight  | 1 → DIABMED_Q14                    |
|                             | <ul><li>2. Exercised most days</li><li>3. Taken vitamin/mineral supplements</li></ul>   | 2 → DIABMED_Q14<br>3 → DIABMED_Q14 |
|                             | <ul><li>4. Taken natural/herbal treatments</li><li>5. Other</li></ul>   | 4 → DIABMED_Q14<br>5 → DIABMED_Q14 |
| DIABACT_SG01 = 1            | DIABMED_Q14   |                                    |
| _                           | -   |                                    |
| DIABMED_Q12 = 5             | Did [you/[first name]] have an HbA1c test done in the last 12 months?   |                                    |
| DIABMED_Q13 = ALL           | The HbA1c test is one of the best ways to check   |                                    |
| TILL                        | diabetes is under control. It is a blood test that gets   |                                    |

| sent to the laboratory. |  |
|-------------------------|--|
|                         | 1 → ACTIO[6]<br>5 → ACTIO[6]<br>6 → ACTIO[6] |



Module 23: Conditions – Kidney Disease Includes: Prevalence and Use of Dialysis

| From Population      | Question   | To Question   |
|----------------------|--|---|
| All selected persons | DIAL_Q01   |   |
|                      | The next questions are about Kidney Disease.   |   |
|                      | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] kidney disease? |   |
|                      | 1. Yes<br>5. No  | $ \begin{array}{c} 1 \Rightarrow \text{DIAL\_Q02} \\ 5 \Rightarrow \text{DIAL\_Q03} \end{array} $ |
| DIAL_Q01 = 1         | DIAL_Q02   |   |
|                      | [Do you/Does [first name]] <u>currently</u> have kidney disease?   |   |
|                      | 1. Yes<br>5. No  | $1 \Rightarrow DIAL\_Q03$ $5 \Rightarrow DIAL\_Q03$   |
| DIAL_Q01 = 5         | DIAL_Q03   |   |
| DIAL_Q02 = ALL       | [Have you/Has [first name]] ever had dialysis (or used a kidney machine)?                                      |   |
|                      | 1. Yes<br>5. No  | 1 → DIAL_SG04<br>5 → DIAL_SG04  |
| DIAL_Q03 = ALL       | DIAL_SG04  |   |
|                      | <ol> <li>IF DIAL_Q02 = 1</li> <li>Otherwise</li> </ol>   | 1 → ACTIO[7]<br>2 → SIGH_Q01  |

Module 24:

Conditions – Sight and Hearing Prevalence and Diabetes as cause of Sight problems **Includes:** 

| From Population      | Question   | To Question                  |
|----------------------|--|------------------------------|
| All selected persons | SIGH_Q01   |                              |
|                      | I would now like to ask about [your/[first name]'s] eyesight.  |                              |
|                      | [Are you/Is [first name]] colour blind?  |                              |
|                      | 1. Yes<br>5. No  | 1 → SIGH_Q02<br>5 → SIGH_Q02 |
| SIGH_Q01 = ALL       | SIGH_Q02   |                              |
|                      | [Do you/Does [first name]] currently wear glasses or contact lenses to correct, or partially correct, [your/his/her] eyesight?             |                              |
|                      | 1. Yes<br>5. No  | 1 → SIGH_Q03<br>5 → SIGH_Q06 |
| SIGH_Q02 = 1         | SIGH_Q03   |                              |
|                      | Show Prompt Card N1  |                              |
|                      | What sight problems do [your/[first name]'s] glasses or contact lenses correct, or partially correct?                                      |                              |
|                      | More than one response is allowed. Press space bar between responses.  |                              |
|                      | <ol> <li>Astigmatism</li> <li>Short-sightedness/Myopia/ difficulty seeing objects in the distance</li> </ol>                               | 1 → SIGH_Q06<br>2 → SIGH_Q06 |
|                      | 3. Macular degeneration  | 3 → SIGH_Q06                 |
|                      | <ul><li>4. Other age related sight problems/Presbyopia</li><li>5. Long-sightedness/Hyperopia/ difficulty seeing objects close up</li></ul> | 4 → SIGH_Q06<br>5 → SIGH_Q06 |
|                      | 6. Other (specify)   | 6 → SIGH_Q05                 |
|                      | 7. Don't know  | 7 → SIGH_Q06                 |
| SIGH_Q03 = 6         | SIGH_Q05   |                              |
|                      | Enter only <u>one</u> 'other' sight problem that can be corrected by glasses or contact lenses.  |                              |
|                      | If more than one reported, prompt for main other sight problem that can be corrected by glasses or contact lenses.                         | ' Not Listed (999) →         |

|                             |   | SIGH_Q05a                                |
|-----------------------------|---|--|
|                             | < 80 char >   | ELSE → SIGH_Q06                          |
|                             | ( o char )  | EESE 7 STOTI_Que                         |
| SIGH_Q05 = 'Not<br>Listed'  | SIGH_Q05a   |  |
| Bistod                      | Enter other sight problem   |  |
|                             | < 60 char >   | → SIGH_Q06                               |
| SIGH_Q02 = 5                | SIGH_Q06  |  |
| SIGH_Q03 = 1 to 5, 7        | [(Apart from being colour blind)]   |  |
| SIGH_Q05 <> 'Not<br>Listed' | [Do you/Does [first name]] have [any/any other] problems with [your/his/her] sight? |  |
| SIGH_Q05a = ALL             | 1. Yes  | 1 → SIGH_Q10                             |
| 51011_Q00# 1122             | 5. No   | 5 → DIABSIGH_SG01                        |
|                             | 6. Don't know   | 6 → DIABSIGH_SG01                        |
|                             |   |  |
| $SIGH\_Q06 = 1$             | SIGH_Q10  |  |
|                             | What other eight problems [do you/does [first name]]                                |  |
|                             | What other sight problems [do you/does [first name]] have?                          |  |
|                             | nave.   |  |
|                             | More than one response is allowed. Press space bar                                  |  |
|                             | between responses.  |  |
|                             | 10. Astigmatism   | 10 → DIABSIGH_SG01                       |
|                             | 11. Short-sightedness/Myopia/ difficulty seeing                                     | 10 → DIABSIGH_SG01<br>11 → DIABSIGH_SG01 |
|                             | objects in the distance   | Tr / Biribsion_soor                      |
|                             | 12. Macular degeneration  | 12 → DIABSIGH_SG01                       |
|                             | 13. Other age related sight problems/Presbyopia                                     | 13 → DIABSIGH_SG01                       |
|                             | 14. Long sightedness/Hyperopia/ difficulty seeing                                   | 14 → DIABSIGH_SG01                       |
|                             | objects close up  |  |
|                             | 15. Totally blind in both eyes  | 15 → DIABSIGH_SG01                       |
|                             | 16. Totally blind in 1 eye  | 16 → DIABSIGH_SG01                       |
|                             | 17. Partially blind in both eyes  | 17 → DIABSIGH_SG01                       |
|                             | 18. Partially blind in 1 eye  | 18 → DIABSIGH_SG01                       |
|                             | 19. Glaucoma  | 19 → DIABSIGH_SG01                       |
|                             | 20. Cataracts   | 20 → DIABSIGH_SG01                       |
|                             | 21. Trachoma  | 21 → DIABSIGH_SG01                       |
|                             | 22. Lazy eye/Strabismus   | 22 → DIABSIGH_SG01                       |
|                             | 23. Retinopathy   | 23 → DIABSIGH_SG01                       |
|                             | 25. Other (specify) 26. Don't know  | 25 → SIGH_Q12<br>26 → DIABSIGH_SG01      |
|                             | 20. Don't know  | 20 7 DIADSIGII_SG01                      |
| SIGH_Q10 = 25               | SIGH_Q12  |  |
|                             | Enter only <u>one</u> 'other' sight problem.  |  |
|                             | If more than one reported, prompt for main 'other'                                  | 'Not Listed' (999) →                     |

|                                  | sight problem.  | SIGH_Q12a                               |
|----------------------------------|---|---|
|                                  | signi proceemi  | ELSE →                                  |
|                                  | < 80 char >   | DIABSIGH_SG01                           |
| SIGH_Q12 = 'Not                  | SIGH_Q12a   |   |
| Listed'                          | Enter other sight problem.  |   |
|                                  | . 60 1  | V DIA BOIGH GG01                        |
|                                  | < 60 char >   | → DIABSIGH_SG01                         |
| $SIGH\_Q06 = 5 \text{ or } 6$    | DIABSIGH_SG01   |   |
| SIGH_Q10 = $10 \text{ to } 23$ , | 1. IF (DIABST_Q01 = 1 or DIABST_Q02 = 1) and                                  | 1 → DIABSIGH_Q02                        |
| 25                               | (SIGH_Q03 or SIGH_Q10 = a response) 2. ELSEIF (DIABST_Q01 = 1 or DIABST_Q02 = | 2 → DIABSIGH_Q05                        |
| SIGH_Q12 <> 'Not                 | 1) and $(SIGH_Q02 = 5 \text{ or } SIGH_Q06 = 5 \text{ or } 6)$                |   |
| Listed'                          | 3. Otherwise  | $3 \rightarrow \text{HEAR}\_\text{Q01}$ |
| SIGH_Q12a = ALL                  |   |   |
| DIABSIGH_SG01 = 1                | DIABSIGH_Q02  |   |
|                                  | Are any of [your/[first name]'s] sight problems due to                        |   |
|                                  | [your/his/her] [diabetes/high sugar levels]?                                  |   |
|                                  | 1. Yes  | 1 → DIABSIGH_SG03                       |
|                                  | 5. No   | 5 → DIABSIGH_Q05                        |
|                                  | 6. Don't know   | 6 → DIABSIGH_Q05                        |
| DIABSIGH_Q02 = 1                 | DIABSIGH_SG03   |   |
|                                  | 1. If a single response in SIGH_Q03 or SIGH_Q10                               | 1 → DIABSIGH_Q06                        |
|                                  | <ul><li>(i.e. only one sight problem reported)</li><li>2. Otherwise</li></ul> | 2 → DIABSIGH Q04                        |
|                                  |   | 2 7 DIADSIOII_Q04                       |
| DIABSIGH_SG03 = 2                | DIABSIGH_Q04  |   |
|                                  | Of the sight problems you have told me about, which                           |   |
|                                  | ones are due to [your/[first name]'s] [diabetes/high sugar levels]?           |   |
|                                  |   |   |
|                                  | More than one response is allowed. Press space bar between responses.         |   |
|                                  |   |   |
|                                  | 10. Astigmatism   | 10 → DIABSIGH_Q06                       |
|                                  | 11. Short-sightedness/Myopia/ difficulty seeing                               | 11 → DIABSIGH_Q06                       |
|                                  | objects in the distance 12. Macular degeneration                              | 12 → DIABSIGH_Q06                       |
|                                  | 13. Other age-related sight problem/Presbyopia                                | 13 → DIABSIGH_Q06                       |
|                                  | 14. Long sightedness/Hyperopia/ difficulty seeing                             | 14 → DIABSIGH_Q06                       |
|                                  | objects close up  |   |

|                       | 15. Totally blind in both eyes 16. Totally blind in 1 eye 17. Partially blind in both eyes 18. Partially blind in 1 eye 19. Glaucoma 20. Cataracts 21. Trachoma 22. Lazy eye/Strabismus 23. Retinopathy 24. [Insert response from SIGH_Q05/SIGH_Q05a excluding 'Not a condition'] 25. [Insert response from SIGH_Q12/SIGH_Q12a excluding 'Not a condition'] 26. Don't know ] | 15 → DIABSIGH_Q06<br>16 → DIABSIGH_Q06<br>17 → DIABSIGH_Q06<br>18 → DIABSIGH_Q06<br>19 → DIABSIGH_Q06<br>20 → DIABSIGH_Q06<br>21 → DIABSIGH_Q06<br>22 → DIABSIGH_Q06<br>23 → DIABSIGH_Q06<br>24 → DIABSIGH_Q06<br>25 → DIABSIGH_Q06 |
|-----------------------|--|---|
| DIABSIGH_SG01 = 2     | DIABSIGH_Q05   |   |
| DIABSIGH_Q02 = 5 or 6 | How long has it been since [you/[first name]] last consulted an eye specialist or optometrist?   |   |
|                       | If the respondent has visited both an eye specialist and an optometrist, record the most recent visit.   |   |
|                       | <ol> <li>Less than 1 year</li> <li>1 to less than 2 years</li> <li>2 to less than 5 years</li> <li>5 years or more</li> <li>Never</li> <li>Don't know</li> </ol>   | $1 \rightarrow \text{HEAR\_Q01}$ $2 \rightarrow \text{HEAR\_Q01}$ $3 \rightarrow \text{HEAR\_Q01}$ $4 \rightarrow \text{HEAR\_Q01}$ $5 \rightarrow \text{HEAR\_Q01}$ $6 \rightarrow \text{HEAR\_Q01}$                               |
| DIABSIGH_SG03 = 1     | DIABSIGH_Q06   |   |
| DIABSIGH_Q04 = ALL    | How long has it been since [you/[first name]] last consulted an eye specialist or optometrist about [this condition/any of these conditions]?  |   |
|                       | <ol> <li>Less than 1 year</li> <li>1 to less than 2 years</li> <li>2 to less than 5 years</li> <li>5 years or more</li> <li>Never</li> <li>Don't know</li> </ol>   | $1 \rightarrow \text{HEAR\_Q01}$ $2 \rightarrow \text{HEAR\_Q01}$ $3 \rightarrow \text{HEAR\_Q01}$ $4 \rightarrow \text{HEAR\_Q01}$ $5 \rightarrow \text{HEAR\_Q01}$ $6 \rightarrow \text{HEAR\_Q01}$                               |
| DIABSIGH_SG01 = 3     | HEAR_Q01   |   |
| DIABSIGH_Q05 = ALL    | Show Prompt Card N2  |   |
| DIABSIGH_Q06 = ALL    | [Do you/Does [first name]] have any hearing problems or problems with [your/his/her] ears that have lasted, or are expected to last, for 6 months or more?   | 1 → HEAR_Q02  |
|                       | I  | <b>-</b>  |

|                            | 1. Yes<br>5. No   | 5 → Next Condition<br>Module     |
|----------------------------|---|----------------------------------|
| HEAR_Q01 = 1               | HEAR_Q02  |                                  |
|                            | What hearing or ear problems [do you/does [first name]] have?                     | 1 → Next Condition               |
|                            | More than one response is allowed. Press space bar between responses.             | Module 2 → Next Condition        |
|                            | Total deafness  | Module 3 → Next Condition        |
|                            | 2. Deaf in 1 ear  | Module                           |
|                            | <ul><li>3. Hearing loss/partially deaf</li><li>4. Tinnitus</li></ul>              | 4 → Next Condition Module        |
|                            | <ul><li>5. Meniere's Disease</li><li>6. Otitis Media</li></ul>                    | 5 → Next Condition Module        |
|                            | 7. Other (specify) 8. Don't know  | 6 → Next Condition  Module       |
|                            | o. Don't know   | 7 → HEAR_Q04                     |
|                            |   | 8 → Next Condition<br>Module     |
| $HEAR_Q02 = 7$             | HEAR_Q04  |                                  |
|                            | Enter only <u>one</u> 'other' hearing or ear problem.                             |                                  |
|                            | If more than one reported, prompt for <u>main</u> 'other' hearing or ear problem. | 'Not Listed (999) →<br>HEAR_Q04a |
|                            | < 60 char >   | ELSE → Next Condition<br>Module  |
| HEAR_Q04 = 'Not<br>Listed' | HEAR_Q04a   |                                  |
| Zistou                     | Enter other hearing or ear problem  |                                  |
|                            | < 60 char >   | → Next Condition Module          |

**Module 25:** Conditions – Mental, Behavioural and Cognitive Conditions

Includes: Affective Conditions, Anxiety Conditions, Other Mental Beavioural and Cognitive

**Conditions, and Medications** 

| From Population      | Question   | To Question                  |
|----------------------|--|------------------------------|
| All selected persons | MHC_Intro  |                              |
|                      | I would now like to ask you about mental health, behavioural and cognitive conditions.   |                              |
|                      | When answering these questions, please include any conditions [you are/[first name] is] currently managing with treatment or medication. |                              |
|                      | 1. Press [1] to continue   | 1 → MHC_Q01                  |
| MHC_Intro = ALL      | MHC_Q01  |                              |
|                      | Show Prompt Card O1  |                              |
|                      | [Do you/Does [first name]] have any of these conditions?   |                              |
|                      | 1. Yes   | 1 → MHC_Q02                  |
|                      | 5. No  | 5 → MHC_Q03                  |
| MHC_Q01 = 1          | MHC_Q02  |                              |
|                      | Which ones?  |                              |
|                      | More than one response is allowed. Press space bar   |                              |
|                      | between responses.   |                              |
|                      |  |                              |
|                      | 10. Depression, including Persistent depressive disorder   | 10 → MHC_Q03                 |
|                      | 11. Feeling depressed  | 11 → MHC_Q03                 |
|                      | 12. Bipolar disorder   | 12 → MHC_Q03                 |
|                      | 13. Mania  | 13 → MHC_Q03                 |
|                      | <ul><li>14. Anxiety disorder</li><li>15. Feeling anxious, nervous or tense</li></ul>   | 14 → MHC_Q03<br>15 → MHC_Q03 |
|                      | 16. Panic disorder   | $16 \rightarrow MHC_Q03$     |
|                      | 17. Panic attacks  | 17 → MHC_Q03                 |
|                      | 18. Post-Traumatic Stress Disorder (PTSD)  | 18 → MHC_Q03                 |
|                      | 19. Agoraphobia  | 19 → MHC_Q03                 |
|                      | 20. Obsessive-Compulsive Disorder (OCD)  | 20 → MHC_Q03                 |
|                      | 21. Social Phobia  | 21 → MHC_Q03                 |
|                      | 22. Other affective or anxiety condition – please specify]   | 22 → MHC_L01_START           |
| $MHC_Q02 = 22$       | MHC_L01_Start  |                              |

|                               | < Start loop/s –<br>MHDisNames[13] &   | → MHC_Q02A                     |
|-------------------------------|--|--------------------------------|
|                               | MHDisNamesOther[13] >  Note: Loop is to collect up to three extra Affective or                                 |                                |
|                               | Anxiety conditions.  |                                |
| MHC_L01_START = ALL           | MHC_Q02A   |                                |
|                               | Which other affective or anxiety conditions [do you/does [first name]] have?                                   |                                |
|                               | 3 fields are available: enter only one condition per field. Press enter to go to the next field.               |                                |
|                               | If more than 3 reported, prompt for main 3 conditions.   |                                |
|                               | If condition is not listed, type 'not listed' and enter condition in free text field.                          | 'Not listed' (code 999) →      |
|                               | < 60 char >  | MHC_Q02B<br>ELSE → MHC_L01_END |
| MHC_Q02A = 'Not listed'       | MHC_Q02B   |                                |
| listed                        | Enter other affective or anxiety condition.  |                                |
|                               | < 60 char >  | → MHC_L01_END                  |
| MHC_Q02A <> 'Not Listed'      | MHC_L01_END  |                                |
|                               | < End loop/s –   | → MHC_Q03                      |
| MHC_Q02B = ALL                | MHDisNames[13] & MHDisNamesOther[13] >   |                                |
| MHC_Q01 = 5                   | MHC_Q03  |                                |
| MHC_Q02 = $10 \text{ to } 21$ | Show Prompt Card O2  |                                |
| MHC_L01_END =                 | (Apart from any conditions you have told me about)   |                                |
| ALL                           | [do you/does [first name]] have any [other] mental health, behavioural or cognitive conditions, such as these? |                                |
|                               | 1. Yes<br>5. No  | 1 → MHC_Q03A<br>5 → MHC_SG04A  |
| MHC_Q03 = 1                   | MHC_Q03A   |                                |
|                               | Which ones?  |                                |

|                 | More than one response is allowed. Press space bar               |                             |
|-----------------|--|-----------------------------|
|                 | between responses.   |                             |
|                 | r  |                             |
|                 | 25. Harmful use or dependence on alcohol                         | 25 → MHC_SG04A              |
|                 | 26. Harmful use or dependence on drugs                           | 26 → MHC_SG04A              |
|                 | 27. Harmful use or dependence on medicinal /                     | 27 → MHC_SG04A              |
|                 | prescription drugs   |                             |
|                 | 28. Autism spectrum disorders, such as Rett's                    | 28 → MHC_SG04A              |
|                 | syndrome and Asperger syndrome                                   |                             |
|                 | 29. Intellectual impairment / mental retardation                 | 29 → MHC_SG04A              |
|                 | 30. Attention Deficit Hyperactivity Disorder                     | $30 \rightarrow MHC\_SG04A$ |
|                 | (ADHD)   |                             |
|                 | 31. Conduct disorder   | 31 → MHC_SG04A              |
|                 | 32. Dementia, including Alzheimer's Disease                      | $32 \rightarrow MHC\_SG04A$ |
|                 | 33. Schizophrenia  | $33 \rightarrow MHC\_SG04A$ |
|                 | 34. Any other mental or behavioural condition – please specify ] | 34 → MHC_L02_START          |
|                 | piease specify   |                             |
| MHC_Q03A = 34   | MHC_L02_Start  |                             |
| Willo_Qosii     | MIIO_BOZ_Start   |                             |
|                 | < Start loop/s –   | → MHC_Q03B                  |
|                 | MHOtherDisNames[13] &  | _ 2                         |
|                 | MHOtherDisNamesOther[13] >                                       |                             |
|                 |  |                             |
|                 | Note: Loop is to collect up to three extra Mental,               |                             |
|                 | Behavioural, or Cognitive conditions.                            |                             |
| MHC_L02_START = | MHC_Q03b   |                             |
| ALL             | 1,1110_Q000  |                             |
|                 | Which other mental, behavioural or cognitive                     |                             |
|                 | conditions [do you/does [first name]] have?                      |                             |
|                 |  |                             |
|                 | 3 fields are available: enter only <u>one</u> condition per      |                             |
|                 | field. Press enter to go to the next field.                      |                             |
|                 |  |                             |
|                 | If more than 3 reported, prompt for <u>main</u> 3 conditions.    |                             |
|                 | Conditions.  |                             |
|                 | If condition is not listed, type 'not listed' and enter          |                             |
|                 | condition in free text field.                                    | 'Not listed' (code 999) →   |
|                 | )  | MHC_Q03C                    |
|                 | < 60 char >  | ELSE → MHC_L02_END          |
|                 |  |                             |
| MHC_Q03B        | MHC_Q03c   |                             |
| = 'Not Listed'  |  |                             |
|                 | Enter other mental, behavioural or cognitive                     |                             |
|                 | condition.   |                             |
|                 | < 60 char >  | → MHC_L02_END               |
|                 |  |                             |
| MIC COOP        | MHC_L02_END  |                             |
| MHC_Q03B        | WITC_E02_E11D  |                             |

| 'Not Listed'               |   |  |
|----------------------------|---|--|
| o itot Eistou              | < End loop/s –  | → MHC_SG04A  |
| $MHC_Q03C = ALL$           | MHOtherDisNames[13] &   | 7 WH16_560 W1  |
| 1/11/0_Q050 11LL           | MHOtherDisNamesOther[13] >  |  |
|                            |   |  |
| $MHC_Q03 = 5$              | MHC_SG04A   |  |
|                            |   |  |
| $MHC_Q03A = 25 \text{ to}$ | 1. IF $(MHC_Q01 = 5 \text{ AND MHC}_Q03 = 5)$ (ie. No   | 1 → Next Condition   |
| 33                         | MHC conditions reported) OR   | Module   |
|                            | (If the only condition/s reported are "Not a  |  |
| MHC_L02_END =              | condition") (ie. code 998)  |  |
| ALL                        | 2. Otherwise  | $2 \rightarrow MHC_Q04$  |
|                            |   |  |
| $MHC\_SG04A = 3$           | MHC_Q04   |  |
|                            |   |  |
|                            | [Has this condition/Have any of these conditions]   |  |
|                            | lasted, or [is it/are they] expected to last, for 6   |  |
|                            | months or more?   |  |
|                            |   | 1 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                              |
|                            | 1. Yes  | $1 \rightarrow MHC\_Q05$   |
|                            | 5. No   | 5 → MHC_L03_START  |
| MIIC OO4 1                 | MIIC OOF  |  |
| $MHC_Q04 = 1$              | MHC_Q05   |  |
|                            | Which ones?   |  |
|                            | which ones:   |  |
|                            | More than one response is allowed. Press space bar  |  |
|                            | between responses.  |  |
|                            | between responses.  |  |
|                            |   |  |
|                            | 10. Depression, including Persistent depressive   | 10 → MHC_L03_START   |
|                            | disorder  |  |
|                            | 11. Feeling depressed   | 11 → MHC_L03_START   |
|                            | 12. Bipolar disorder  | 12 → MHC_L03_START   |
|                            | 13. Mania   | $13 \rightarrow MHC_L03_START$                                       |
|                            | 14. Anxiety disorder  | 14 → MHC_L03_START   |
|                            | 15. Feeling anxious, nervous or tense   | 15 → MHC_L03_START   |
|                            | 16. Panic disorder  | 16 → MHC_L03_START   |
|                            | 17. Panic attacks   | $17 \rightarrow MHC\_L03\_START$                                     |
|                            | 18. Post-Traumatic Stress Disorder (PTSD)   | $18 \rightarrow MHC\_L03\_START$                                     |
|                            | 19. Agoraphobia   | 19 → MHC_L03_START   |
|                            | 20. Obsessive-Compulsive Disorder (OCD)   | 20 → MHC_L03_START   |
|                            | 21. Social Phobia   | 21 → MHC_L03_START   |
|                            | 22. [MHC_Q02A[1]/ MHC_Q02B[1]]  | 22 → MHC_L03_START   |
|                            | 23. [MHC_Q02A[2]/MHC_Q02B[2]]   | $23 \rightarrow MHC\_L03\_START$                                     |
|                            | 24. [MHC_Q02A[3]/ MHC_Q02B[3]]  | 24 → MHC_L03_START   |
|                            | <ul><li>25. Harmful use or dependence on alcohol</li><li>26. Harmful use or dependence on drugs</li></ul> | 25 → MHC_L03_START<br>26 → MHC_L03_START                             |
|                            | 27. Harmful use or dependence on medicinal /  | $27 \rightarrow MHC\_L03\_START$<br>$27 \rightarrow MHC\_L03\_START$ |
|                            | prescription drugs  | 2, 7 MIC_LOS_START   |
|                            | 28. Autism spectrum disorders, such as Rett's   | 28 → MHC_L03_START   |
|                            | syndrome and Asperger syndrome  | 20 / 11110_1203_5171101  |
|                            | Syndrome and Asperger syndrome  |  |

|                     | 29. Intellectual impairment / mental retardation 30. Attention Deficit Hyperactivity Disorder   | 29 → MHC_L03_START<br>30 → MHC_L03_START                 |
|---------------------|---|--|
|                     | (ADHD)  |  |
|                     | <ul><li>31. Conduct disorder</li><li>32. Dementia, including Alzheimer's Disease</li></ul>  | 31 → MHC_L03_START<br>32 → MHC_L03_START                 |
|                     | 33. Schizophrenia   | 33 → MHC_L03_START                                       |
|                     | 34. [MHC_Q03B[1]/ MHC_Q03C[1]]  | $34 \rightarrow MHC_L03_START$                           |
|                     | 35. [MHC_Q03B[2]/ MHC_Q03C[2]]  | $35 \rightarrow MHC_L03_START$                           |
|                     | 36. [MHC_Q03B[3]/ MHC_Q03C[3]]]   | 36 → MHC_L03_START                                       |
| MHC_Q04 = 5         | MHC_L03_Start   |  |
| MHC_Q05 = ALL       | < Start loop – EverTold[127] >  | → MHC_Q06  |
|                     | Note: Loop is to collect 'diagnosed' data for each of the conditions reported at MHC_Q05.   |  |
| MHC_L03_START = ALL | MHC_Q06   |  |
| ALL                 | [Were you/Was [first name]] told by a doctor, nurse   |  |
|                     | or other health professional that [you/he/she] had  |  |
|                     | [1st27th mental health condition]?  |  |
|                     | 1. Yes  | 1 → MHC_L03_END  |
|                     | 5. No   | $5 \rightarrow MHC_L03_END$                              |
|                     |   |  |
|                     |   |  |
| $MHC_Q06 = ALL$     | MHC_L03_END   |  |
| MHC_Q06 = ALL       | MHC_L03_END  < End loop - EverTold[127] >   | → MHC_Q08  |
| MHC_L03_END =       |   | → MHC_Q08  |
|                     | < End loop - EverTold[127] >  | → MHC_Q08  |
| MHC_L03_END =       | < End loop - EverTold[127] >  MHC_Q08   | → MHC_Q08  |
| MHC_L03_END =       | < End loop - EverTold[127] >  MHC_Q08  Show Prompt Card O3  | → MHC_Q08  |
| MHC_L03_END =       | < End loop - EverTold[127] >  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications   | → MHC_Q08  |
| MHC_L03_END =       | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?</pre>  |  |
| MHC_L03_END =       | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes</pre>  | 1 → MHC_Q09  |
| MHC_L03_END =       | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?</pre>  |  |
| MHC_L03_END =       | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No</pre>  | 1 → MHC_Q09<br>5 → Actio[8]                              |
| MHC_L03_END = ALL   | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No 6. Don't know</pre>  | 1 → MHC_Q09<br>5 → Actio[8]                              |
| MHC_L03_END = ALL   | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No 6. Don't know  MHC_Q09  Which ones?  More than one response is allowed. Press space bar</pre>  | 1 → MHC_Q09<br>5 → Actio[8]                              |
| MHC_L03_END = ALL   | <pre>&lt; End loop - EverTold[127] &gt;  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No 6. Don't know  MHC_Q09  Which ones?</pre>  | 1 → MHC_Q09<br>5 → Actio[8]                              |
| MHC_L03_END = ALL   | <pre> <end -="" evertold[127]="" loop="">  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No 6. Don't know  MHC_Q09  Which ones?  More than one response is allowed. Press space bar between responses.  1. Sleeping tablets or capsules </end></pre> | 1 → MHC_Q09 5 → Actio[8] 6 → Actio[8]  1 → MHC_L03_START |
| MHC_L03_END = ALL   | <pre> <end -="" evertold[127]="" loop="">  MHC_Q08  Show Prompt Card O3  [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks?  1. Yes 5. No 6. Don't know  MHC_Q09  Which ones?  More than one response is allowed. Press space bar between responses. </end></pre>                                  | 1 → MHC_Q09 5 → Actio[8] 6 → Actio[8]                    |

|                 | <ul><li>4. Antidepressants</li><li>5. Mood stabilisers</li><li>6. Other medications for mental, behavioural or cognitive conditions</li></ul>           | 4 → MHC_L03_START<br>5 → MHC_L03_START<br>6 → MHC_L03_START |
|-----------------|---|---|
| $MHC_Q09 = ALL$ | MHC_L03_START   |   |
|                 | < Start loop – HowLongMeds[16] >  | → MHC_Q10   |
|                 | Note: Loop is to collect frequency data for each medication type reported at MHC_Q09.   |   |
| MHC_L03_START = | MHC_Q10   |   |
| ALL             | How long [have you/has [first name]] been taking [name of medication]? Would it be less than 1 month, 1 to 3 months, 3 to 6 months or 6 months or more? |   |
|                 | 1. Less than 1 month  | 1 → MHC_L03_END   |
|                 | <ul><li>2. 1 month to less than 3 months</li><li>3. 3 months to less than 6 months</li></ul>  | 2 → MHC_L03_END<br>3 → MHC_L03_END                          |
|                 | 4. 6 months or more   | $4 \rightarrow MHC\_L03\_END$                               |
|                 | 5. Don't know   | 5 → MHC_L03_END   |
| MHC_Q10 = ALL   | MHC_L03_END   |   |
|                 | < End loop – HowLongMeds[16] >  | → Actio[8]  |

**Module 26:** Conditions – Other Long Term Conditions

**Includes:** Prevalence

| From Population      | Question  | To Question   |
|----------------------|---|---|
| All selected persons | LTC_Q01   |   |
|                      | Earlier I asked you some questions about whether [you were/[first name] was] restricted in [your/his/her] day to day activities because of any medical conditions [you/[first name]] had, and I asked you about specific medical conditions.  I would now like to ask you about any other long term health conditions that have lasted, or are  |   |
|                      | expected to last, for 6 months or more.  Show Prompt Card P1  |   |
|                      | [Do you/Does [first name]] have any of these conditions?  |   |
|                      | 1. Yes<br>5. No   | 1 → LTC_Q02<br>5 → LTC_Q05  |
| LTC_Q01 = 1          | LTC_Q02   |   |
|                      | Which of these [do you/does [first name]] have?   |   |
|                      | More than one response is allowed. Press space bar between responses.   |   |
|                      | <ol> <li>Hayfever</li> <li>Sinusitis or sinus allergy</li> <li>Food allergy</li> <li>Drug allergy</li> <li>Other allergy</li> <li>Anaemia</li> <li>Bronchitis</li> <li>Emphysema</li> <li>Epilepsy</li> <li>Fluid problems/fluid retention/oedema (exclude those due to a heart or circulatory condition)</li> <li>Hernias</li> <li>Kidney stones</li> <li>Migraine</li> <li>Psoriasis</li> </ol> | 10 → LTC_SG03<br>11 → LTC_SG03<br>12 → LTC_SG03<br>13 → LTC_SG03<br>14 → LTC_SG03<br>15 → LTC_SG03<br>16 → LTC_SG03<br>17 → LTC_SG03<br>18 → LTC_SG03<br>20 → LTC_SG03<br>21 → LTC_SG03<br>22 → LTC_SG03<br>23 → LTC_SG03 |
|                      | <ul> <li>24. Stomach ulcers or other gastrointestinal ulcers</li> <li>25. Thyroid trouble/goiter</li> <li>26. Back – slipped disc or other disc problems</li> <li>27. Back pain or other back problems</li> </ul>   | 24 → LTC_SG03<br>25 → LTC_SG03<br>26 → LTC_SG03<br>27 → LTC_SG03  |

| LTC_Q02 = ALL              | LTC_SG03  |   |
|----------------------------|---|---|
|                            | <ol> <li>IF LTC_Q02 = 27</li> <li>Otherwise</li> </ol>  | $1 \rightarrow LTC\_Q04$ $2 \rightarrow LTC\_SG04a$   |
| LTC_Q03SG = 1              | LTC_Q04   |   |
|                            | Please provide more information about [your/[first name]'s] back pain or back problem.  < 60 char > | 'Not Listed' (999) → LTC_Q04a ELSE → LTC_SG04a  |
| LTC_Q04 = 'Not             | LTC_Q04a  |   |
| Listed'                    | Enter more information.   |   |
|                            | < 60 char >   | → LTC_SG04a   |
| LTC_SG03 = 2               | LTC_SG04a   |   |
| LTC_Q04 <> 'Not<br>Listed' | 1. IF LTC_Q02 = 12<br>2. Otherwise  | $1 \rightarrow LTC\_Q04b$ $2 \rightarrow LTC\_SG04b$  |
| LTC_Q04a = ALL             |   |   |
| LTC_SG04a = 1              | LTC_Q04b  |   |
|                            | Is the reaction to [your/[first name]'s] food allergy(ies), anaphylactic, non-anaphylactic or both? |   |
|                            | <ol> <li>Anaphylactic</li> <li>Non-anaphylactic</li> <li>Both</li> <li>Don't know</li> </ol>        | $1 \rightarrow LTC\_SG04b$ $2 \rightarrow LTC\_SG04b$ $3 \rightarrow LTC\_SG04b$ $4 \rightarrow LTC\_SG04b$ |
| LTC_SG04a = 2              | LTC_SG04b   |   |
| LTC_Q04b = ALL             | <ol> <li>IF LTC_Q02 = 13</li> <li>Otherwise</li> </ol>  | $1 \rightarrow LTC\_Q04c$ $2 \rightarrow LTC\_Q05$  |
| $LTC\_SG04b = 1$           | LTC_Q04c  |   |
| )'                         | Is the reaction to [your/[first name]'s] drug allergy(ies), anaphylactic, non-anaphylactic or both? |   |
|                            | <ol> <li>Anaphylactic</li> <li>Non-anaphylactic</li> <li>Both</li> <li>Don't know</li> </ol>        | $1 \rightarrow LTC\_Q05$ $2 \rightarrow LTC\_Q05$ $3 \rightarrow LTC\_Q05$ $4 \rightarrow LTC\_Q05$         |
| LTC_Q01 = 5                | LTC_Q05   |   |

| LTC_Q04bSG = 2             | Show Prompt Card P2  |   |
|----------------------------|--|---|
| LTC_Q04c = ALL             | Looking at the examples on this card (and, apart from any conditions you have already told me about), [do you/does [first name]] have any <u>other</u> conditions that have lasted, or are expected to last, for 6 months or more? |   |
|                            | 1. Yes<br>5. No  | $1 \rightarrow LTC\_L01\_START$ $5 \rightarrow LTC\_Q09$        |
| LTC_Q05 = 1                | LTC_L01_START  |   |
|                            | < Start loop/s – MoreOtherLTC & EnterMoreOtherLTC >  | → LTC_Q06   |
|                            | Note: Loop is to collect up to six extra Long Term Conditions.   |   |
| LTC_L01_START =            | LTC_Q06  |   |
| ALL                        | Which conditions [do you/does [first name]] have?  |   |
|                            | 6 fields are available: enter only <u>one</u> condition per field. Press enter to go to the next field.  |   |
|                            | If more than 6 reported, probe for the 6 main conditions.  | 'Not Listed (999) →<br>LTC_Q06a                                 |
|                            | < 60 char >  | ELSE → LTC_L01_END  |
| LTC_Q06 = 'Not<br>Listed'  | LTC_Q06a   |   |
| Eisted                     | Enter other conditions.  |   |
|                            | < 60 char >  | → LTC_L01_END   |
| LTC_Q06 <> 'Not<br>Listed' | LTC_L01_END  |   |
| LTC_Q06a = ALL             | < End loop/s – MoreOtherLTC & EnterMoreOtherLTC >  | → LTC_Q09   |
| LTC_Q05 = 5                | LTC_Q09  |   |
| LTC_L01_END = ALL          | Show Prompt Card P3  |   |
|                            | (Apart from any conditions you have already told me about), [do you/does [first name]] have any [other] long term conditions such as these?  |   |
|                            | 1. Yes<br>5. No  | $1 \rightarrow LTC\_L03\_START$ $5 \rightarrow LTC\_L05\_START$ |

| LTC_Q09 = 1       | LTC_L03_START   |                                |
|-------------------|---|--------------------------------|
|                   | < Start loop/s – MoreOtherLTC2 & EnterMoreOtherLTC2 >   | → LTC_Q10                      |
|                   | Note: Loop is to collect up to six extra Long Term Conditions.  |                                |
| LTC_L03_START =   | LTC_Q10   |                                |
| ALL               | Which conditions [do you/does [first name]] have?   |                                |
|                   | 6 fields are available: enter only <u>one</u> condition per field. Press enter to go to the next field. |                                |
|                   | If more than 6 reported, probe for the 6 main conditions.   | 'Not Listed' (999) →           |
|                   | < 60 char >   | LTC_Q10a<br>ELSE → LTC_L03_END |
| LTC_Q10 = 'Not    | LTC_Q10a  |                                |
| Listed'           | Enter other conditions.   |                                |
|                   | < 60 char >   | → LTC_L03_END                  |
| LTC_Q10 <> 'Not   | LTC_L03_END   |                                |
| Listed'           | < End loop/s –  | → LTC_SG11                     |
| LTC_Q10a = ALL    | MoreOtherLTC2 & EnterMoreOtherLTC2 >  |                                |
| LTC_L03_END = ALL | LTC_SG11  |                                |
|                   | 1. IF condition/s reported at LTC_Q10 or LTC_Q10a   | 1 → LTC_L04_START              |
|                   | (and is a valid condition – ie. not code 998)  2. Otherwise   | 2 → LTC_L05_START              |
| LTC_SG11 = 1      | LTC_L04_START   |                                |
|                   | < Start loop - Cond6MonthsPlus >  | → LTC_Q12                      |
| )                 | Note: Loop is to confirm Long Term Status of conditions reported at LTC_Q10 or LTC_Q10a.                |                                |
| LTC_L04_START =   | LTC_Q12   |                                |
| ALL               | Has [your/his/her] [condition name] lasted, or is it expected to last, for six months or more?          |                                |
|                   | If the 'condition' is not a 'medical condition', enter code 9.  |                                |

|                   | <ol> <li>Yes</li> <li>No</li> <li>Don't know</li> <li>Not a health condition</li> </ol>   | 1 → LTC_L04_END<br>5 → LTC_L04_END<br>6 → LTC_L04_END<br>9 → LTC_L04_END |
|-------------------|---|--|
| LTC_Q12 = ALL     | LTC_L04_END   |  |
|                   | < End loop/s – Cond6MonthsPlus >  | → LTC_L05_START  |
| LTC_Q09 = 5       | LTC_L05_START   |  |
| LTC_SG11 = 2      | < Start loop – NHPACondition >  | → LTC_SG13   |
| LTC_L04_END = ALL | Note: Loop is to collect 'diagnosed' data for any NHPA or Mental Health conditions reported at LTC_Q06, LTC_Q06a, LTC_Q10, or LTC_Q01a. |  |
| LTC_L05_START     | LTC_SG13  |  |
|                   | 1. IF condition/s reported at LTC_Q06/LTC_Q06a or LTC_Q10/LTC_Q10A and condition is an NHPA or Mental Health condition.                 | 1 → LTC_Q14  |
|                   | 2. Otherwise  | $2 \rightarrow LTC\_L05\_END$  |
| LTC_SG13 = 1      | LTC_Q14  [Were you/Was [first name]] told [you/he/she] had [NHPA or MHC condition name] by a doctor or nurse?  1. Yes 5. No             | 1 → LTC_L05_END<br>5 → LTC L05 END                                       |
|                   |   |  |
| LTC_Q14 = ALL     | LTC_L05_END   |  |
|                   | < End loop – NHPACondition >  | → Next Module  |

**Module 27:** Medications

**Includes:** Medications taken in the last 2 weeks

| From Population         | Question  | To Question                      |
|-------------------------|---|----------------------------------|
| All selected persons    | MED_L01_START   |                                  |
|                         | < Start loop/s – MedNames, EnterMedNames >  | → MED_Q02                        |
|                         | Note: Loop is to collect data on up to 50 medications taken in the last two weeks.  |                                  |
| MED_L01_START =         | MED_Q02   |                                  |
| ALL                     | [It might be easier to answer the next few questions if you have all the medication, vitamins, minerals or natural or herbal supplements [you/[first name]] take [s] in front of you. |                                  |
|                         | What are the names or brands of all the medications, vitamins, minerals or supplements [, including insulin,] [you have/[first name] has] taken in the <u>last 2 weeks</u> ? ]        |                                  |
|                         | 50 fields are available: enter only <u>one</u> name/brand per field.  |                                  |
|                         | If none or no more, press enter to leave field blank.   |                                  |
|                         | If medication is not listed, type 'not listed' and enter medication in free text field.   | 'Not Listed' →  MED_Q02a  ELSE → |
|                         | < 200 char >  | MED_L01_END                      |
| MED_Q02 = 'Not          | MED_Q02a  |                                  |
| Listed'                 | Enter medication name/brand.  |                                  |
|                         | < 200 char >  | → MED_L01_END                    |
| MED_Q02 <> 'Not Listed' | MED_L01_END   |                                  |
| MED_Q02a = ALL          | < End loop/s – MedNames, EnterMedNames >  | → MED_SG04                       |
| MED_L01_END =           | MED_SG04  |                                  |
| ALL                     | If an 'asthma medication' from asthma medication list reported in MED_Q02 or  | 1 → MED_L02_START                |

## National Health Survey 2014-15 Questionnaire

|                     | MED_Q02a 2. Otherwise  | 2 → Next Module  |
|---------------------|--|--|
| $MED\_SG04 = 1$     | MED_L02_START  |  |
|                     | < Start loop – HowOften >  | → MED_Q05  |
|                     | Note: Loop is to collect frequency data on any Asthma mediations reported.   |  |
| MED_L02_START = ALL | MED_Q05  How often did [you/[first name]] use [asthma medication] in the <u>last 2 weeks</u> ?   |  |
|                     | <ol> <li>Every day and/or night</li> <li>3 or more times a week</li> <li>1 to 2 times a week</li> <li>Less than once a week</li> <li>Varies/as required</li> </ol> | $1 \rightarrow \text{MED\_L02\_END}$ $2 \rightarrow \text{MED\_L02\_END}$ $3 \rightarrow \text{MED\_L02\_END}$ $4 \rightarrow \text{MED\_L02\_END}$ $5 \rightarrow \text{MED\_L02\_END}$ |
| MED_Q05 = ALL       | MED_L02_END  |  |
|                     | < End loop – HowOften >  | → Next Module  |

**Module 28:** Blood Pressure

**Includes:** Blood Pressure Measurements

| From Population                             | Question  | To Question                                     |
|---|---|---|
| All selected persons aged 18 years and over | CARMES_Q01  I would now like to take [your/[first name]'s] blood pressure. This will involve taking up to three readings of [your/his/her] blood pressure.  Ask respondent if there are any medical reasons that blood pressure can not be taken on the respondent's left arm.  1. Respondent agrees 2. Respondent does not allow measurements to be taken for health reasons 3. Respondent does not allow measurements to be taken for other reasons | 1 → CARMES_Q02S 2 → Next Module 3 → Next Module |
| CARMES_Q01 =1                               | CARMES_Q02S  Record first measurement.  Enter systolic measurement.  < 0 999 >  | → CARMES_Q02D                                   |
| CARMES_Q02S = ALL                           | CARMES_Q02D  Record first measurement.  Enter diastolic measurement.  < 0 999 >   | → CARMES_Q03S                                   |
| CARMES_Q02D = ALL                           | CARMES_Q03S  Record second measurement.  Enter systolic measurement.  Ctrl R may be used here if necessary.  < 0 999 > Ctrl R   | 0999 → CARMES_Q03D Ctrl R → Next module         |
| CARMES_Q03S = 0999                          | CARMES_Q03D  Record second measurement.   |   |

| Enter diastolic measurement.  |  |
|---|--|
| < 0 999 >   | → CARMES_Q04_SG  |
| CARMES_Q04_SG   |  |
| 1. If second systolic blood pressure measurement less than 10mmHg difference from first systolic measurement or if second diastolic blood pressure measurement less than 10mmHg difference from               | 1 → Next Module  |
| 2. If second systolic blood pressure measurement different by 10mmHg or more than first systolic measurement or if second diastolic measurement different by 10mmHg or more than first diastolic measurement. | 2 → CARMES_Q05S  |
| CARMES_Q05S   |  |
| There is 10mmHg difference or more between the first and second systolic readings, or a 10mmHg difference or more between the first and second diastolic readings.  |  |
| Record third measurement.   |  |
| Enter systolic measurement.   |  |
| Ctrl R may be used here if necessary.   | 0999 →   |
| < 0 999 ><br>Ctrl R   | CARMES_Q05D<br>Ctrl R → Next module  |
|   |  |
| CARMES_Q05D   |  |
| Record third measurement.   |  |
| Enter diastolic measurement.  |  |
| < 0 999 >   | → Next Module  |
|   | CARMES_Q04_SG  1. If second systolic blood pressure measurement less than 10mmHg difference from first systolic measurement or if second diastolic blood pressure measurement less than 10mmHg difference from first diastolic measurement.  2. If second systolic blood pressure measurement different by 10mmHg or more than first systolic measurement or if second diastolic measurement different by 10mmHg or more than first diastolic measurement.  CARMES_Q05S  There is 10mmHg difference or more between the first and second systolic readings, or a 10mmHg difference or more between the first and second diastolic readings.  Record third measurement.  Enter systolic measurement.  Ctrl R may be used here if necessary.  < 0 999 > Ctrl R  CARMES_Q05D  Record third measurement.  Enter diastolic measurement. |

Module 29: Physical Measures

Includes: Height, Weight, and Waist Measurements

| From Population                            | Question  | To Question                               |
|--|---|---|
| All selected persons aged 2 years and over | PH_Q01  I would now like to take some more measurements. This will involve measuring [your/[first name]'s] height, weight and waist.  [Do you/Do you/Does [first name]/Do you] agree for me to take these measurements? |   |
|  | 1. Yes<br>5. No   | 1 → PH_Q02A<br>5 → Next Module            |
| PH_Q01 = 1                                 | PH_Q02A  Please take respondent's weight measurement and record in kilos.  1. Measurement taken 2. Measurement not taken (refused) 3. Measurement not taken, other reason e.g. pregnant, frailty                        | 1 → PH_Q02B<br>2 → PH_Q03A<br>3 → PH_Q03A |
| PH_Q02A = 1                                | PH_Q02B  Enter respondent's weight measurement in kilos (eg 98.3).  < 0.0 999.9 >   | → PH_Q03A                                 |
| PH_Q02A = 2 or 3 PH_Q02B = ALL             | PH_Q03A  Please take respondent's height measurement and record in cms.  1. Measurement taken 2. Measurement not taken (refused) 3. Measurement not taken, other reason e.g. pregnant, frailty                          | 1 → PH_Q03B<br>2 → PH_Q04A<br>3 → PH_Q04A |
| PH_Q03A =1                                 | PH_Q03B  Enter respondent's height measurement in cms (eg 164.5).  < 0.0 999.9 >  | → PH_SG03B                                |
| $PH_Q03B = ALL$                            | PH_SG03B  |   |

|                  | 1. Random 10% of respondents   | 1 → PH_Q03C                    |
|------------------|--|--------------------------------|
|                  | 2. Otherwise   | 2 → PH_Q04A                    |
| DIL GGOOD 1      | DI OAAG  |                                |
| $PH\_SG03B = 1$  | PH_Q03C  |                                |
|                  | Take and enter a second height measurement in cms (eg 164.5).  |                                |
|                  | < 0.0 999.9 >  | → PH_SG03C                     |
| PH_Q03C = ALL    | PH_SG03C   |                                |
|                  | <ol> <li>If second height measure less than 1cm difference</li> <li>If second height measure more than 1cm difference</li> </ol> | 1 → PH_Q04A<br>2 → PH_Q03D     |
| $PH\_SG03C = 2$  | PH_Q03D  |                                |
|                  | There is 1cm difference or more between the first and second height measurements.  |                                |
|                  | Take and enter a third measurement in cms (eg 164.5).  |                                |
|                  | < 0.0 999.9 >  | → PH_Q04A                      |
| PH_Q03A = 2 or 3 | PH_Q04A  |                                |
| PH_SG03B = 2     | Please take respondent's waist measurement and record in cms.  |                                |
| $PH\_SG03C = 1$  |  |                                |
|                  | 1. Measurement taken   | 1 → PH_Q04B                    |
| $PH_Q03D = ALL$  | <ol> <li>Measurement not taken (refused)</li> <li>Measurement not taken, other reason e.g.</li> </ol>                            | 2 → Next Module                |
|                  | 3. Measurement not taken, other reason e.g. pregnant, frailty  | 3 → Next Module                |
|                  | pregnant, many   |                                |
| PH_Q04A = 1      | PH_Q04B  |                                |
|                  | Enter respondent's waist measurement in cms (eg 77.3)  |                                |
| )                | If measurement is more than 2 metres, enter as 200.0.  |                                |
|                  | < 0.0 999.9 >  | → PH_SG04B                     |
| PH_Q04B = ALL    | PH_SG04B   |                                |
|                  | <ol> <li>Random 10% of respondents</li> <li>Otherwise</li> </ol>   | 1 → PH_Q04C<br>2 → Next Module |

## National Health Survey 2014-15 Questionnaire

| PH_SG04B = 1  | PH_Q04C  |                 |
|---------------|--|-----------------|
|               | Take and enter a second waist measurement in cms (eg 77.3).                      |                 |
|               | If measurement is more than 2 metres, enter as 200.0.                            |                 |
|               | < 0.0 999.9 >  | → PH_SG04C      |
| PH_Q04C = ALL | PH_SG04C   |                 |
|               | If second waist measure less than 1cm difference                                 | 1 → Next Module |
|               | If second waist measure more than 1cm difference                                 | 2 → PH_Q04D     |
| PH_SG04C = 2  | PH_Q04D  |                 |
|               | There is 1cm difference or more between the first and second waist measurements. |                 |
|               | Take and enter a third measurement in cms (eg 77.3).                             |                 |
|               | < 0.0 999.9 >  | → Next Module   |

**Module 30:** Private Health Insurance

Includes: Type of Cover, Reasons for cover/no cover, and Concession Cards.

| From Population                             | Question  | To Question  |
|---|---|--|
| All selected persons aged 18 years and over | HEALIN_Q01  The next few questions are about private health insurance.  Apart from Medicare, [do you/does [first name]] have private health insurance?  |  |
|   | 1. Yes 5. No 6. Don't know  | 1 → HEALIN_Q02<br>5 → HEALIN_Q06<br>6 → HEALIN_Q07                   |
| HEALIN_Q01 = 1                              | HEALIN_Q02  [Are you/is [first name]] covered by family, couple, sole parent or single membership?  Ctrl K may be used here if necessary  |  |
|   | <ol> <li>Family membership</li> <li>Couple membership</li> <li>Sole parent membership</li> <li>Single membership</li> </ol>   | 1 → HEALIN_Q03<br>2 → HEALIN_Q03<br>3 → HEALIN_Q03<br>4 → HEALIN_Q03 |
| HEALIN_Q02 = ALL                            | HEALIN_Q03  Show Prompt Card Q1  Which best describes what [your/his/her] private health insurance covers?  1. Hospital only 2. Ancillary only ('extras') 3. Hospital and ancillary ('extras') 4. Don't know                | 1 → HEALIN_Q04<br>2 → HEALIN_Q04<br>3 → HEALIN_Q04<br>4 → HEALIN_Q04 |
| HEALIN_Q03 = ALL                            | What are all the reasons [you are/[first name]is] covered by private health insurance?  Show Prompt Card Q2  More than one response is allowed. Press space bar between responses.  10. Security/ protection/ peace of mind | 10 → HEALIN_Q05  |

|                    | <ol> <li>Life time cover/ avoid age surcharge</li> <li>Choice of doctor</li> <li>Allows treatment as private patient</li> <li>Provides benefits for ancillary services / 'extras'</li> <li>Shorter wait for treatment/ concern over public hospital waiting lists</li> <li>Always had it/ parents pay it/ condition of job</li> <li>To gain government benefits/ avoid extra Medicare levy</li> <li>Other financial reasons</li> <li>Has illness/ condition that requires treatment</li> <li>Elderly/ getting older/ likely to need treatment</li> <li>Other</li> </ol>                                | 11 → HEALIN_Q05 12 → HEALIN_Q05 13 → HEALIN_Q05 14 → HEALIN_Q05 15 → HEALIN_Q05 16 → HEALIN_Q05 17 → HEALIN_Q05 18 → HEALIN_Q05 20 → HEALIN_Q05 21 → HEALIN_Q05 |
|--------------------|--|---|
| $HEALIN_Q04 = ALL$ | HEALIN_Q05   |   |
|                    | How long [have you/has [first name]] been covered by private health insurance?   |   |
|                    | <ol> <li>Less than one year</li> <li>1 year to less than 2 years</li> <li>2 years to less than 5 years</li> <li>5 years or more</li> </ol>   | 1 → HEALIN_Q07<br>2 → HEALIN_Q07<br>3 → HEALIN_Q07<br>4 → HEALIN_Q07  |
| HEALIN_Q01 = 5     | HEALIN_Q06   |   |
|                    | What are all the reasons [you are/[first name] is] not covered by private health insurance?  Show Prompt Card Q3  More than one response is allowed. Press space bar between responses.  |   |
|                    | <ol> <li>Can't afford it/ too expensive</li> <li>High risk category</li> <li>Lack of value for money/ not worth it</li> <li>Medicare cover sufficient</li> <li>Don't need medical care/ in good health/ have no dependants</li> <li>Won't pay Medicare and private health insurance premium</li> <li>Disillusioned about having to pay 'out of pocket' costs/ gap fees</li> <li>Prepared to pay costs of private treatment from own resources</li> <li>Pensioner/ Veteran's Affairs/ health concession card</li> <li>Not high priority/previously included in parents' cover</li> <li>Other</li> </ol> | 10 → HEALIN_Q07 11 → HEALIN_Q07 12 → HEALIN_Q07 13 → HEALIN_Q07 14 → HEALIN_Q07 15 → HEALIN_Q07 16 → HEALIN_Q07 17 → HEALIN_Q07 18 → HEALIN_Q07 20 → HEALIN_Q07 |

| $HEALIN_Q01 = 6$    | HEALIN_Q07  |                                  |
|---------------------|---|----------------------------------|
|                     |   |                                  |
| HEALIN_Q05 = ALL    | [Do you/does [first name]] have a Veterans' Affairs |                                  |
| _ <                 | treatment entitlement card?                         |                                  |
| $HEALIN_Q06 = ALL$  |   |                                  |
|                     | 1. Yes  | 1 → HEALIN_Q08                   |
|                     | 5. No   | 5 → HEALIN_Q09                   |
|                     | 6. Don't know                                       | 6 → HEALIN_Q09                   |
|                     |   |                                  |
| $HEALIN_Q07 = 1$    | HEALIN_Q08  |                                  |
|                     |   |                                  |
|                     | What colour is that card?                           |                                  |
|                     | 1 3371.   | 1 NIEALDI 000                    |
|                     | 1. White  | 1 → HEALIN_Q09                   |
|                     | 2. Gold<br>3. Other                                 | 2 → HEALIN_Q09<br>3 → HEALIN_Q09 |
|                     | 5. Other  | 3 7 HEALIN_Q09                   |
| HEALIN_Q07 = 5 or 6 | HEALIN_Q09  |                                  |
|                     | IIIIIIIIIII   |                                  |
| HEALIN_Q08 = ALL    | Show Prompt Card Q4                                 |                                  |
| _ <                 | 1 2   |                                  |
|                     | [Are you/is [first name]] covered by any of these   |                                  |
|                     | concession cards?                                   |                                  |
|                     |   |                                  |
|                     | More than one response is allowed. Press space bar  |                                  |
|                     | between responses.                                  |                                  |
|                     |   | 1 2 37                           |
|                     | 1. Health Care Card                                 | 1 → Next Module                  |
|                     | 2. Pensioner Concession Card                        | 2 → Next Module                  |
|                     | 3. Commonwealth Seniors Health Card                 | 3 → Next Module                  |
|                     | 5. None of the above                                | 5 → Next Module                  |
|                     | 6. Don't know                                       | 6 → Next Module                  |
|                     |   |                                  |

**Module 31:** Income

**Includes:** Personal Income and Household Income

| From Population        | Question   | To Question   |
|------------------------|--|---|
| All selected persons   | INC_Q01  |   |
| aged 15 years and over | I would now like to oak you some questions about   |   |
|                        | I would now like to ask you some questions about income.   |   |
|                        |  |   |
|                        | Income is very important in understanding health, as it may influence the health services a person can |   |
|                        | access. This information can then be used to   |   |
|                        | determine the type of health services that are most needed, who needs them and where they need to be   |   |
|                        | provided.  |   |
|                        | [Do you/Does [first name]] receive income from   |   |
|                        | wages or salaries [including from [your/his/her] own   |   |
|                        | incorporated business]?  |   |
|                        | 1. Yes   | $1 \rightarrow INC_Q02$   |
|                        | 5. No  | 5 → INC_Q05   |
| INC_Q01 = 1            | INC_Q02  |   |
|                        | Before income tax, salary sacrifice or anything else is  |   |
|                        | taken out, how much [do you/does [first name]] receive from wages or salaries?                         |   |
|                        | Enter dollar amount.   |   |
|                        | If respondent is unable to answer, prompt for their best estimate.                                     |   |
|                        | Ctrl K may be used here if necessary.  |   |
|                        | Ctrl R may be used here if necessary.  |   |
|                        | < 1 999999997 >  | $Amt \rightarrow INC_Q03$   |
|                        | Ctrl K<br>Ctrl R   | Ctrl K $\rightarrow$ INC_Q05<br>Ctrl R $\rightarrow$ INC_Q05                    |
|                        |  | Curk 7 inc_Q05  |
| INC_Q02 = \$Amt        | INC_Q03  |   |
|                        | What period does that cover?   |   |
|                        | 1. Week  | 1 → INC_Q05   |
|                        | 2. Fortnight   | $2 \rightarrow INC_Q05$   |
|                        | <ul><li>3. Four weeks</li><li>4. Calendar month</li></ul>  | $\begin{array}{c} 3 \rightarrow INC\_Q05 \\ 4 \rightarrow INC\_Q05 \end{array}$ |
|                        | 5. Year  | $5 \rightarrow INC_Q05$   |

|                    | 6. Other - please specify   | 6 → INC_Q04   |
|--------------------|---|---|
| INC_Q03 = 6        | INC_Q04   |   |
|                    | Enter 'other' period.   |   |
|                    | < 60 char >   | → INC_Q05   |
| INC_Q01 = 5        | INC_Q05   |   |
| INC_Q02 = Ctrl K/R | [Do you/Does [first name]] receive a government   |   |
| INC_Q03 = 1 to 5   | pension, allowance or benefit, for example paid by Centrelink, the Family Assistance Office or the Department of Veterans' Affairs? |   |
| INC_Q04 = ALL      | 1. Yes  | 1 → INC_Q06   |
|                    | 5. No   | $5 \rightarrow INC_Q19$   |
| IF INC_Q05 = 1     | INC_Q06   |   |
|                    | [Do you/Does [first name]] currently receive any of these pensions, allowances or benefits?   |   |
|                    | Show Prompt Card R1   |   |
|                    | Only one response is allowed.   |   |
|                    | Ctrl K may be used here if necessary.   |   |
|                    | <ol> <li>Australian Age Pension</li> <li>Service Pension from the Department of</li> </ol>  | $1 \rightarrow INC\_Q07$ $2 \rightarrow INC\_Q07$                                 |
|                    | Veterans' Affairs. Exclude Defence Force  | 2 7 INC_Q07   |
|                    | superannuation benefits. 3. Disability Support Pension from Centrelink  | $3 \rightarrow INC_Q07$   |
|                    | <ul><li>4. Newstart Allowance</li><li>5. Carer Payment</li></ul>  | $ \begin{array}{c} 4 \rightarrow INC\_Q07 \\ 5 \rightarrow INC\_Q07 \end{array} $ |
|                    | 6. Partner Allowance  | $6 \rightarrow INC_Q07$   |
|                    | <ul><li>7. Widow Allowance from Centrelink</li><li>8. Wife Pension</li></ul>  | 7 → INC_Q07<br>8 → INC_Q07  |
|                    | 9. Sickness Allowance   | $9 \rightarrow INC_Q07$   |
|                    | 10. Special benefit   | $10 \rightarrow INC_Q07$  |
|                    | 11. None of these<br>Ctrl K   | $11 \rightarrow INC_Q10$  |
|                    | Curk  | $Ctrl K \rightarrow INC_Q10$  |
| INC_Q06 = 1 to 10  | INC_Q07   |   |
|                    | How much [do you/does [first name]] receive from [name of pension, benefit, allowance reported in INC_Q06]?                         |   |
|                    |   |   |
|                    | Enter dollar amount.  If respondent is unable to answer, prompt for their   |   |

|                      | best estimate.  |   |
|----------------------|---|---|
|                      | Ctrl K may be used here if necessary.   |   |
|                      | Ctrl R may be used here if necessary.   |   |
|                      | < 1 999997 ><br>Ctrl K<br>Ctrl R  | $$Amt \rightarrow INC_Q08$<br>$Ctrl K \rightarrow INC_Q10$<br>$Ctrl R \rightarrow INC_Q10$  |
| INC_Q07 = \$Amt      | INC_Q08   |   |
|                      | What period does that cover?  |   |
|                      | <ol> <li>Week</li> <li>Fortnight</li> <li>Four weeks</li> <li>Calendar month</li> <li>Year</li> <li>Other - please specify</li> </ol>   | $1 \Rightarrow INC\_Q10$ $2 \Rightarrow INC\_Q10$ $3 \Rightarrow INC\_Q10$ $4 \Rightarrow INC\_Q10$ $5 \Rightarrow INC\_Q10$ $6 \Rightarrow INC\_Q09$   |
| INC_Q08 = 6          | INC_Q09   |   |
|                      | Enter 'other' period.   |   |
|                      | < 60 char >   | → INC_Q10   |
| INC_Q06 = 11 or Ctrl | INC_Q10   |   |
| K INC_Q07 = Ctrl K/R | [Do you/Does [first name]] currently receive any of these pensions, allowances or benefits?   |   |
| INC_Q08 = 1 to 5     | Show Prompt Card R2   |   |
| INC_Q09 = ALL        | More than one response is allowed. Press space bar between responses.  Ctrl K may be used here if necessary.  |   |
|                      | <ol> <li>Family Tax Benefit as a regular payment from the Family Assistance Office</li> <li>Parenting Payment</li> <li>Youth Allowance</li> <li>Carer Allowance</li> <li>War Widow's or Widower's Pension from the Department of Veterans' Affairs, including Income Support Supplement</li> <li>Disability Pension from the Department of Veterans' Affairs</li> <li>Overseas government pension</li> <li>Any other government payment</li> <li>None of these</li> </ol> | $1 \rightarrow INC_Q12$ $2 \rightarrow INC_Q12$ $3 \rightarrow INC_Q12$ $4 \rightarrow INC_Q12$ $5 \rightarrow INC_Q12$ $6 \rightarrow INC_Q12$ $7 \rightarrow INC_Q12$ $8 \rightarrow INC_Q11$ $9 \rightarrow INC_Q19$ |

|                  | Ctrl K   | Ctrl K → INC_Q19   |
|------------------|--|--|
| INC_Q10 = 8      | INC_Q11  |  |
|                  | Enter name of other government payment.  |  |
|                  | < 60 char >  | → INC_Q12  |
| INC_Q10 = 1 to 7 | INC_Q12  |  |
| INC_Q11 = ALL    | How much [in total] [do you/does (proxy name)] receive from [list pensions, allowances or benefits identified as being received in INC_Q10]? |  |
|                  | Enter dollar amount. If respondent is unable to answer, prompt for their best estimate.  |  |
|                  | Ctrl K may be used here if necessary.  |  |
|                  | Ctrl R may be used here if necessary.  |  |
|                  | < 1 999997 ><br>Ctrl K<br>Ctrl R   | $$Amt \rightarrow INC_Q13$<br>$Ctrl K \rightarrow INC_SG15$<br>$Ctrl R \rightarrow INC_SG15$ |
|                  |  | Curk 7 INC_5015  |
| INC_Q12 = \$Amt  | INC_Q13 What period does that cover?   |  |
|                  | <ol> <li>Week</li> <li>Fortnight</li> <li>Four weeks</li> <li>Calendar month</li> <li>Year</li> <li>Other - please specify</li> </ol>        | 1 → INC_SG15 2 → INC_SG15 3 → INC_SG15 4 → INC_SG15 5 → INC_SG15 6 → INC_Q14                 |
| INC_Q13 = 6      | INC_Q14  |  |
|                  | Enter 'other' period.  |  |
|                  | < 60 char >  | → INC_SG15   |
| INC_Q13 = 1 to 5 | INC_SG15   |  |
| INC_Q14 = ALL    | 1. IF INC_Q10 = 1 and INC_Q10 = multiple responses   | 1 → INC_Q16  |
|                  | 2. Otherwise   | 2 → INC_Q19  |
| INC_SG15 = 1     | INC_Q16  |  |
|                  | How much of this amount [do you/does [first name]] receive from Family Tax Benefit payment?  |  |

|                                   | T   | 1   |
|-----------------------------------|---|---|
|                                   | Enter dollar amount.  |   |
|                                   | Ctrl K may be used here if necessary.   |   |
|                                   | Ctrl R may be used here if necessary.   |   |
|                                   | < 1 999997 ><br>Ctrl K<br>Ctrl R  | $$Amt \rightarrow INC_Q17$<br>$Ctrl K \rightarrow INC_Q19$<br>$Ctrl R \rightarrow INC_Q19$  |
| INC_Q16 = \$Amt                   | INC_Q17   |   |
|                                   | What period does that cover?  |   |
|                                   | <ol> <li>Week</li> <li>Fortnight</li> <li>Four weeks</li> <li>Calendar month</li> <li>Year</li> <li>Other – please specify</li> </ol>                             | $1 \rightarrow INC\_Q19$ $2 \rightarrow INC\_Q19$ $3 \rightarrow INC\_Q19$ $4 \rightarrow INC\_Q19$ $5 \rightarrow INC\_Q19$ $6 \rightarrow INC\_Q18$ |
| INC_Q17 = 6                       | INC_Q18   |   |
|                                   | Enter 'other' period.   |   |
|                                   | < 60 char >   | → INC_Q19   |
| INC_Q05 = 5                       | INC_Q19   |   |
| INC_Q10 = 9 or Ctrl               | [Do you/Does [first name]] currently receive income from any of the following sources:  |   |
| INC_Q12 = Ctrl K/R                | Show Prompt Card R3   |   |
| INC_SG15 = 2                      | If 'yes', prompt for which ones.  |   |
| INC_Q16 = Ctrl K/R                | More than one response is allowed. Press space bar between responses.   |   |
| INC_Q17 = 1 to 5 IF INC_Q18 = ALL | <ol> <li>Child support or maintenance</li> <li>Superannuation, an annuity or private pension</li> <li>Workers' compensation</li> <li>None of the above</li> </ol> | $1 \rightarrow INC\_L01\_START$ $2 \rightarrow INC\_L01\_START$ $3 \rightarrow INC\_L01\_START$ $4 \rightarrow INC\_Q23$                              |
| INC_Q19 = 1 to 3                  | INC_L01_START   |   |
|                                   | < Start loop/s – AmountSources, PeriodSources & PeriodOfSources >   | → INC_Q20   |

|                     | Note: Loop is to collect income amount from the sources reports at INC_Q19.   |  |
|---------------------|---|--|
| INC_L01_START = ALL | INC_Q20   |  |
| ALL                 | How much [do you/does (proxy name)] receive from [source reported in INC_Q19]?  |  |
|                     | Enter dollar amount.  |  |
|                     | If respondent is unable to answer, prompt for their best estimate.  |  |
|                     | Ctrl K may be used here if necessary.   |  |
|                     | Ctrl R may be used here if necessary.   |  |
|                     | < 1 999999999 ><br>Ctrl K<br>Ctrl R   | $$Amt \rightarrow INC_Q21$<br>$Ctrl K \rightarrow INC_L01_END$<br>$Ctrl R \rightarrow INC_L01_END$   |
| INC_Q20 = \$Amt     | INC_Q21   |  |
|                     | What period does that cover?  |  |
|                     | <ol> <li>Week</li> <li>Fortnight</li> <li>Four weeks</li> <li>Calendar month</li> <li>Year</li> <li>Other - please specify</li> </ol> | $1 \rightarrow INC\_L01\_END$ $2 \rightarrow INC\_L01\_END$ $3 \rightarrow INC\_L01\_END$ $4 \rightarrow INC\_L01\_END$ $5 \rightarrow INC\_L01\_END$ $6 \rightarrow INC\_Q22$ |
| INC_Q21 = 6         | INC_Q22   |  |
|                     | Insert 'other' period.  |  |
|                     | < 60 char >   | → INC_L01_END  |
| INC_Q20 = Ctrl K/R  | INC_L01_END   |  |
| INC_Q21 = 1 to 5    | < End loop/s – AmountSources,   | → INC_Q23  |
| INC_Q22 = ALL       | PeriodSources & PeriodOfSources >   |  |
| INC_Q19 = 4         | INC_Q23   |  |
| INC_L01_END = ALL   | [Do you/Does [first name]] currently have any rental investment properties?   |  |
|                     | 1. Yes<br>5. No   | 1 → INC_Q24<br>5 → INC_Q27   |

| INC_Q23 = 1 | INC_Q24   |                              |
|-------------|---|------------------------------|
|             | [Do you/Does [first name]] expect to make a profit or   |                              |
|             | loss from [your/his/her] rental investment property     |                              |
|             | this financial year?                                    |                              |
|             | Ctrl K may be used here if necessary.                   |                              |
|             | Ctrl R may be used here if necessary.                   |                              |
|             | 1. Profit   | 1 → INC_Q25                  |
|             | 2. Loss   | $2 \rightarrow INC_Q26$      |
|             | 3. Neither  | $3 \rightarrow INC_Q27$      |
|             | Ctrl K  | Ctrl K $\rightarrow$ INC_Q27 |
|             | Ctrl R  | Ctrl K $\rightarrow$ INC_Q27 |
| INC_Q24 = 1 | INC_Q25   |                              |
|             | Before income tax is taken out, but after investment    |                              |
|             | expenses have been deducted, how much profit [do        |                              |
|             | you/does [first name]] expect to make from              |                              |
|             | [your/his/her] share in rental investment property this |                              |
|             | financial year?   |                              |
|             | If respondent unable to answer, prompt for their best   |                              |
|             | estimate or ask for previous financial year profit as a |                              |
|             | proxy.  |                              |
|             | Enter dollar amount.                                    |                              |
|             |   |                              |
|             | Ctrl K may be used here if necessary.                   |                              |
|             | Ctrl R may be used here if necessary.                   |                              |
|             | < 0999999999>   | $Amt \rightarrow INC_Q27$    |
|             | Ctrl K  | Ctrl K $\rightarrow$ INC_Q27 |
|             | Ctrl R  | Ctrl R $\rightarrow$ INC_Q27 |
| INC_Q24 = 2 | INC_Q26   | -                            |
|             | -   |                              |
|             | After business expenses have been deducted, how         |                              |
|             | much [do you/does [first name]] expect to lose from     |                              |
|             | [your/his/her] share in rental investment property this |                              |
|             | financial year?   |                              |
|             | If respondent unable to answer, prompt for their best   |                              |
|             | estimate or ask for previous financial year loss as a   |                              |
|             | proxy.  |                              |
|             |   |                              |
|             | Enter dollar amount.                                    |                              |
|             |   |                              |

|                            | Ctrl K may be used here if necessary.  |   |
|----------------------------|--|---|
|                            | Ctrl R may be used here if necessary.  |   |
|                            | < 0999999999>  | \$Amt → INC_Q27   |
|                            | Ctrl K   | Ctrl K $\rightarrow$ INC_Q27  |
|                            | Ctrl R   | Ctrl R $\rightarrow$ INC_Q27  |
| INC_Q23 = 5                | INC_Q27  |   |
| INC_Q24 = 3 or Ctrl<br>K/R | [Apart from [your/his/her] rental investment property,] [[do you/does [first name]]/ [Do you/Does  |   |
| INC_Q25 = ALL              | [first name]] currently have any unincorporated businesses whether owned outright by [you/him/her] |   |
|                            | or through [your/his/her] share in a partnership?  |   |
| INC_Q26 = ALL              | 1. Yes   | 1 → INC_Q28   |
|                            | 5. No  | $5 \rightarrow INC_Q31$   |
| INC_Q27 = 1                | INC_Q28  |   |
|                            | [Do you/Does [first name]] expect to make a profit or  |   |
|                            | loss this financial year?  |   |
|                            | Ctrl K may be used here if necessary.  |   |
|                            | Ctrl R may be used here if necessary.  |   |
|                            | 1. Profit  | 1 → INC_Q29   |
|                            | <ul><li>2. Loss</li><li>3. Neither</li></ul>   | $\begin{array}{c} 2 \rightarrow INC\_Q30 \\ 3 \rightarrow INC\_Q31 \end{array}$ |
|                            | Ctrl K   | Ctrl K $\rightarrow$ INC_Q31  |
|                            | Ctrl R   | Ctrl R $\rightarrow$ INC_Q31  |
| INC_Q28 = 1                | INC_Q29  |   |
|                            | Before income tax is taken out, but after business   |   |
|                            | expenses have been deducted, how much profit [do you/does [first name]] expect to make from        |   |
|                            | [your/his/her] share in unincorporated businesses this   |   |
|                            | financial year?  |   |
|                            | If respondent unable to answer, prompt for their best  |   |
|                            | estimate or ask for previous financial year profit as a proxy.                                     |   |
|                            | Enter dollar amount.   |   |
|                            | Ctrl K may be used here if necessary.  |   |
|                            | Ctrl R may be used here if necessary.  |   |

|                               | T  |  |
|-------------------------------|--|--|
|                               | < 1 999999999>   | $Amt \rightarrow INC_Q31$              |
|                               | Ctrl K   | Ctrl K $\rightarrow$ INC_Q31           |
|                               | Ctrl R   | Ctrl R $\rightarrow$ INC_Q31           |
|                               | Curk   | Curk / INC_Q31                         |
| 77.0                          |  |  |
| $INC_Q28 = 2$                 | INC_Q30  |  |
|                               |  |  |
|                               | After business expenses have been deducted, how  |  |
|                               | much [do you/does [first name]] expect to lose from  |  |
|                               |  |  |
|                               | [your/his/her] share in unincorporated businesses this   |  |
|                               | financial year?  |  |
|                               |  |  |
|                               | If respondent unable to answer, prompt for their best  |  |
|                               | estimate or ask for previous financial year loss as a  |  |
|                               |  |  |
|                               | proxy.   |  |
|                               |  |  |
|                               | Enter dollar amount.   |  |
|                               |  |  |
|                               | Ctrl K may be used here if necessary.  |  |
|                               | Ciri K may be used here if necessary.  |  |
|                               |  |  |
|                               | Ctrl R may be used here if necessary.  |  |
|                               |  |  |
|                               | < 1 999999999>   | $Amt \rightarrow INC_Q31$              |
|                               | Ctrl K   | Ctrl K $\rightarrow$ INC_Q31           |
|                               | Ctrl R   | Ctrl R $\rightarrow$ INC_Q31           |
|                               | Curk   | Curk / INC_Q31                         |
|                               |  |  |
| $INC_Q27 = 5$                 | INC_Q31  |  |
|                               |  |  |
| $INC_Q28 = 3 \text{ or Ctrl}$ | [Do you/Does [first name]] currently receive income  |  |
| K/R                           | from dividends from shares?  |  |
| K/K                           | from dividends from shares?  |  |
|                               |  |  |
| $INC_Q29 = ALL$               | 1. Yes   | $1 \rightarrow INC_Q32$                |
|                               | 5. No  | $5 \rightarrow INC_Q35$                |
| $INC_Q30 = ALL$               |  | -                                      |
|                               |  |  |
| INC 021 = 1                   | INC 022  |  |
| $INC_Q31 = 1$                 | INC_Q32  |  |
|                               |  |  |
|                               | How much [do you/does [first name]] expect to  |  |
|                               | receive from dividends from shares this financial  |  |
|                               | year?  |  |
|                               | Jean.  |  |
|                               |  |  |
|                               | If respondent unable to answer, prompt for their best  |  |
|                               | estimate or ask for previous financial year income as  |  |
|                               | a proxy.   |  |
|                               |  |  |
|                               | Enter dollar amount. If 'nil' enter zero.  |  |
|                               | Liner douds amount. If nit enter Lero.   |  |
|                               |  |  |
|                               | Ctrl K may be used here if necessary.  |  |
|                               |  |  |
|                               | Ctrl R may be used here if necessary.  |  |
|                               | The state of the s |  |
|                               | < 0 000000000 >  | \$ A mt \( \rightarrow INIC \( \O25 \) |
|                               | < 0 999999999 >  | $Amt \rightarrow INC_Q35$              |
|                               | Ctrl K   | Ctrl K $\rightarrow$ INC_SG33          |
|                               |  |  |

|                    | Ctrl R   | Ctrl R → INC_SG33   |
|--------------------|--|---|
| INC_Q32 = Ctrl K/R | INC_SG33   |   |
|                    | 1. If there have been no Ctrl K/R responses to income amounts other than dividends (i.e. (not Ctrl K/R in INC_Q02 OR INC_Q07 OR INC_Q12 OR INC_Q16 OR INC_Q20 OR INC_Q25 OR INC_Q26 OR INC_Q29 OR INC_Q30) AND INC_Q32 = Ctrl K/R)  2. Otherwise | $1 \Rightarrow INC\_Q34$ $2 \Rightarrow INC\_Q35$                                 |
| INC_SG33 = 1       | INC_Q34  |   |
|                    | Would the amount [you/[first name]] expect[s] to receive from dividends from shares (this financial year) be less than \$100?  |   |
|                    | Ctrl K may be used here if necessary.  |   |
|                    | Ctrl R may be used here if necessary.  |   |
|                    | 1. Yes 5. No Ctrl K Ctrl R   | 1 → INC_Q35<br>5 → INC_Q35<br>Ctrl K → INC_Q35<br>Ctrl R → INC_Q35                |
| DIC 021 5          | ING 025  |   |
| INC_Q31 = 5        | INC_Q35  |   |
| INC_Q32 = \$Amt    | [Do you/Does [first name]] currently receive income from interest?   |   |
| INC_SG33 = 2       | 1 V  | 1 NING 026  |
| INC_Q34 = ALL      | 1. Yes<br>5. No  | $ \begin{array}{c} 1 \rightarrow INC\_Q36 \\ 5 \rightarrow INC\_Q39 \end{array} $ |
| INC_Q35 = 1        | INC_Q36  |   |
|                    | How much [do you/does [first name]] expect to receive from interest this financial year?   |   |
|                    | Enter dollar amount. If 'nil' enter zero.  |   |
|                    | Ctrl K may be used here if necessary.  |   |
|                    | Ctrl R may be used here if necessary.  |   |
|                    | < 0999999>   | \$Amt → INC_Q39   |
|                    | Ctrl K   | Ctrl K $\rightarrow$ INC_SG37   |
|                    | Ctrl R   | $Ctrl R \rightarrow INC\_SG37$  |
| INC_Q36 = Ctrl K/R | INC_SG37   |   |

|                 | 1. If there have been no Ctrl K/R responses to income amounts other than interest (i.e. (not Ctrl K/R in INC_Q02 OR INC_Q07 OR INC_Q12 OR INC_Q16 OR INC_Q20 OR INC_Q25 OR INC_Q26 OR INC_Q29 OR INC_Q30 OR INC_Q32) AND INC_Q36 = Ctrl K/R)  2. Otherwise | 1 → INC_Q38  2 → INC_Q39   |
|-----------------|--|--|
| INC_SG37 = 1    | INC_Q38  |  |
|                 | Would the amount [you/[first name]] expect[s] to receive from interest (this financial year) be less than \$100?   |  |
|                 | Ctrl K may be used here if necessary.  |  |
|                 | Ctrl R may be used here if necessary.  |  |
|                 | 1. Yes<br>5. No<br>Ctrl K<br>Ctrl R  | 1 → INC_Q39<br>5 → INC_Q39<br>Ctrl K → INC_Q39<br>Ctrl R → INC_Q39 |
| INC_Q35 = 5     | INC_Q39  |  |
| INC_Q36 = \$Amt | [Do you/Does [first name]] currently receive income from any other source?   |  |
| INC_SG37 = 2    |  |  |
| INC_Q38 = ALL   | 1. Yes<br>5. No  | 1 → INC_Q40<br>5 → INC_SG44a                                       |
| INC_Q39 = 1     | INC_Q40  |  |
|                 | What are these sources?  |  |
|                 | < 60 char >  | → INC_Q41  |
| INC_Q40 = ALL   | INC_Q41  |  |
|                 | How much [do you/does [first name]] receive from (this source/these sources)?  |  |
|                 | Enter dollar amount.   |  |
|                 | Ctrl K may be used here if necessary.  |  |
|                 | Ctrl R may be used here if necessary.  | \$Amt → INC_Q42<br>Ctrl K →  |
|                 | < 1 999999999 ><br>Ctrl K  | INC_SG44a<br>Ctrl R →  |
|                 | Ctrl R   | INC_SG44a  |

| INC_Q42  |  |
|--|--|
| What period does that cover?   |  |
| <ol> <li>Week</li> <li>Fortnight</li> <li>Four weeks</li> <li>Calendar month</li> <li>Year</li> <li>Other - please specify</li> </ol>  | 1 → INC_SG44a 2 → INC_SG44a 3 → INC_SG44a 4 → INC_SG44a 5 → INC_SG44a 6 → INC_Q43  |
| INC_Q43  |  |
| Insert 'other' period.   |  |
| < 60 char >  | → INC_SG44a  |
| INC_SG44a  |  |
| 1. If only one source of income reported (i.e. only one response in any of INC_Q01 OR INC_Q06 OR INC_Q10 OR INC_Q19 OR INC_Q23 OR  | 1 → INC_SG45   |
| INC_Q27 OR INC_Q31 OR INC_Q35 OR INC_Q39)  |  |
| <ul><li>2. No income sources reported</li><li>3. Otherwise</li></ul>   | $2 \rightarrow INC\_SG45$ $3 \rightarrow INC\_Q44$   |
| INC_Q44  |  |
| You have told me that [you/[first name]] [receive/receives] [list all sources of income].  |  |
| [Please consider dividends from shares, and interest as one source.]   |  |
| Only one response is allowed   |  |
| Ctrl K may be used here if necessary.  |  |
| Ctrl R may be used here if necessary.  |  |
| <ol> <li>Wages or salary (including from own incorporated business)</li> <li>Own unincorporated business or share in a partnership</li> <li>Government pension or allowance</li> <li>Rental investment property</li> </ol> | 1 → INC_SG45 2 → INC_SG45 3 → INC_SG45 4 → INC_SG45  |
| <ul><li>5. Superannuation, an annuity or private pension</li><li>6. Dividends from shares and/or interest</li><li>7. Other</li></ul>   | 5 → INC_SG45<br>6 → INC_SG45<br>7 → INC_SG45   |
|  | What period does that cover?  1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify  INC_Q43  Insert 'other' period.  < 60 char >  INC_SG44a  1. If only one source of income reported (i.e. only one response in any of INC_Q01 OR INC_Q06 OR INC_Q10 OR INC_Q31 OR INC_Q23 OR INC_Q27 OR INC_Q31 OR INC_Q35 OR INC_Q39)  2. No income sources reported 3. Otherwise  INC_Q44  You have told me that [you/[first name]] [receive/receives] [list all sources of income].  What is [your/[first name]'s] main source of income? [Please consider dividends from shares, and interest as one source.]  Only one response is allowed  Ctrl K may be used here if necessary.  Ctrl R may be used here if necessary.  [ 1. Wages or salary (including from own incorporated business) 2. Own unincorporated business or share in a partnership 3. Government pension or allowance 4. Rental investment property 5. Superannuation, an annuity or private pension 6. Dividends from shares and/or interest |

|                                | 0 111   | o Nac agus                         |
|--------------------------------|---|------------------------------------|
|                                | 8. Nil or negative                                      | 8 → INC_SG45                       |
|                                | 9. Don't know   | $9 \rightarrow INC\_SG45$          |
|                                | Ctrl K  | Ctrl K $\rightarrow$ INC_SG45      |
|                                | Ctrl R ]  | Ctrl R $\rightarrow$ INC_SG45      |
|                                |   |                                    |
| $INC\_SG44a = 1 \text{ or } 2$ | INC_SG45  |                                    |
| _                              |   |                                    |
| $INC_Q44 = ALL$                | 1. If a single person household                         | 1 → Next Module                    |
|                                | 2. Else if respondent is 18+ and there are other non-   | $2 \rightarrow INCTOT_Q01$         |
|                                | selected persons aged 15+ in household                  | - 7 11.0101_201                    |
|                                | 3. Otherwise  | 3 → Next Module                    |
|                                | 3. Otherwise  | 3 7 Next Wodule                    |
| INC SC45-2                     | INCTOT O01  |                                    |
| INC_SG45= 2                    | INCTOT_Q01  |                                    |
|                                |   |                                    |
|                                | The next question is about the income of members of     |                                    |
|                                | [your/[first name]'s] household aged 15 years or        |                                    |
|                                | over, excluding [yourself/[first name]] [and (name of   |                                    |
|                                | any selected 15-17 year old)].                          |                                    |
|                                |   |                                    |
|                                | Before income tax, salary sacrifice or anything else is |                                    |
|                                | taken out, how much income in total do these people     |                                    |
|                                | usually receive from all sources?                       |                                    |
|                                |   |                                    |
|                                | Enter dollar amount. If respondent unable to            |                                    |
|                                | answer, prompt for their best estimate.                 |                                    |
|                                | diswer, prompt for their oest estimate.                 |                                    |
|                                | Ctrl K may be used here if necessary.                   |                                    |
|                                | Ciri K may be used here if necessary.                   |                                    |
|                                | Ctul P may be used have if necessary                    |                                    |
|                                | Ctrl R may be used here if necessary.                   |                                    |
|                                | 1   | 1 NICTOT OO                        |
|                                | 1. Amount   | 1 → INCTOT_Q02                     |
|                                | 2. Nil  | $2 \rightarrow \text{Next Module}$ |
|                                | Ctrl K  | $Ctrl K \rightarrow Next Module$   |
|                                | Ctrl R  | Ctrl R $\rightarrow$ Next Module   |
|                                |   |                                    |
| $INCTOT_Q01 = 1$               | INCTOT_Q02  |                                    |
|                                |   |                                    |
|                                | Enter dollar amount.                                    |                                    |
|                                |   |                                    |
|                                | < 1 999999999 >   | → INCTOT_Q03                       |
|                                |   |                                    |
| INCTOT_Q02 = ALL               | INCTOT_Q03  |                                    |
|                                |   |                                    |
|                                | What period does that cover?                            |                                    |
|                                | What period does that cover:                            |                                    |
|                                | 1. Week   | 1 → Next Module                    |
|                                |   | $2 \rightarrow \text{Next Module}$ |
|                                | 2. Fortnight  |                                    |
|                                | 3. Four weeks   | 3 → Next Module                    |
|                                | 4. Calendar month                                       | 4 → Next Module                    |
|                                | 5. Year   | 5 → Next Module                    |
|                                | 6. Other - please specify                               | 6 → INCTOT_Q04                     |
|                                |   |                                    |

| INCTOT_Q03 = 6 | INCTOT_Q04            |               |
|----------------|-----------------------|---------------|
|                | Enter 'other' period. |               |
|                | < 60 char >           | → Next Module |



Module 32: Financial Stress Includes: Financial Stress

| From Population   | Question   | To Question                        |
|---|--|------------------------------------|
| All selected persons aged 18 years and over and is either answering for Self or is relaying answers to the Proxy. | FINSTRS_Q01  The next question is about [your/this household's] financial position.  If all of a sudden [you/this household] had to get \$2000 for something important, could the money be obtained within a week? |                                    |
|   | 1. Yes<br>5. No  | 1 → Next Module<br>5 → Next Module |
|   | 6. Don't know  | 6 → Next Module                    |

**Module 33:** Housing Tenure

Includes: Tenure, Renting details, Number of bedrooms, and Phones

| From Population   | Question  | To Question                                   |
|---|---|---|
| All selected persons aged 18 years and over and is either answering for Self or is relaying answers to the Proxy. | DWTEN_Q01  I would now like to ask you some questions about this dwelling.  Is this dwelling owned or partly owned by [you/anyone in this household]? |   |
|   | 1. Yes<br>5. No   | 1 → DWTEN_Q02<br>5 → DWTEN_Q03                |
| DWTEN_Q01 = 1   | DWTEN_Q02   |   |
|   | [Do you/Does anyone in this household] currently have any mortgages or secured loans on this dwelling?  |   |
|   | 1. Yes<br>5. No   | 1 → DWTEN_Q04<br>5 → DWST_Q01                 |
| DWTEN_Q01 = 5   | DWTEN_Q03   |   |
|   | Is this dwelling rented by [you/anyone in this household]?  |   |
|   | 1. Yes<br>5. No   | 1 → DWRENT_Q01<br>5 → DWTEN_Q04               |
| DWTEN_Q02 = 1   | DWTEN_Q04   |   |
| DWTEN_Q03 = 5   | Is this dwelling being purchased under a shared equity scheme by [you/anyone in this household]?  |   |
| CY  | 1. Yes<br>5. No   | 1 → DWTEN_SG05<br>5 → DWTEN_SG05              |
| DWTEN_Q04 = ALL   | DWTEN_SG05  |   |
|   | 1. IF DWTEN_Q04 = 1 2. ELSE IF DWTEN_Q04 = 5 and DWTEN_Q02 = 1 3. Otherwise   | 1 → DWST_Q01<br>2 → DWST_Q01<br>3 → DWTEN_Q06 |
| $DWTEN\_SG05 = 3$   | DWTEN_Q06   |   |
|   | Is this dwelling occupied under a life tenure scheme?   |   |

|                    | 1. Yes   | 1 → DWST_Q01                      |
|--------------------|--|-----------------------------------|
|                    | 5. No  | $5 \rightarrow DWTEN_Q07$         |
| DUITEN OOK 5       | DAY/WYN 005  |                                   |
| DWTEN_Q06 = 5      | DWTEN_Q07  |                                   |
|                    | Is this dwelling occupied rent free?   |                                   |
|                    | 1. Yes   | 1 → DWRENT_Q01                    |
|                    | 5. No  | $5 \rightarrow DWRENT_Q01$        |
| DWTEN_Q03 = 1      | DWRENT_Q01   |                                   |
| DWTEN_Q07 = ALL    | Show Prompt Card S1  |                                   |
|                    | [Who is the landlord of/Who do [you/members of this household] pay rent to for] this dwelling? |                                   |
|                    | 10. Real estate agent  | 10 → DWST_Q01                     |
|                    | 11. State or Territory housing authority   | 11 → DWST_Q01                     |
|                    | Person not in the same household:  |                                   |
|                    | 12. Parent/ Other relative   | 12 → DWST_Q01                     |
|                    | 13. Other person   | 13 → DWST_Q01                     |
|                    | 14. Owner/ Manager of caravan park   | $14 \rightarrow DWST_Q01$         |
|                    | Fundamen   |                                   |
|                    | Employer: 15. Government employer  | 15 → DWST_Q01                     |
|                    | 16. Other employer   | 16 → DWST_Q01                     |
|                    | To. Suit improjet  | 10 7 2 1121_201                   |
|                    | Other:   |                                   |
|                    | 17. Housing co-operative, Community or Church  | 17 → DWST_Q01                     |
|                    | group 18. Other  | 18 → DWST_Q01                     |
|                    | To. Guici  | 10 7 D WS1_Q01                    |
| DWTEN_Q02 = 5      | DWST_Q01   |                                   |
| DWTEN_SG05 = 1     | Code best description of location of selected dwelling   |                                   |
| DWTEN CC05 - 2     | 1 Carayan park   | 1 <b>\(\rightarrow\)</b> DWCT 002 |
| $DWTEN\_SG05 = 2$  | <ol> <li>Caravan park</li> <li>Marina</li> </ol>   | 1 → DWST_Q02<br>2 → DWST_Q02      |
| DWTEN_Q06 = 1      | 3. Manufactured home estate  | $3 \rightarrow DWST_Q02$          |
| D 11 1L1 _ Q00 - 1 | 4. Accommodation for the retired or aged (self-  | $4 \rightarrow DWST_Q02$          |
| DWRENT_Q01 =       | care)  |                                   |
| ALL                | 5. Other (including residential dwelling blocks, farms, etc.)                                  | 5 → DWST_Q02                      |
| DWST_Q01 = ALL     | DWST_Q02   |                                   |
|                    |  |                                   |
|                    | Code best description of structure containing household.                                       |                                   |
|                    | 1. Separate house  | 1 → NUMBED_Q0                     |
|                    | 1. Deparate flouse   | 1 > 1101/1DED_60                  |

|                    | Semi-detached/ row or terrace house/ town house:  2 one storey  3 two or more storeys   | 2 → NUMBED_Q01<br>3 → NUMBED_Q01   |
|--------------------|---|--|
|                    | Flat or apartment 4 in a one or two storey block 5 in a three storey block 6 in a four or more storey block 7 attached to a house         | 4 → NUMBED_Q01<br>5 → NUMBED_Q01<br>6 → NUMBED_Q01<br>7 → NUMBED_Q01                                     |
|                    | Other dwelling:  8. Caravan, cabin, houseboat  9. Improvised home, tent, campers out  10. House or flat attached to a shop or office etc. | 8 → DWST_Q04<br>9 → NUMBED_Q01<br>10 → NUMBED_Q01  |
| DWST_Q02 = 8       | DWST_Q04  |  |
|                    | Code best description of selected dwelling.   |  |
|                    | <ol> <li>Caravan</li> <li>Cabin</li> <li>Houseboat</li> </ol>   | $1 \rightarrow \text{NUMBED\_Q01}$ $2 \rightarrow \text{NUMBED\_Q01}$ $3 \rightarrow \text{NUMBED\_Q01}$ |
| DWST_Q02 <> 8      | NUMBED_Q01  |  |
| DWST_Q04 = ALL     | How many bedrooms are there in this [ <insert dwelling="" type="">]?</insert>   |  |
|                    | Enter number of bedrooms.  If bedsitter, code '0'.  |  |
|                    | <09>  | → PHONE_Q01  |
| NUMBED_Q01 =       | PHONE_Q01   |  |
| ALL                | Are any of the following connected in this dwelling – a fixed landline or a mobile phone?   |  |
|                    | If 'yes' prompt for which one.  |  |
|                    | <ol> <li>Fixed landline</li> <li>Mobile phone</li> <li>Both</li> <li>No/None of the above</li> </ol>                                      | 1 → PHONE_Q02<br>2 → PHONE_Q03<br>3 → PHONE_Q02<br>4 → EndSurvey   |
| PHONE_Q01 = 1 or 3 | PHONE_Q02   |  |
|                    | Is your landline number listed in the white pages?  |  |
|                    | 1. Yes<br>5. No   | 1 → PHONE_SG01<br>5 → PHONE_SG01   |

| $PHONE_Q02 = ALL$ | PHONE_SG01                                       |                                |
|-------------------|--|--------------------------------|
|                   | 1. IF PHONE_Q01 = 3 {Both} 2. Otherwise          | 1 → PHONE_Q03<br>2 → EndSurvey |
| PHONE_Q01 = 2     | PHONE_Q03  |                                |
| PHONE_SG01 = 1    | Is your mobile number listed in the white pages? |                                |
|                   | 1. Yes   | 1 → EndSurvey                  |
|                   | 5. No  | 5 → EndSurvey                  |
|                   |  |                                |