## NATIONAL HEALTH SURVEY 2014-15

QUESTIONNAIRE

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Module 1: $\quad$ 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 <br> 1. IF Selected Child is 0-14 years AND more than 1 <br> person 15+ in the household <br> 2. ELSEIF Selected Child is 15-17 <br> 3. Otherwise | $1 \rightarrow$ SPOKESPROX_Q01 <br> PROX_SG01 = 1SPOKESPROX_Q01 <br> [<child's name> has] been selected for the child's <br> part of this survey. <br> [Of [yourself and <name> / the adults in this <br> household], who would be the best person to ask <br> about health information on the behalf of] [<child's <br> name>]? <br> [Person \#. Person's full name] |
| PROX_SG01 = 2 | SPOKESPROX_Q02 <br> [<child's name>] has been selected for the child's <br> part of this survey. <br> Of [yourself and <child's name> / yourself, <non- <br> ARA's name> or <child's name> / the adults in this <br> household and <child's name>], who would be the <br> best person to provide information about [<child's <br> name>]'s health? | $\rightarrow$ xStart |

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|  | 1. Press [1] to continue | $1 \rightarrow$ PROX_SG02 |
| :---: | :---: | :---: |
| xStartPoint $=$ ALL | PROX_SG02 <br> 1. IF AGE < 15 <br> 2. ELSE | $1 \rightarrow$ Next Module <br> $2 \rightarrow$ ProxyCheck |
| PROX_SG02 $=2$ | ProxyCheck <br> Is the interview for [<name>] being conducted by proxy? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { PROX_SG03 } \\ & 5 \rightarrow \text { Next Module } \end{aligned}$ |
| ProxyCheck $=1$ | PROX_SG03 <br> 1. IF AGE $=15,16$, or 17 years <br> 2. ELSE | $1 \rightarrow$ Next Module <br> $2 \rightarrow$ ProxyPrsnt |
| PROX_SG03 = 2 | ProxyPrsnt <br> Indicate if the proxy is relaying the questions to the respondent, and the respondent providing the answers. <br> Is [<name>] providing responses for the interview? <br> 1. Yes <br> 5. No | $1 \rightarrow$ ProxyPrsnt2 <br> $5 \rightarrow$ ProxyPrsnt2 |
| ProxyPrsnt = ALL | ProxyPrsnt2 <br> Enter reason that respondent is using a proxy. <br> What is the reason for using a proxy? <br> < 255 char > | $\rightarrow$ 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 <br> 1. IF AGE $=0-1$ <br> 2. Otherwise | $1 \rightarrow$ DEMOGRAPH_Q09 $2 \rightarrow$ LangIntro <br> $2 \rightarrow$ LangIntro |
| ETHNIC_Q01_SG = 2 | LangIntro <br> The next few questions are about language, education and work. <br> 1. Press [1] to continue | $1 \rightarrow \text { MLang_Q01 }$ |
| LangIntro $=$ ALL | MLang_Q01 <br> Which language [do you/does [first name]] mainly speak at home? <br> If more than one language, indicate the one that is spoken most often. <br> 1. English <br> 2. Italian <br> 3. Greek <br> 4. Cantonese <br> 5. Arabic <br> 6. Mandarin <br> 7. Vietnamese <br> 8. Spanish <br> 9. German <br> 10. Hindi <br> 11. Other <br> [12. Child not yet speaking] | $1 \rightarrow$ <br> DEMOGRAPH_Q09 <br> $2 \rightarrow$ DEMOGRAPH_Q04 <br> $3 \rightarrow$ DEMOGRAPH_Q04 <br> $4 \rightarrow$ DEMOGRAPH_Q04 <br> $5 \rightarrow$ DEMOGRAPH_Q04 <br> $6 \rightarrow$ DEMOGRAPH_Q04 <br> $7 \rightarrow$ DEMOGRAPH_Q04 <br> $8 \rightarrow$ DEMOGRAPH_Q04 <br> $9 \rightarrow$ DEMOGRAPH_Q04 <br> $10 \rightarrow$ <br> DEMOGRAPH_Q04 <br> $11 \rightarrow$ MLang _Q02 <br> $12 \rightarrow$ <br> DEMOGRAPH_Q09 |
| MLang_Q01 = 11 | MLang_Q02 <br> Enter first 3 letters of language mainly spoken at home and then select correct language from the coding list. <br> < 50 char > | If 'Not found in coder' $\rightarrow$ <br> MLang_Q04 <br> Else $\rightarrow$ <br> DEMOGRAPH_SG03 |
| MLang_Q02 = 'Not found in coder' | MLang_Q04 <br> Type in language |  |

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

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|  |  |  |
| :---: | :---: | :---: |
| DEMOGRAPH_Q10 <br> <> 'Not found' <br> OtherAncestryOth = ALL | DEMOGRAPH_SG11 <br> 1. IF DEMOGRAPH_Q09 $=8$ and no other response recorded <br> 2. Otherwise | $1 \rightarrow$ DEMOGRAPH_Q12 $2 \rightarrow$ DEMOGRAPH_Q13 |
| $\begin{aligned} & \text { DEMOGRAPH_SG11 } \\ & =1 \end{aligned}$ | DEMOGRAPH_Q12 <br> Enter second 'other' ancestry if a second 'ancestry' has been indicated by the respondent; otherwise press ENTER to leave blank. <br> Type first 3 letters of ancestry and then select entry from coding list. If not found, select 'Not found'. <br> < 60 char > | IF 'Not found' $\rightarrow$ OtherAncestry2Oth Else $\rightarrow$ DEMOGRAPH_Q13 |
| DEMOGRAPH_Q12 = <br> 'Not found' | OtherAncestry2Oth <br> Type ancestry. <br> < 60 char > | $\rightarrow \text { DEMOGRAPH_Q13 }$ |
| ```DEMOGRAPH_Q09 = 1-7 DEMOGRAPH_SG11 \(=2\) DEMOGRAPH_Q12 <> 'Not found' OtherAncestry2Oth = ALL``` | DEMOGRAPH_Q13 <br> In which country was [your/[first name]'s] father born? <br> Ctrl K may be entered if necessary <br> 1. Australia <br> 2. England <br> 3. Italy <br> 4. New Zealand <br> 5. Scotland <br> 6. Greece <br> 7. Netherlands <br> 8. Germany <br> 9. Vietnam <br> 10.Lebanon <br> 11.Other - specify <br> CtrlK | $1 \rightarrow$ DEMOGRAPH_Q15 <br> $2 \rightarrow$ DEMOGRAPH_Q15 <br> $3 \rightarrow$ DEMOGRAPH_Q15 <br> $4 \rightarrow$ DEMOGRAPH_Q15 <br> $5 \rightarrow$ DEMOGRAPH_Q15 <br> $6 \rightarrow$ DEMOGRAPH_Q15 <br> $7 \rightarrow$ DEMOGRAPH_Q15 <br> $8 \rightarrow$ DEMOGRAPH_Q15 <br> $9 \rightarrow$ DEMOGRAPH_Q15 <br> $10 \rightarrow$ <br> DEMOGRAPH_Q15 <br> $11 \rightarrow$ <br> DEMOGRAPH_Q14 <br> Ctrl K $\rightarrow$ <br> DEMOGRAPH_Q15 |
| $\begin{aligned} & \text { DEMOGRAPH_Q13 = } \\ & 11 \end{aligned}$ | DEMOGRAPH_Q14 <br> Type first 3 letters of country of birth and then select correct country from coding list. <br> < 100 char > | If 'Not found in coder' $\rightarrow$ DEMOGRAPH_Q14Oth Else $\rightarrow$ DEMOGRAPH_Q15 |


|  |  |  |
| :---: | :---: | :---: |
| DEMOGRAPH_Q14 = 'Not found in coder' | DEMOGRAPH_Q14Oth <br> Type in country of birth. < 25 char > | $\rightarrow$ DEMOGRAPH_Q15 |
| $\begin{aligned} & \text { DEMOGRAPH_Q13 = } \\ & 1-10, \text { CtrlK } \end{aligned}$ <br> DEMOGRAPH_Q14 <br> <> 'Not found in coder' <br> DEMOGRAPH_Q14Ot $\mathrm{h}=\mathrm{ALL}$ | DEMOGRAPH_Q15 <br> In which country was [your/[first name]'s] mother born? <br> Ctrl K may be entered if necessary <br> 1. Australia <br> 2. England <br> 3. Italy <br> 4. New Zealand <br> 5. Scotland <br> 6. Greece <br> 7. Netherlands <br> 8. Germany <br> 9. Vietnam <br> 10.Lebanon <br> 11.Other - specify <br> CtrlK | $1 \rightarrow$ Next Module <br> $2 \rightarrow$ Next Module <br> $3 \rightarrow$ Next Module <br> $4 \rightarrow$ Next Module <br> $5 \rightarrow$ Next Module <br> $6 \rightarrow$ Next Module <br> $7 \rightarrow$ Next Module <br> $8 \rightarrow$ Next Module <br> $9 \rightarrow$ Next Module <br> $10 \rightarrow$ Next Module <br> $11 \rightarrow$ <br> DEMOGRAPH_Q16 <br> CtrlK $\rightarrow$ <br> Next Module |
| DEMOGRAPH_Q15 = 11 | DEMOGRAPH_Q16 <br> Type first 3 letters of country of birth and then select correct country from coding list. $\text { < } 100 \text { char > }$ | If 'Not found in coder' $\rightarrow$ DEMOGRAPH_Q16Oth ELSE $\rightarrow$ <br> Next Module |
| DEMOGRAPH_Q16 = <br> 'Not found in coder' | DEMOGRAPH_Q16Oth <br> Type in country of birth. <br> < 25 char > | $\rightarrow$ Next Module |

Module 3: Education
Includes: Educational Attainment and Current Study

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons aged 15 years and over | EDATTA_Q01 <br> What is the highest year of primary or secondary school that [you have/[first name] has] completed? <br> 1. Year 12 or equivalent <br> 2. Year 11 or equivalent <br> 3. Year 10 or equivalent <br> 4. Year 9 or equivalent <br> 5. Year 8 or below <br> 6. Never attended school | $\begin{aligned} & 1 \rightarrow \text { EDATTA_Q02 } \\ & 2 \rightarrow \text { EDATTA_Q02 } \\ & 3 \rightarrow \text { EDATTA_Q02 } \\ & 4 \rightarrow \text { EDATTA_Q02 } \\ & 5 \rightarrow \text { EDATTA_Q02 } \\ & 6 \rightarrow \text { EDATTA_Q02 } \end{aligned}$ |
| EDATTA_Q01 = ALL | EDATTA_Q02 <br> The next few questions are about any [other] educational qualifications that [you have/[first name] has] completed. <br> [Have you/has [first name]] completed a trade certificate, diploma, degree or any other educational qualification? <br> 1. Yes <br> 5. No | $1 \rightarrow$ EDATTA_Q03 <br> $5 \rightarrow$ CURSTUD_SG01A |
| EDATTA_Q02 = 1 | EDATTA_Q03 <br> What is the level of the highest qualification that [you have/[first name] has] completed? <br> Type the first three letters of the level, then select the correct level from the coding list. <br> Do not use abbreviations or acronyms. <br> If level does not appear, type 'Not in coder', and select Not in coder in the pop-up box. <br> < 100 char > | 'Not in Coder' $\rightarrow$ <br> EDATTA_Q04 <br> Codes 600-613, 621-811, 910-994 $\rightarrow$ <br> EDATTA_Q03A <br> Codes 12-524, $619 \rightarrow$ <br> EDATTA_Q05 |
| EDATTA_Q03 = <br> Codes 600-613, 621811, 910-994 | EDATTA_Q03A <br> [Have you/Has [first name]] completed any other educational qualifications? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { EDATTA_Q03B } \\ & 5 \rightarrow \text { CURSTUD_SG01A } \end{aligned}$ |


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


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

## Module 4: Employment <br> 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 <br> I would like to ask you about last week, that is, the week starting Sunday the [[day] of [month]] and ending [last Saturday the [day] of [month]/yesterday]. <br> Last week, did [you/[first name]] do any work at all in a job, business or farm? <br> 1. Yes <br> 5. No <br> 6. Permanently unable to work <br> [7. Permanently not intending to work] | $\begin{aligned} & 1 \rightarrow \text { HASJOB_Q04 } \\ & 5 \rightarrow \text { HASJOB_Q02 } \\ & 6 \rightarrow \text { DEFJOB_Q01 } \\ & 7 \rightarrow \text { DEFJOB_Q01 } \end{aligned}$ |
| HASJOB_Q01 = 5 | HASJOB_Q02 <br> Last week, did [you/[first name]] do any work without pay in a family business? <br> 1. Yes <br> 5. No <br> [6. Permanently not intending to work] | $\begin{aligned} & 1 \rightarrow \text { HASJOB_Q04 } \\ & 5 \rightarrow \text { HASJOB_Q03 } \\ & 6 \rightarrow \text { DEFJOB_Q01 } \end{aligned}$ |
| HASJOB_Q02 = 5 | HASJOB_Q03 <br> 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? <br> 1. Yes <br> 5. No <br> [6. Permanently not intending to work] | $\begin{aligned} & 1 \rightarrow \text { HASJOB_Q04 } \\ & 5 \rightarrow \text { LOOK_Q01 } \\ & 6 \rightarrow \text { DEFJOB_Q01 } \end{aligned}$ |
| HASJOB_Q01 = 1 <br> HASJOB_Q02 $=1$ <br> HASJOB_Q03 = 1 | HASJOB_Q04 <br> Did [you/[first name]] have more than one job or business last week? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { JOBD_Q01 } \\ & 5 \rightarrow \text { JOBD_Q01 } \end{aligned}$ |
| HASJOB_Q04 = ALL | JOBD_Q01 <br> [The next few questions are about the job or business in which [you/[first name]] usually work[s] the most |  |


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


| JOBD_Q05 = ALL | 2. Otherwise | $2 \rightarrow$ HOURS_Q01 |
| :---: | :---: | :---: |
| JOBD_SG06 = 1 | JOBD_Q07 <br> What was the main reason [you were /[first name] was] away from work last week? <br> 1. Holiday/Flextime/Study/Personal reasons <br> 2. Own illness or injury/Sick leave <br> 3. No work available/Not enough work <br> 4. Standard work arrangements/Shift work <br> 5. On strike/Locked out/Industrial dispute <br> 6. Stood down <br> 7. Bad weather/Plant breakdown <br> 8. Other | $\begin{aligned} & 1 \rightarrow \text { HOURS_Q01 } \\ & 2 \rightarrow \text { JOBD_Q08 } \\ & 3 \rightarrow \text { HOURS_Q01 } \\ & 4 \rightarrow \text { HOURS_Q01 } \\ & 5 \rightarrow \text { HOURS_Q01 } \\ & 6 \rightarrow \text { HOURS_Q01 } \\ & 7 \rightarrow \text { HOURS_Q01 } \\ & 8 \rightarrow \text { HOURS_Q01 } \end{aligned}$ |
| JOBD_Q07 = 2 | JOBD_Q08 <br> [Were you/Was [first name]] on workers' compensation last week? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { JOBD_Q09 } \\ & 5 \rightarrow \text { HOURS_Q01 } \end{aligned}$ |
| JOBD_Q08 = 1 | JOBD_Q09 <br> Will [you/[first name]] be returning to work for [your/his/her] employer? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { HOURS_Q01 } \\ & 5 \rightarrow \text { LOOK_Q01 } \\ & 6 \rightarrow \text { LOOK_Q01 } \end{aligned}$ |
| $\begin{aligned} & \text { JOBD_SG06 }=2 \\ & \text { JOBD_Q07 }=1,3 \text { to } 8 \\ & \text { JOBD_Q08 }=5 \\ & \text { JOBD_Q09 }=1 \end{aligned}$ | HOURS_Q01 <br> How many hours [do you/does [first name]] usually work each week in [that job/that business/all jobs]? <br> If usually works less than 1 hour enter 0 . $\langle 0 . .99\rangle$ | $\rightarrow$ HOURS_SG02 |
| HOURS_Q01 = ALL | HOURS_SG02 <br> 1. IF usually work less than 1 hour (HOURS_Q01 = 0) <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q01 } \\ & 2 \rightarrow \text { JOBD_Q10 } \end{aligned}$ |
| HOURS_SG02 = 2 | JOBD_Q10 <br> What is [your/[first name]'s] occupation in that [job/business]? |  |


|  | Enter description. <br> <100 char > | $\rightarrow$ JOBD_Q11 |
| :--- | :--- | :--- |
| JOBD_Q10 = ALL | JOBD_Q11 <br> What are [your/[first name]'s] main tasks and duties? <br> Enter description. <br> <100 char > |  |
|  | JOBD_Q12 <br> What kind of business or service is carried out by <br> [your/[first name]'s] [employer/business] at the place <br> where [you/he/she] [work/s]? <br> Enter description. <br> < 100 char > | $\rightarrow$ JOBD_Q12 |

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


|  | $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q03 } \\ & 5 \rightarrow \text { DEFJOB_Q01 } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { LOOK_Q01 = } 1 \\ & \text { LOOK_Q02 = } 1 \end{aligned}$ | LOOK_Q03 <br> At any time in the last 4 weeks, [have you/has [first name]] written, phoned, or applied to an employer for work? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q10 } \\ & 5 \rightarrow \text { LOOK_Q04 } \end{aligned}$ |
| LOOK_Q03 = 5 | LOOK_Q04 <br> (At any time in the last 4 weeks, [have you/has [first name]] -) <br> Answered an advertisement for a job? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q10 } \\ & 5 \rightarrow \text { LOOK_Q05 } \end{aligned}$ |
| LOOK_Q04 = 5 | LOOK_Q05 <br> (At any time in the last 4 weeks, [have you/has [first name]] -) <br> Looked in newspapers or on the internet? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q06 } \\ & 5 \rightarrow \text { LOOK_Q06 } \end{aligned}$ |
| LOOK_Q05 = ALL | LOOK_Q06 <br> (At any time in the last 4 weeks, [have you/has [first name]] -) <br> Checked notice boards? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q10 } \\ & 5 \rightarrow \text { LOOK_Q07 } \end{aligned}$ |
| LOOK_Q06 = 5 | LOOK_Q07 <br> (At any time in the last 4 weeks, [have you/has [first name]] -) <br> Been registered with Centrelink as a jobseeker? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LOOK_Q10 } \\ & 5 \rightarrow \text { LOOK_Q08 } \end{aligned}$ |


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

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|  | <dd/mm/yyyy > | $\rightarrow$ LOOK_Q11_Q12 |
| :---: | :---: | :---: |
| LOOK_Q11 = ALL | LOOK_Q11_Q12 <br> When did [you/[first name]] [last work for at least 2 weeks in a job of 35 hours or more a week]? <br> If less than 2 years ago, enter the FULL DATE (ddmmyyyy) <br> If 2 years to less than 5 years ago, enter the MONTH and YEAR only <br> (Enter 2 spaces for the day) <br> If 5 years or more ago, enter the YEAR only <br> (Enter 4 spaces for the day and month) <br> [If has never worked in a job of 35+hrs/week (for 2 weeks or more), enter 99] <br> <dd/mm/yyyy > | $\rightarrow$ DEFJOB_Q01 |
|  | DEFJOB_Q01 <br> [Have you/Has [first name]] ever served in the Australian Defence Force? <br> 1. Yes <br> 5. No | $1 \rightarrow$ Next Module <br> $5 \rightarrow$ Next Module |

## Module 5: $\quad$ Self-Assessed Health <br> Includes: Self-Assessed Health

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons aged 15 years and over | SF12_Q01 <br> I would now like to ask you some questions about [your/[first name]'s] health. <br> 1. Press [1] to continue. | $1 \rightarrow \mathrm{SF} 12 \mathrm{Q} 02$ |
| SF12_Q01 = 1 | SF12_Q02 <br> In general would you say that [your/[first name]'s] health is excellent, very good, good, fair or poor? <br> 1. Excellent <br> 2. Very good <br> 3. Good <br> 4. Fair <br> 5. Poor | $1 \rightarrow$ Next module <br> $2 \rightarrow$ Next module <br> $3 \rightarrow$ Next module <br> $4 \rightarrow$ Next module <br> $5 \rightarrow$ Next module |

## Module 6: Health Service Use <br> Includes: Use of Health Professionals in the Last 12mths

| From population | Question | To population |
| :---: | :---: | :---: |
| All selected persons | HSU_Q01 <br> Show Prompt Card A1 <br> [Have you/Has [first name]] taken any of these actions for [your own/his own/her own/[child's name]'s] health in the last 12 months? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { HSU_Q02 } \\ & 5 \rightarrow \text { HSU_Q20 } \\ & 6 \rightarrow \text { HSU_Q20 } \end{aligned}$ |
| HSU_Q01 = 1 | HSU_Q02 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 1. Consulted a GP <br> 2. Consulted a specialist <br> 3. Consulted a dentist <br> 4. Consulted other health professional <br> 5. Admitted to hospital as an inpatient <br> 6. Visited an outpatient clinic <br> 7. Visited emergency/casualty <br> 8. Visited day clinic | $\begin{aligned} & 1 \rightarrow \text { HSU_SG04 } \\ & 2 \rightarrow \text { HSU_SG04 } \\ & 3 \rightarrow \text { HSU_SG04 } \\ & 4 \rightarrow \text { HSU_Q03 } \\ & 5 \rightarrow \text { HSU_SG04 } \\ & 6 \rightarrow \text { HSU_SG04 } \\ & 7 \rightarrow \text { HSU_SG04 } \\ & 8 \rightarrow \text { HSU_SG04 } \end{aligned}$ |
| HSU_Q02 = 4 | HSU_Q03 <br> Show Prompt Card A2 <br> 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? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 10 Aboriginal Health Worker <br> 11 Accredited counsellor <br> 12 Acupuncturist <br> 13 Alcohol and drug worker <br> 14 Audiologist/Audiometrist <br> 15 Chemist/Pharmacist (for advice only) | $\begin{aligned} & 10 \rightarrow \text { HSU_SG04 } \\ & 11 \rightarrow \text { HSU_SG04 } \\ & 12 \rightarrow \text { HSU_SG04 } \\ & 13 \rightarrow \text { HSU_SG04 } \\ & 14 \rightarrow \text { HSU_SG04 } \\ & 15 \rightarrow \text { HSU_SG04 } \end{aligned}$ |

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|  | 16 Chiropodist/Podiatrist <br> 17 Chiropractor <br> 18 Diabetes educator <br> 19 Dietitian/Nutritionist <br> 20 Naturopath <br> 21 Herbalist <br> 22 Hypnotherapist <br> 23 Nurse <br> 24 Occupational therapist <br> 25 Optician/Optometrist/Orthoptist <br> 26 Orthotist/Prosthetists <br> 27 Osteopath <br> 28 Physiotherapist/Hydrotherapist <br> 29 Psychologist <br> 30 Radiographer <br> 31 Social worker/Welfare officer <br> 32 Sonographer <br> 33 Speech therapist/Pathologist <br> 34 Other ] | $\begin{aligned} & 16 \rightarrow \text { HSU_SG04 } \\ & 17 \rightarrow \text { HSU_SG04 } \\ & 18 \rightarrow \text { HSU_SG04 } \\ & 19 \rightarrow \text { HSU_SG04 } \\ & 20 \rightarrow \text { HSU_SG04 } \\ & 21 \rightarrow \text { HSU_SG04 } \\ & 22 \rightarrow \text { HSU_SG04 } \\ & 23 \rightarrow \text { HSU_SG04 } \\ & 24 \rightarrow \text { HSU_SG04 } \\ & 25 \rightarrow \text { HSU_SG4 } \\ & 26 \rightarrow \text { HSU_SG04 } \\ & 27 \rightarrow \text { HSU_SG04 } \\ & 28 \rightarrow \text { HSU_SG4 } \\ & 29 \rightarrow \text { HSU_SG04 } \\ & 30 \rightarrow \text { HSU_SG4 } \\ & 31 \rightarrow \text { HSU_SG04 } \\ & 32 \rightarrow \text { HSU_SG04 } \\ & 33 \rightarrow \text { HSU_SG4 } \\ & 34 \rightarrow \text { HSU_SG4 } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { HSU_Q02 <> } 4 \\ & \text { HSU_Q03 = ALL } \end{aligned}$ | HSU_SG04 <br> 1. IF $\mathrm{HSU} \mathrm{Q} 02=1$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q05a } \\ & 2 \rightarrow \text { HSU_SG06 } \end{aligned}$ |
| HSU_SG04 = 1 | HSU_Q05a <br> How many times did [you/[first name]] consult a GP [for [child's name]] in the last 12 months? $\langle 1 . .365>$ | $\rightarrow$ HSU_SG06 |
| $\begin{aligned} & \text { HSU_SG04 = } 2 \\ & \text { HSU_Q05a = ALL } \end{aligned}$ | HSU_SG06 <br> 1. $\mathrm{IF} \mathrm{HSU} \_\mathrm{Q} 02=2$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q07a } \\ & 2 \rightarrow \text { HSU_SG08 } \end{aligned}$ |
| HSU_SG06 = 1 | HSU_Q07a <br> How many times did [you/[first name]] consult a specialist [for [child's name]] in the last 12 months? $\langle 1 \text {.. } 365 \text { > }$ | $\rightarrow$ HSU_SG08 |
| $\begin{aligned} & \text { HSU_SG06 = } 2 \\ & \text { HSU_Q07a = ALL } \end{aligned}$ | HSU_SG08 <br> 1. IF HSU_Q02 $=5$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q11a } \\ & 2 \rightarrow \text { HSU_SG12 } \end{aligned}$ |
| HSU_SG08 = 1 | HSU_Q11a <br> How many times in the last 12 months [have you/has |  |


|  | he/has she] been admitted to hospital as an inpatient? $\|<1 . .365\rangle$ | $\rightarrow$ HSU_SG12 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { HSU_SG08 = } 2 \\ & \text { HSU_Q11a = ALL } \end{aligned}$ | HSU_SG12 <br> 1. IF HSU_Q02 $=6$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q13a } \\ & 2 \rightarrow \text { HSU_SG14 } \end{aligned}$ |
| HSU_SG12 = 1 | HSU_Q13a <br> How many times in the last 12 months [have you/has he/has she] [visited/taken [child's name] to] an outpatient clinic? $\|<1 . .365\rangle$ | $\rightarrow \text { HSU_SG14 }$ |
| $\begin{aligned} & \text { HSU_SG12 = } 2 \\ & \text { HSU_Q13a = ALL } \end{aligned}$ | HSU_SG14 <br> 1. $\operatorname{IF}$ HSU_Q02 $=7$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q15a } \\ & 2 \rightarrow \text { HSU_SG16 } \end{aligned}$ |
| HSU_SG14 = 1 | HSU_Q15a <br> How many times in the last 12 months [have you/has he/has she] [visited/taken [child's name] to] an emergency/casualty department? $\langle 1 . .365\rangle$ | $\rightarrow$ HSU_SG16 |
| $\begin{aligned} & \text { HSU_SG14 = } 2 \\ & \text { HSU_Q15a }=\text { ALL } \end{aligned}$ | HSU_SG16 <br> 1. IF $\mathrm{HSU} \mathrm{Q} 02=8$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q17a } \\ & 2 \rightarrow \text { HSU_SG18 } \end{aligned}$ |
| HSU_SG16 = 1 | HSU_Q17a <br> How many times in the last 12 months [have you/has he/has she] [visited/taken [child's name] to] a day clinic? $\langle 1 . .365\rangle$ | $\rightarrow$ HSU_SG18 |
| HSU_SG16 = 2 <br> HSU_Q17a = ALL | HSU_SG18 <br> 1. IF consulted GP in last $12 \mathrm{mths}(\mathrm{HSU} \mathrm{Q} 02=1)$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q19 } \\ & 2 \rightarrow \text { HSU_Q20 } \end{aligned}$ |
| HSU_SG18 = 1 | HSU_Q19 <br> Show Prompt Card A3 |  |


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


|  | 7. Safe sexual practices | $7 \rightarrow$ HSU_SG23A |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { HSU_Q22 = } 5 \text { or } 6 \\ & \text { HSU_Q23 = ALL } \end{aligned}$ | HSU_SG23A <br> 1. If respondent is 15-17 years of age, living with parent/guardian, and answering for self. <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q23B } \\ & 2 \rightarrow \text { HSU_SG24 } \end{aligned}$ |
| HSU_SG23A = 1 | HSU_Q23B <br> Mark whether a parent/guardian was present during the interview. <br> 1. Parent/guardian present during whole interview <br> 2. Parent/guardian present for part of interview <br> 3. Parent/guardian not present | $\begin{aligned} & 1 \rightarrow \text { HSU_SG24 } \\ & 2 \rightarrow \text { HSU_SG24 } \\ & 3 \rightarrow \text { HSU_SG24 } \end{aligned}$ |
| $\begin{aligned} & \text { HSU_SG21 = } \\ & \text { HSU_SG23A =2 } \\ & \text { HSU_Q23B = ALL } \end{aligned}$ | HSU_SG24 <br> 1. IF HSU_Q $02=3$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q25 } \\ & 2 \rightarrow \text { HSU_Q27 } \end{aligned}$ |
| HSU_SG24 = 1 | HSU_Q25 <br> 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 last 12 months? $\|<1 . .50\rangle$ | $\rightarrow$ HSU_Q26 |
| HSU_Q25 = ALL | HSU_Q26 <br> Show Prompt Card A5 <br> When was the last time [you/[first name]] consulted a dentist or dental professional [for [child's name]]? <br> 1. Less than 3 months ago <br> 2. 3 to less than 6 months ago <br> 3. 6 to less than 9 months ago <br> 4. 9 to 12 months ago <br> 5. Don't know | $\begin{aligned} & 1 \rightarrow \text { HSU_SG28 } \\ & 2 \rightarrow \text { HSU_SG28 } \\ & 3 \rightarrow \text { HSU_SG28 } \\ & 4 \rightarrow \text { HSU_SG28 } \\ & 5 \rightarrow \text { HSU_SG28 } \end{aligned}$ |
| HSU_SG24 = 2 | HSU_Q27 <br> Show Prompt Card A6 <br> When was the last time [you/[first name]] consulted a dentist or dental professional [for [child's name]]? |  |


|  | 1. 1 year to 2 years ago <br> 2. More than 2 years ago <br> 3. Never <br> 4. Don't know | $\begin{aligned} & 1 \rightarrow \text { HSU_SG28 } \\ & 2 \rightarrow \text { HSU_SG28 } \\ & 3 \rightarrow \text { HSU_SG28 } \\ & 4 \rightarrow \text { HSU_SG28 } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { HSU_Q26 = ALL } \\ & \text { HSU_Q27 = ALL } \end{aligned}$ | HSU_SG28 <br> 1. IF currently studying <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q29 } \\ & 2 \rightarrow \text { HSU_SG33 } \end{aligned}$ |
| HSU_SG28 = 1 | HSU_Q29 <br> I now want you to think about any time [you have/[first name] has] had off [study/school] in the last 2 weeks. <br> In the last 2 weeks, [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? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { HSU_Q30 } \\ & 5 \rightarrow \text { HSU_Q31 } \end{aligned}$ |
| HSU_Q29 = 1 | HSU_Q30 <br> How many days in the last 2 weeks [have you/has [first name]] stayed away from [study/school]? $\langle 1 . .10\rangle$ | $\rightarrow$ HSU_Q31 |
| $\begin{aligned} & \text { HSU_Q29 = } 5 \\ & \text { HSU_Q30 = ALL } \end{aligned}$ | HSU_Q31 <br> In the last 2 weeks did [you/[first name]] have any days off [study/school] to look after or care for someone else because they were sick or injured? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { HSU_Q32 } \\ & 5 \rightarrow \text { HSU_SG33 } \end{aligned}$ |
| HSU_Q31 = 1 | HSU_Q32 <br> How many days in the last 2 weeks did [you/[first name]] stay away from [study/school] to look after someone else? $\langle 1 . .10\rangle$ | $\rightarrow$ HSU_SG33 |
| $\begin{aligned} & \text { HSU_SG28 = } 2 \\ & \text { HSU_Q31 = } 5 \end{aligned}$ | HSU_SG33 <br> 1. IF currently employed <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { HSU_Q34 } \\ & 2 \rightarrow \text { Next Module } \end{aligned}$ |


| HSU_Q32 = ALL |  |  |
| :---: | :---: | :---: |
| HSU_SG33 = 1 | HSU_Q34 <br> I now want you to think about any time [you have/[first name] has] had off work in the last 2 weeks. <br> In the last 2 weeks [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? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { HSU_Q35 } \\ & 5 \rightarrow \text { HSU_Q36 } \end{aligned}$ |
| HSU_Q34 = 1 | HSU_Q35 <br> How many days in the last 2 weeks [have you/has [first name]] stayed away from work? $\text { < } 1 . .14 \text { > }$ | $\rightarrow \text { HSU_Q36 }$ |
| $\begin{aligned} & \text { HSU_Q34= } 5 \\ & \text { HSU_Q35 = ALL } \end{aligned}$ | HSU_Q36 <br> In the last 2 weeks did [you/[first name]] have any days off work to look after or care for someone else because they were sick or injured? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { HSU_Q37 } \\ & 5 \rightarrow \text { Next Module } \end{aligned}$ |
| HSU_Q36 = 1 | HSU_Q37 <br> How many days in the last 2 weeks [have you/has [first name]] stayed away from work to look after someone else? $\langle 1 . .14\rangle$ | $\rightarrow$ Next Module |

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$\begin{array}{ll}\text { Module 7: } & \text { Mental WellBeing } \\ \text { Includes: } & \text { K10, Days Out of Role, and Bodily Pain }\end{array}$

| 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 <br> The following questions are about your feelings in the past 4 weeks. <br> 1. Press [1] to continue | $1 \rightarrow \text { MWB_Q02 }$ |
| MWB_Q01 = ALL | MWB_Q02 <br> Show Prompt Card B1 <br> In the past 4 weeks, about how often did you feel tired out for no good reason? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $1 \rightarrow$ MWB_Q03 <br> $2 \rightarrow$ MWB_Q03 <br> $3 \rightarrow$ MWB_Q03 <br> $4 \rightarrow$ MWB_Q03 <br> $5 \rightarrow$ MWB_Q03 <br> CtrlR $\rightarrow$ MWB_Q03 |
| MWB_Q02 = ALL | MWB_Q03 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel nervous? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $1 \rightarrow$ MWB_Q04 <br> $2 \rightarrow$ MWB_Q04 <br> $3 \rightarrow$ MWB_Q04 <br> $4 \rightarrow$ MWB_Q04 <br> $5 \rightarrow$ MWB_Q05 <br> CtrlR $\rightarrow$ MWB_Q05 |
| MWB_Q03 = 1 to 4 | MWB_Q04 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel so nervous that nothing could calm you down? <br> Ctrl R may be used here if necessary. |  |


|  | 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $\begin{aligned} & 1 \rightarrow \text { MWB_Q05 } \\ & 2 \rightarrow \text { MWB_Q05 } \\ & 3 \rightarrow \text { MWB_Q05 } \\ & 4 \rightarrow \text { MWB_Q05 } \\ & 5 \rightarrow \text { MWB_Q05 } \\ & \text { CtrlR } \rightarrow \text { MWB_Q05 } \end{aligned}$ |
| :---: | :---: | :---: |
| MWB_Q03 = 5 or CtrlR <br> MWB_Q04 = ALL | MWB_Q05 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel hopeless? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $1 \rightarrow$ MWB_Q06 <br> $2 \rightarrow$ MWB_Q06 <br> $3 \rightarrow$ MWB_Q06 <br> $4 \rightarrow$ MWB_Q06 <br> $5 \rightarrow$ MWB_Q06 <br> CtrlR $\rightarrow$ MWB_Q06 |
| MWB_Q05 = ALL | MWB_Q06 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel restless or fidgety? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $\begin{aligned} & 1 \rightarrow \text { MWB_Q07 } \\ & 2 \rightarrow \text { MWB_Q07 } \\ & 3 \rightarrow \text { MWB_Q07 } \\ & 4 \rightarrow \text { MWB_Q07 } \\ & 5 \rightarrow \text { MWB_Q08 } \\ & \text { CtrlR } \rightarrow \text { MWB_Q08 } \end{aligned}$ |
| MWB_Q06 = 1 to 4 | MWB_Q07 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel so restless you could not sit still? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time | $\begin{aligned} & 1 \rightarrow \text { MWB_Q08 } \\ & 2 \rightarrow \text { MWB_Q08 } \\ & 3 \rightarrow \text { MWB_Q08 } \end{aligned}$ |


|  | 4. A little of the time <br> 5. None of the time CtrlR | $\begin{array}{\|l} 4 \rightarrow \text { MWB_Q08 } \\ 5 \rightarrow \text { MWB_Q08 } \\ \text { CtrlR } \rightarrow \text { MWB_Q08 } \end{array}$ |
| :---: | :---: | :---: |
| MWB_Q06 = 5 or CtrlR <br> MWB_Q07 = ALL | MWB_Q08 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel depressed? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $1 \rightarrow$ MWB_Q09 <br> $2 \rightarrow$ MWB_Q09 <br> $3 \rightarrow$ MWB_Q09 <br> $4 \rightarrow$ MWB_Q09 <br> $5 \rightarrow$ MWB_Q09 <br> CtriR $\rightarrow$ MWB_Q09 |
| MWB_Q08 = ALL | MWB_Q09 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel that everything was an effort? <br> Ctrl R may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time <br> CtrlR | $\begin{aligned} & 1 \rightarrow \text { MWB_Q10 } \\ & 2 \rightarrow \text { MWB_Q10 } \\ & 3 \rightarrow \text { MWB_Q10 } \\ & 4 \rightarrow \text { MWB_Q10 } \\ & 5 \rightarrow \text { MWB_Q10 } \\ & \text { CtrlR } \rightarrow \text { MWB_Q10 } \end{aligned}$ |
| MWB_Q09 = ALL | MWB_Q10 <br> Show Prompt Card B1 <br> (In the past 4 weeks,) about how often did you feel so sad that nothing could cheer you up? <br> Ctrl $R$ may be used here if necessary. <br> 1. All of the time <br> 2. Most of the time <br> 3. Some of the time <br> 4. A little of the time <br> 5. None of the time CtrlR | $\begin{aligned} & 1 \rightarrow \text { MWB_Q11 } \\ & 2 \rightarrow \text { MWB_Q11 } \\ & 3 \rightarrow \text { MWB_Q11 } \\ & 4 \rightarrow \text { MWB_Q11 } \\ & 5 \rightarrow \text { MWB_Q11 } \\ & \text { CtrlR } \rightarrow \text { MWB_Q11 } \end{aligned}$ |


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


|  | feelings? |  |
| :--- | :--- | :--- |
|  | < 0 .. 28 > |  |$\quad$| MWB_Q15 |
| :--- |

Module 8: Disability
Includes: Disability type, Restrictions, and Difficulties with education and work

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons | DIS_Q01 <br> 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. <br> Show Prompt Card C1 <br> [Do you/Does [first name]] have any of these conditions? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_Q02 } \\ & 5 \rightarrow \text { DIS_Q04 } \end{aligned}$ |
| DIS_Q01 = 1 | DIS_Q02 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 1. Shortness of breath <br> 2. Chronic or recurring pain <br> 3. A nervous or emotional condition <br> 4. Long term effects as a result of a head injury, stroke or other brain damage <br> 5. Any other long term condition that requires treatment or medication <br> 6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc. | $\begin{aligned} & 1 \rightarrow \text { DIS_Q03 } \\ & 2 \rightarrow \text { DIS_Q03 } \\ & 3 \rightarrow \text { DIS_Q03 } \\ & 4 \rightarrow \text { DIS_Q03 } \\ & 5 \rightarrow \text { DIS_Q03 } \\ & 6 \rightarrow \text { DIS_Q03 } \end{aligned}$ |
| DIS_Q02 = ALL | DIS_Q03 <br> [Are you/Is he/Is she] restricted in everyday activities because of [this/these] condition [s]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_SG03A } \\ & 5 \rightarrow \text { DIS_Q04 } \end{aligned}$ |
| DIS_Q03 = 1 | DIS_SG03A <br> 1. IF DIS_Q02 > 1 response <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { DIS_Q03B } \\ & 2 \rightarrow \text { DIS_Q04 } \end{aligned}$ |
| DIS_SG03A $=1$ | DIS_Q03B |  |



| $\begin{aligned} & \text { DIS_Q04 = } 5 \\ & \text { DIS_Q05 = ALL } \end{aligned}$ | DIS_SG06 <br> 1. IF (number of responses at DIS_Q03B > 1) OR (number of responses at DIS_Q05 > 1) OR (number of responses at DIS_Q03B + number of responses at DIS_Q05 > 1) <br> 2. ELSEIF no \{disabling\} conditions reported ((DIS_Q01 = 5 OR DIS_Q03 = 5)) AND (DIS_Q04 = 5) <br> 3. Otherwise | $\begin{aligned} & 1 \rightarrow \text { DIS_Q07 } \\ & 2 \rightarrow \text { Next module } \\ & 3 \rightarrow \text { DIS_Q08 } \end{aligned}$ |
| :---: | :---: | :---: |
| DIS_SG06 = 1 | DIS_Q07 <br> You told me that [you have/[first name] has] [condition names]. <br> Which one of these conditions cause [you/him/her] the most problems? <br> [ <br> 1. Shortness of breath <br> 2. Chronic or recurring pain <br> 3. A nervous or emotional condition <br> 4. Long term effects as a result of a head injury, stroke or other brain damage <br> 5. Any other long term condition that requires treatment or medication <br> 6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc. <br> 10. Sight problems <br> 11. Hearing problems <br> 12. Speech problems <br> 13. Blackouts, fits or loss of consciousness <br> 14. Difficulty learning or understanding things <br> 15. Limited use of arms or fingers <br> 16. Difficulty gripping things <br> 17. Limited use of legs or feet <br> 18. A condition that restricts physical activity or physical work (e.g. back problems, migraines) <br> 19. A disfigurement or deformity <br> 20. A mental illness for which help or supervision is required ] | $\begin{aligned} & 1 \rightarrow \text { DIS_Q08 } \\ & 2 \rightarrow \text { DIS_Q08 } \\ & 3 \rightarrow \text { DIS_Q08 } \\ & 4 \rightarrow \text { DIS_Q08 } \\ & \\ & 5 \rightarrow \text { DIS_Q08 } \\ & 6 \rightarrow \text { DIS_Q08 } \\ & \\ & \\ & \\ & 10 \rightarrow \text { DIS_Q08 } \\ & 11 \rightarrow \text { DIS_Q08 } \\ & 12 \rightarrow \text { DIS_Q08 } \\ & 13 \rightarrow \text { DIS_Q08 } \\ & 14 \rightarrow \text { DIS_Q08 } \\ & 15 \rightarrow \text { DIS_Q08 } \\ & 16 \rightarrow \text { DIS_Q08 } \\ & 17 \rightarrow \text { DIS_Q08 } \\ & 18 \rightarrow \text { DIS_Q08 } \\ & 19 \rightarrow \text { DIS_Q08 } \\ & 20 \rightarrow \text { DIS_Q08 } \end{aligned}$ |
| $\begin{aligned} & \text { DIS_Q07 = ALL } \\ & \text { DIS_SG06 = } 3 \end{aligned}$ | DIS_Q08 <br> Show Prompt Card C3 <br> 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? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_Q09 } \\ & 5 \rightarrow \text { DIS_Q10 } \end{aligned}$ |
| :---: | :---: | :---: |
| DIS_Q08 = 1 | DIS_Q09 <br> [Do you/Does [first name]] always need help with any of these tasks? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_SG13 } \\ & 5 \rightarrow \text { DIS_SG13 } \end{aligned}$ |
| DIS_Q08 = 5 | DIS_Q10 <br> Show Prompt Card C3 <br> 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? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_SG13 } \\ & 5 \rightarrow \text { DIS_Q11 } \end{aligned}$ |
| DIS_Q10 = 5 | DIS_Q11 <br> 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? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIS_SG11a } \\ & 5 \rightarrow \text { DIS_SG11a } \end{aligned}$ |
| DIS_Q11 = AL | DIS_SG11a <br> 1. $\mathrm{IF} \mathrm{AGE}>4$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { DIS_Q12 } \\ & 2 \rightarrow \text { Next Module } \end{aligned}$ |
| DIS_SG11a $=1$ | DIS_Q12 <br> Can [you/he/she]: <br> Read out categories, pause after each one for a 'yes' or 'no' response. <br> More than one response is allowed. Press space bar between responses. <br> 1. Easily walk 200 metres | $1 \rightarrow$ DIS_SG13 |


|  | 2. Walk up and down stairs without a handrail <br> 3. Easily bend to pick up an object from the floor <br> 4. Use public transport without difficulty, help or <br> supervision <br> 5. None of the above | $2 \rightarrow$ DIS_SG13 <br> $3 \rightarrow$ DIS_SG13 <br> $4 \rightarrow$ DIS_SG13 |
| :--- | :--- | :--- |
| DIS_Q09 = ALL | DIS_SG13 <br> DIS_Q10 = 1 | 1. IF AGE = 5 to 20 <br> 2. Otherwise |
| DIS_Q12 = ALL |  |  |$\quad$| DIS_SG13 |
| :--- |


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

## Module 9: Carers <br> Includes: Unpaid Care Identifier

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

## Module 10: $\quad$ Self-Perceived Body Mass <br> Includes:

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

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 <br> 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. <br> In the last week [have you/has [first name]] walked for at least 10 minutes continuously, for fitness, recreation or sport? <br> 1. Yes <br> 5. No <br> 6. Permanently unable to walk | $\begin{aligned} & 1 \rightarrow \text { EXER_Q02 } \\ & 5 \rightarrow \text { EXER_Q03E } \\ & 6 \rightarrow \text { EXER_INTRO4 } \end{aligned}$ |
| EXER_Q01 = 1 | EXER_Q02 <br> How many times in the last week did [you/[first name]] walk for fitness, recreation or sport for at least 10 minutes continuously? <br> Enter amount <br> Ctrl K may be used here if necessary. $<1 . .99>$ <br> Ctrl K | $\begin{aligned} & 1 . .99 \rightarrow \text { EXER_Q03 } \\ & \text { CtrlK } \rightarrow \text { EXER_Q03 } \end{aligned}$ |
| EXER_Q02 = | EXER_Q03 <br> What was the total amount of time [you/[first name]] spent walking for fitness, recreation or sport in the last week? <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. <br> Select 'both hours and minutes' if time provided in both. <br> Ctrl K may be used here if necessary. <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> Ctrl K | $\begin{aligned} & 1 \rightarrow \text { EXER_Q03a } \\ & 2 \rightarrow \text { EXER_Q03c } \\ & 3 \rightarrow \text { EXER_Q03a } \\ & \text { CtrlK } \rightarrow \text { EXER_INTRO4 } \end{aligned}$ |

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| EXER_Q03 = 1 or 3 | EXER_Q03A <br> Enter the hours. <br> <1 .. 40 > |  |
| :--- | :--- | :--- |
| EXER_Q03A = ALL | EXER_SG03B <br> 1. IF EXER_Q03 = 1 <br> 2. ELSEIF EXER_Q03 = 3 | $\rightarrow$ EXER_SG03B |

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

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|  |  |  |
| :---: | :---: | :---: |
| EXER_Q05 = ALL | EXER_Q06 <br> What was the total amount of time [you/[first name]] spent doing moderate exercise in the last week? <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. <br> Select 'both hours and minutes' if time provided in both. <br> Ctrl $K$ may be used here if necessary. <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> Ctrl K | $\begin{aligned} & 1 \rightarrow \text { EXER_Q06A } \\ & 2 \rightarrow \text { EXER_Q06C } \\ & 3 \rightarrow \text { EXER_Q06A } \\ & \text { CtrlK } \rightarrow \text { EXER_Q07 } \end{aligned}$ |
| EXER_Q06 = 1 or 3 | EXER_Q06A <br> Enter the hours. $\langle 1 . .40\rangle$ | $\rightarrow$ EXER_SG06B |
| EXER_Q06a = ALL | EXER_SG06B <br> 1. IF EXER_Q06 = 1 <br> 2. ELSEIF EXER_Q06 $=3$ | $\begin{aligned} & 1 \rightarrow \text { EXER_Q07 } \\ & 2 \rightarrow \text { EXER_Q06C } \end{aligned}$ |
| $\begin{aligned} & \text { EXER_Q06 = 2 } \\ & \text { EXER_SG06B = } 2 \end{aligned}$ | EXER_Q06C <br> Enter the minutes. $\langle 1 . .999\rangle$ | $\rightarrow$ EXER_Q07 |
| EXER_Q04 = 5 <br> EXER_Q06 = Ctrl K <br> EXER_SG06B = 1 <br> EXER_Q06C = ALL | EXER_Q07 <br> In the last week, did [you/[first name]] do any exercise which caused a large increase in [your/his/her] heart rate or breathing, that is, vigorous exercise? (e.g. jogging, cycling, aerobics, competitive tennis) <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { EXER_Q08 } \\ & 5 \rightarrow \text { EXER_SG14 } \end{aligned}$ |
| EXER_Q07 = 1 | EXER_Q08 <br> How many times did [you/[first name]] do any vigorous exercise in the last week? |  |

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|  | Enter amount <br> Ctrl K may be used here if necessary. $\langle 1 . .99>$ <br> Ctrl K | $\rightarrow$ EXER_Q09 |
| :---: | :---: | :---: |
| EXER_Q08 = ALL | EXER_Q09 <br> What was the total amount of time [you/[first name]] spent doing vigorous exercise in the last week? <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. Select 'both hours and minutes' if time provided in both. <br> Ctrl K may be used here if necessary <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> Ctrl K | $1 \rightarrow$ EXER_Q09A <br> $2 \rightarrow$ EXER_Q09C <br> $3 \rightarrow$ EXER_Q09A <br> CtrlK $\rightarrow$ EXER_SG14 |
| EXER_Q09 = 1 or 3 | EXER_Q09A <br> Enter the hours. $<1 . .40\rangle$ | $\rightarrow$ EXER_SG09B |
| EXER_Q09A = ALL | EXER_SG09B <br> 1. IF EXER_Q09 = 1 <br> 2. ELSEIF EXER_Q09 $=3$ | $1 \rightarrow$ EXER_SG14 <br> $2 \rightarrow$ EXER_Q09C |
| $\begin{aligned} & \text { EXER_Q09 = } 2 \\ & \text { EXER_SG09B = } 2 \end{aligned}$ | EXER_Q09C <br> Enter the minutes. $\text { < } 1 \text {.. } 999 \text { > }$ | $\rightarrow$ EXER_SG14 |
| EXER_Q07 = 5 <br> EXER_Q09 = Ctrl K <br> EXER_SG09B = 1 <br> EXER_Q09C | EXER_SG14 <br> 1. IF reported exercise (EXER_Q01 = 1 or EXER_Q03E = 1 or EXER_Q04 = 1 or EXER_Q07 = 1) <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { EXER_Q15A } \\ & 2 \rightarrow \text { EXER_Q16A } \end{aligned}$ |
| 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 last week did [you/[first name]] exercise? $\langle 1 . .7\rangle$ | $\rightarrow$ EXER_Q15B |
| :---: | :---: | :---: |
| EXER_Q15A = ALL | EXER_Q15B <br> How many of these days did [you/[first name]] exercise for at least 30 minutes per day? $\langle 0 . .7\rangle$ | $\rightarrow \text { EXER_SG15C }$ |
| EXER_Q15B = ALL | EXER_SG15C <br> 1. IF AGE $=15$ to 17 AND EXER_Q15B > 0 <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { EXER_Q15D } \\ & 2 \rightarrow \text { EXER_Q16A } \end{aligned}$ |
| EXER_SG15C = 1 | EXER_Q15D <br> How many of these days did [you/[first name]] exercise for at least 60 minutes? $\langle 0 . .7\rangle$ | $\rightarrow$ EXER_Q16A |
| EXER_SG14 = 2 <br> EXER_SG15C $=2$ <br> EXER_Q15D = ALL | EXER_Q16A <br> Some activities are designed to increase muscle strength or tone, such as lifting weights, resistance training, pull-ups, push-ups, or sit-ups. <br> Including any activities already mentioned, in the last week did [you/[first name]] do any strength or toning activities? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { EXER_Q16B } \\ & 5 \rightarrow \text { EXER_SG17 } \end{aligned}$ |
| IF EXER_Q16A = 1 | EXER_Q16B <br> On how many days last week did [you/[first name]] do any strength or toning activities? <br> Ctrl $K$ may be used here if necessary $\|\quad 1 . .7\rangle$ <br> Ctrl K | $\rightarrow$ EXER_SG17 |
| EXER_Q16A = 5 | EXER_SG17 |  |


| EXER_Q16B = ALL | 1. IF currently employed <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { EXER_Q18 } \\ & 2 \rightarrow \text { EXER_Q22 } \end{aligned}$ |
| :---: | :---: | :---: |
| EXER_SG17 = 1 | EXER_Q18 <br> 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? <br> Read out each category until a 'yes' response is given <br> 1. Mostly sitting <br> 2. Mostly standing <br> 3. Mostly walking <br> 4. Mostly heavy labour or physically demanding work <br> 5. Don't know | $\begin{aligned} & 1 \rightarrow \text { EXER_SG19 } \\ & 2 \rightarrow \text { EXER_SG19 } \\ & 3 \rightarrow \text { EXER_SG19 } \\ & 4 \rightarrow \text { EXER_SG19 } \\ & 5 \rightarrow \text { EXER_SG19 } \end{aligned}$ |
| EXER_Q18 = ALL | EXER_SG19 <br> 1. IF HOURS_Q01 > 34 <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { EXER_Q20 } \\ & 2 \rightarrow \text { EXER_Q22 } \end{aligned}$ |
| EXER_SG19 = 1 | EXER_Q20 <br> The following question is about sitting at work (including meal and snack breaks and time spent sitting at a desk). <br> How much time [do you/does [first name]] spend sitting at work on a usual work day? <br> Please note that occupations that involve driving are to include this time as 'sitting' time at work. <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. <br> Select 'both hours and minutes' if time provided in both. <br> Ctrl K may be used here if necessary. <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> 5. None <br> Ctrl K | $\begin{aligned} & 1 \rightarrow \text { EXER_Q20A } \\ & 2 \rightarrow \text { EXER_Q20C } \\ & 3 \rightarrow \text { EXER_Q20A } \\ & 5 \rightarrow \text { EXER_Q21 } \\ & \text { CtrlK } \rightarrow \text { EXER_Q21 } \end{aligned}$ |
| EXER_Q20 = 1 or 3 | EXER_Q20A |  |

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|  | Enter the hours. <br> <1 .. 24 > |  |
| :--- | :--- | :--- |
| EXER_Q20A = ALL | EXER_SG20B <br> 1. IF EXER_Q20 = 1 <br> 2. ELSEIF EXER_Q20 = 3 | $\rightarrow$ EXER_SG20B |

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|  |  |  |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { EXER_SG17 = } \\ & \text { EXER_SG19 = } \end{aligned}$ | EXER_Q22 <br> How much time [do you/does [first name]] spend sitting while watching television or using the computer on a usual [work/week] day? <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. <br> Select 'both hours and minutes' if time provided in both. <br> Ctrl K may be used here if necessary. <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> 5. None <br> Ctrl K | $\begin{aligned} & 1 \rightarrow \text { EXER_Q22A } \\ & 2 \rightarrow \text { EXER_Q22C } \\ & 3 \rightarrow \text { EXER_Q22A } \\ & 5 \rightarrow \text { EXER_Q23 } \\ & \text { CtrlK } \rightarrow \text { EXER_Q23 } \end{aligned}$ |
| EXER_Q22 = 1 or 3 | EXER_Q22A <br> Enter the hours $\text { < } 1 . .24 \text { > }$ | $\rightarrow$ EXER_SG22B |
| EXER_Q22A = ALL | EXER_SG22B <br> 1. IF EXER_Q22 = 1 <br> 2. ELSEIF EXER_Q22 $=3$ | $\begin{aligned} & 1 \rightarrow \text { EXER_Q23 } \\ & 2 \rightarrow \text { EXER_Q22C } \end{aligned}$ |
| EXER_Q22 = 2 <br> EXER_SG22B = 2 | EXER_Q22C <br> Enter the minutes. $\langle 1 . .999\rangle$ | $\rightarrow$ EXER_Q23 |
| EXER_Q21 $=5$ or $\operatorname{Crrl}$ K <br> EXER_SG21B = 1 <br> EXER_Q21C = ALL <br> EXER_Q22 = 5 or Ctrl <br> K <br> EXER_SG22B $=1$ <br> EXER_Q22C = ALL | EXER_Q23 <br> Show Prompt Card D1 <br> How much time [do you/does [first name]] spend sitting in other leisure time on a usual [work/week] day? <br> Select 'hours' if respondent provided time in hours only. <br> Select 'minutes' if time provided in minutes only. <br> Select 'both hours and minutes' if time provided in both. |  |

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|  | Ctrl K may be used here if necessary. <br> 1. Hours <br> 2. Minutes <br> 3. Both hours and minutes <br> 5. None <br> Ctrl K | $\begin{aligned} & 1 \rightarrow \text { EXER_Q23A } \\ & 2 \rightarrow \text { EXER_Q23C } \\ & 3 \rightarrow \text { EXER_Q23A } \\ & 5 \rightarrow \text { Next Module } \\ & \text { CtrlK } \rightarrow \\ & \text { Next Module } \end{aligned}$ |
| :---: | :---: | :---: |
| EXER_Q23 = 1 or 3 | EXER_Q23A <br> Enter the hours $\langle 1 . .24\rangle$ | $\rightarrow$ EXER_SG23B |
| EXER_Q23A = ALL | EXER_SG23B <br> 1. IF EXER_Q23 = 1 <br> 2. ELSEIF EXER_Q23 $=3$ | $\begin{aligned} & 1 \rightarrow \text { Next Module } \\ & 2 \rightarrow \text { EXER_Q23C } \end{aligned}$ |
| $\begin{aligned} & \text { EXER_Q23 = } 2 \\ & \text { EXER_SG23B = } 2 \end{aligned}$ | EXER_Q23C <br> Enter the minutes. $\text { < } 1 . .999 \text { > }$ | $\rightarrow$ Next Module |

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## Module 12: $\quad$ Breast Feeding Includes: <br> Age Exclusively Breastfed

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

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| SBF_Q05 = 1 | 1. Months <br> 2. Less than 1 month | $\begin{aligned} & 1 \rightarrow \text { SBF_Q06a } \\ & 2 \rightarrow \text { SBF_Q07 } \end{aligned}$ |
| :---: | :---: | :---: |
| SBF_Q06 = 1 | SBF_Q06a <br> Enter number of months $\text { < } 1 \text {.. 36> }$ | $\rightarrow$ SBF_Q07 |
| $\begin{aligned} & \text { SBF_Q01 }=5 \\ & \text { SBF_SG02 }=2 \\ & \text { SBF_Q06 }=2 \\ & \text { SBF_Q06a }=\text { ALL } \end{aligned}$ | SBF_Q07 <br> How old was [child's name] when [he/she] first ate any soft or semi-solid or solid food? <br> 1. Months <br> 2. Less than 1 month <br> 3. Has never had any soft/semi solid or solid food | $\begin{aligned} & 1 \rightarrow \text { SBF_Q07a } \\ & 2 \rightarrow \text { Next Module } \\ & 3 \rightarrow \text { Next Module } \end{aligned}$ |
| SBF_Q07 = 1 | SBF_Q07a <br> Enter number of months $\text { < } 1 \text {.. 36> }$ | $\rightarrow$ Next Module |

## Module 13: $\quad$ Smoking <br> Includes: <br> Personal Smoking status and Household smoking

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

\(\left.$$
\begin{array}{|l|l|l|}\hline & \begin{array}{l}\text { 1. Yes } \\
\text { 5. No }\end{array} & \begin{array}{l}1 \rightarrow \text { SMOKE_SG07 } \\
5\end{array}
$$ <br>

\hline SMOKE_Q05 = 1 SMOKE_SG07\end{array}\right]\)| SMOKE_SG07 |
| :--- |
| SMOKE_Q06 = ALL |
| 1. IF SMOKE_Q02 = 1 OR SMOKE_Q04 = 1 |
| 2. Otherwise |$\quad$| $1 \rightarrow$ SMOKE_Q08 |
| :--- |
| 2 |

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| SMOKE_Q11 = ALL | 2. Otherwise | $2 \rightarrow$ SMOKE_SG14 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { SMOKE_SG09 = } 1 \\ & \text { SMOKE_SG12 = } 1 \end{aligned}$ | SMOKE_Q13 <br> Has [your/[first name]]'s] smoking increased, decreased or stayed about the same since this time last year? <br> 1. Increased <br> 2. Decreased <br> 3. Stayed about the same | $1 \rightarrow$ SMOKE_SG14 <br> $2 \rightarrow$ SMOKE_SG14 <br> $3 \rightarrow$ SMOKE_SG14 |
| SMOKE_SG07 = 2 <br> SMOKE_SG12 $=2$ <br> SMOKE_Q13 = ALL | SMOKE_SG14 <br> 1. IF UR in a single person HH and SMOKE_Q01 = 1 <br> 2. ELSEIF UR in a single person HH and SMOKE_Q01 = 5 <br> 3. ELSEIF (18 years and over) AND ( R is the only person $>=8 \mathrm{yrs}$ in the hhld) <br> 4. ELSEIF if 18 years and over <br> 5. Otherwise | $\begin{aligned} 1 & \rightarrow \text { SMKHOUS_SG03 } \\ 2 & \rightarrow \text { Next Module } \\ 3 & \rightarrow \text { SMKHOUS_SG03 } \\ 4 & \rightarrow \text { SMKHOUS_Q01 } \\ 5 & \rightarrow \text { SMKHOUS_SG05 } \end{aligned}$ |
| SMOKE_SG14 = 4 | SMKHOUS_Q01 <br> Does anyone else in this household regularly smoke, that is, at least once a day? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { SMKHOUS_Q02 } \\ & 5 \rightarrow \text { SMKHOUS_SG03 } \end{aligned}$ |
| $\text { SMKHOUS_Q01 = } 1$ | SMKHOUS_Q02 <br> How many other people in this household smoke regularly? <br> Enter number. $\langle 1 . .99\rangle$ | $\rightarrow$ SMKHOUS_SG03 |
| $\begin{aligned} & \text { SMKHOUS_Q01 = } 5 \\ & \text { SMKHOUS_Q02 = } \\ & \text { ALL } \\ & \text { SMOKE_SG14 = } 1 \text { or } \\ & 3 \end{aligned}$ | SMKHOUS_SG03 <br> 1. IF SMOKE_Q02 = 1 or SMKHOUS_Q02 is answered <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { SMKHOUS_Q04 } \\ & 2 \rightarrow \text { SMKHOUS_SG05 } \end{aligned}$ |
| SMKHOUS_SG03 = 1 | SMKHOUS_Q04 <br> [Do you/Does [first name]/Does anyone in this household] usually smoke inside the house? |  |


|  | 1. Yes <br> 5. No | $1 \rightarrow$ SMKHOUS_SG05 <br> $5 \rightarrow$ SMKHOUS_SG05 |
| :--- | :--- | :--- |
| SMOKE_SG14 $=5$ <br> SMKHOUS_SG03 $=2$ <br> ALL | SMKHOUS_SG05 | 1. IF respondent is 15-17 years of age, living with <br> parent/guardian, and answered for self |
| 2. Otherwise |  |  |$\quad 1 \rightarrow$ SMKHOUS_Q06

## Module 14: $\quad$ Dietary Behaviours <br> Includes: Vegetable, Fruit and Dairy Consumption

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


|  | 2. 2 serves <br> 3. 3 serves <br> 4. 4 serves <br> 5. 5 serves <br> 6. 6 serves or more <br> 7. Less than one serve <br> 8. Does not eat vegetables | $\begin{aligned} & 2 \rightarrow \text { DIET_Q06 } \\ & 3 \rightarrow \text { DIET_Q06 } \\ & 4 \rightarrow \text { DIET_Q06 } \\ & 5 \rightarrow \text { DIET_Q06 } \\ & 6 \rightarrow \text { DIET_Q06 } \\ & 7 \rightarrow \text { DIET_Q06 } \\ & 8 \rightarrow \text { DIET_Q06 } \end{aligned}$ |
| :---: | :---: | :---: |
| DIET_Q05 = ALL | DIET_Q06 <br> Since this time last year, has the amount of vegetables [you/[first name]] usually consume[s] increased, decreased or stayed about the same? <br> 1. Increased <br> 2. Decreased <br> 3. Stayed about the same | $\begin{aligned} & 1 \rightarrow \text { DIET_Q08 } \\ & 2 \rightarrow \text { DIET_Q08 } \\ & 3 \rightarrow \text { DIET_Q08 } \end{aligned}$ |
| DIET_06 = ALL | DIET_Q08 <br> This question is about [your/[first name]'s] usual consumption of fruit, including fresh, dried, frozen and tinned fruit. <br> Show Prompt Card F4 <br> How many serves of fruit [do you/does [first name]] usually eat each day? <br> 1. 1 serve <br> 2. 2 serves <br> 3. 3 serves <br> 4. 4 serves <br> 5. 5 serves <br> 6. 6 serves or more <br> 7. Less than one serve <br> 8. Does not eat fruit | $1 \rightarrow$ DIET_Q09 <br> $2 \rightarrow$ DIET_Q09 <br> $3 \rightarrow$ DIET_Q09 <br> $4 \rightarrow$ DIET_Q09 <br> $5 \rightarrow$ DIET_Q09 <br> $6 \rightarrow$ DIET_Q09 <br> $7 \rightarrow$ DIET_Q09 <br> $8 \rightarrow$ DIET_Q09 |
| DIET_Q08 = AL | DIET_Q09 <br> Since this time last year, has the amount of fruit [you/[first name]] usually consume[s] increased, decreased or stayed about the same? <br> 1. Increased <br> 2. Decreased <br> 3. Stayed about the same | $\begin{aligned} & 1 \rightarrow \text { DIET_Q12 } \\ & 2 \rightarrow \text { DIET_Q12 } \\ & 3 \rightarrow \text { DIET_Q12 } \end{aligned}$ |
| DIET_Q09 = ALL | DIET_Q12 <br> 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 <br> 1. Yes very often <br> 2. Yes occasionally <br> 3. Yes rarely <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { DIET_Q13 } \\ & 2 \rightarrow \text { DIET_Q13 } \\ & 3 \rightarrow \text { DIET_Q13 } \\ & 5 \rightarrow \text { DIET_Q14 } \\ & 6 \rightarrow \text { DIET_Q14 } \end{aligned}$ |
| :---: | :---: | :---: |
| DIET_Q12 = 1-3 | DIET_Q13 <br> Is it iodised (i.e. contains iodine)? <br> 1. Yes usually <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { DIET_Q14 } \\ & 5 \rightarrow \text { DIET_Q14 } \\ & 6 \rightarrow \text { DIET_Q14 } \end{aligned}$ |
| $\begin{aligned} & \text { DIET_Q12 }=5 \text { or } 6 \\ & \text { DIET_Q13 }=\text { ALL } \end{aligned}$ | DIET_Q14 <br> [Do you/Does [first name]] [or anyone else] add salt to [your/his/her] meal at the table? <br> If Yes prompt whether very often, occasionally or rarely <br> 1. Yes very often <br> 2. Yes occasionally <br> 3. Yes rarely <br> 5. No <br> 6. Don't know | $1 \rightarrow$ DIET_Q15 <br> $2 \rightarrow$ DIET_Q15 <br> $3 \rightarrow$ DIET_Q15 <br> $5 \rightarrow$ Next module <br> $6 \rightarrow$ Next module |
| DIET_Q14 = 1-3 | DIET_Q15 <br> Is it iodised (i.e. contains iodine)? <br> 1. Yes usually <br> 5. No <br> 6. Don't know | $1 \rightarrow$ Next module <br> $5 \rightarrow$ Next module <br> $6 \rightarrow$ 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 15 years and over | ALCCON_Q02 <br> The next few questions are about alcoholic drinks. <br> Some people may drink more or less than others, depending on their lifestyle and individual choices. <br> How long ago did [you/[first name]] last have an alcoholic drink? <br> 1. 1 week or less <br> 2. More than 1 week to less than 2 weeks <br> 3. 2 weeks to less than 1 month <br> 4. 1 month to less than 3 months <br> 5. 3 months to less than 12 months <br> 6. 12 months <br> 7. More than 12 months <br> 8. Never <br> 9. Don't remember | $\begin{aligned} & 1 \rightarrow \text { ALCDAY_Q01 } \\ & 2 \rightarrow \text { ALCUSU_Q02 } \\ & 3 \rightarrow \text { ALCUSU_Q02 } \\ & 4 \rightarrow \text { ALCUSU_Q02 } \\ & 5 \rightarrow \text { ALCUSU_Q02 } \\ & 6 \rightarrow \text { ALC_SG04 } \\ & 7 \rightarrow \text { ALC_SG04 } \\ & 8 \rightarrow \text { ALC_SG04 } \\ & 9 \rightarrow \text { ALC_SG04 } \end{aligned}$ |
| ALCCON_Q02 = 1 | ALCDAY_Q01 <br> On which days in the last 7 days did [you/[first name]] have drinks that contained alcohol? <br> More than one response is allowed. Press space bar between responses. <br> 1. All <br> 2. Monday <br> 3. Tuesday <br> 4. Wednesday <br> 5. Thursday <br> 6. Friday <br> 7. Saturday <br> 8. Sunday | $\begin{aligned} & 1 \rightarrow \text { ALC_L01_START } \\ & 2 \rightarrow \text { ALC_L01_START } \\ & 3 \rightarrow \text { ALC_L01_START } \\ & 4 \rightarrow \text { ALC_L01_START } \\ & 5 \rightarrow \text { ALC_L01_START } \\ & 6 \rightarrow \text { ALC_L01_START } \\ & 7 \rightarrow \text { ALC_L01_START } \\ & 8 \rightarrow \text { ALC_L01_START } \end{aligned}$ |
| ALCDAY_Q01 = ALL | ALC_L01_START <br> < Start loop - AlcoholConsumptionDetails[1..3] > <br> Note: Loop is to collect data for the 3 Most Recent Days of Alcohol Consumption, as reported at ALCDAY_Q01. | $\rightarrow$ ALCMAT_Q01 |
| ALCDAY_L01_START | ALCMAT_Q01 |  |


| = 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)]? <br> Show Prompt Card G1 <br> More than one response is allowed. Press space bar between responses. <br> 10. Light beer <br> 11. Medium strength beer <br> 12. Full strength beer <br> 13. White wine <br> 14. Red wine <br> 15. Low alcohol wine <br> 16. Champagne/sparkling wine <br> 17. Pre-mixed/Ready to drink <br> 18. Liqueurs <br> 19. Spirits <br> 20. Fortified wine <br> 21. Cider <br> 22. Cocktail <br> 23. Other (Specify) | $10 \rightarrow$ ALC_L02_START $11 \rightarrow$ ALC_L02_START $12 \rightarrow$ ALC_L02_START $13 \rightarrow$ ALC_L02_START $14 \rightarrow$ ALC_L02_START $15 \rightarrow$ ALC_L02_START $16 \rightarrow$ ALC_L02_START $17 \rightarrow$ ALC_L02_START $18 \rightarrow$ ALC_L02_START $19 \rightarrow$ ALC_L02_START $20 \rightarrow$ ALC_L02_START $21 \rightarrow$ ALC_L02_START $22 \rightarrow$ ALC_L02_START $23 \rightarrow$ ALCMAT_Q01a |
| :---: | :---: | :---: |
| ALCMAT_Q01 $=23$ | ALCMAT_Q01a <br> Enter other type of drink. <br> < 60 char > | $\rightarrow$ ALC_L02_START |
| $\begin{aligned} & \text { ALCMAT_Q01 = } 10 \text { to } \\ & 22 \\ & \text { ALCMAT_Q01a = ALL } \end{aligned}$ | ALC_L02_START <Start loop - DrinkDetails[1..70] > <br> Note: Loop is to collect detailed consumption data for each type of beverage reported at ALCMAT_Q01. | $\rightarrow$ ALCMAT_Q02 |
| $\begin{aligned} & \text { ALC_L02_START = } \\ & \text { ALL } \end{aligned}$ | ALCMAT_Q02 <br> [Drink type] consumed on [day of consumption] <br> What type and brand of [type of drink] was that? <br> < 60 char > | 'Not found in coder' $\rightarrow$ ALCMAT_Q02A ELSE $\rightarrow$ ALC_SG2B |
| ALCMAT_Q02 = 'Not found in coder' | ALCMAT_Q02A <br> [Drink type] consumed on [day of consumption] <br> Enter other drink description |  |


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


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


|  | $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $\begin{aligned} & 1 \rightarrow \text { ALC_L02_END } \\ & 5 \rightarrow \text { ALC_L02_END } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { ALC_SG05 = } 1 \\ & \text { AnotherDrink = ALL } \end{aligned}$ | $\begin{aligned} & \text { ALC_L02_END } \\ & \text { < End loop - DrinkDetails[1..70] > } \end{aligned}$ | $\rightarrow$ ALC_L01_END |
| ALC_L02_END = ALL | $\begin{aligned} & \text { ALC_L01_END } \\ & \text { < End loop - AlcoholConsumptionDetails[1..3] > } \end{aligned}$ | $\rightarrow$ ALCUSU_Q01 |
| ALC_L02_END = All | ALCUSU_Q01 <br> Is the amount [you/[first name]] drank last week more, about the same, or less, compared to most weeks? <br> 1. More <br> 2. About the same <br> 3. Less | $\begin{aligned} & 1 \rightarrow \text { ALCUSU_Q02 } \\ & 2 \rightarrow \text { ALCUSU_Q02 } \\ & 3 \rightarrow \text { ALCUSU_Q02 } \end{aligned}$ |
| $\begin{aligned} & \text { ALCUSU_Q01 = ALL } \\ & \text { ALCCON_Q2 }=2-5 \end{aligned}$ | ALCUSU_Q02 <br> How often did [you/[first name]] have an alcoholic drink of any kind in the last 12 months? <br> 1. Every day <br> 2. 5 to 6 days a week <br> 3. 3 to 4 days a week <br> 4. 1 to 2 days a week <br> 5. 2 to 3 days a month <br> 6. About 1 day a month <br> 7. Less often than 1 day a month <br> 8. Don't know | $\begin{aligned} & 1 \rightarrow \text { ALCGQF_Q01 } \\ & 2 \rightarrow \text { ALCGQF_Q01 } \\ & 3 \rightarrow \text { ALCGQF_Q01 } \\ & 4 \rightarrow \text { ALCGQF_Q01 } \\ & 5 \rightarrow \text { ALCGQF_Q01 } \\ & 6 \rightarrow \text { ALCGQF_Q01 } \\ & 7 \rightarrow \text { ALCGQF_Q01 } \\ & 8 \rightarrow \text { ALCGQF_Q01 } \end{aligned}$ |
| ALCUSU_Q02 = ALL | ALCGQF_Q01 <br> Show Prompt Card G9 <br> The next questions are about the number of standard drinks that [you have/[first name] has] had in the last 12 months. <br> This card shows the standard drink guide. <br> In the last 12 months how often [have you/has [first name]] had 11 or more standard drinks in a day? <br> 1. Times per week <br> 2. Number of times in the last 12 months <br> 3. Nil | $\begin{aligned} & 1 \rightarrow \text { ALCGQF_Q02 } \\ & 2 \rightarrow \text { ALCGQF_Q03 } \\ & 3 \rightarrow \text { ALCGQF_Q04 } \end{aligned}$ |

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|  |  |  |
| :---: | :---: | :---: |
| ALCGQF_Q01 = 1 | ALCGQF_Q02 <br> Enter number of times per week. <br> Ctrl $K$ may be used here if necessary. $\langle 1 . .7\rangle$ <br> Ctrl K | $\begin{aligned} & 1 . .7 \rightarrow \text { ALCGQF_Q04 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q04 } \end{aligned}$ |
| ALCGQF_Q01 $=2$ | ALCGQF_Q03 <br> Enter number of times in the last 12 months. <br> Ctrl K may be used here if necessary. $\langle 1 . .366\rangle$ <br> Ctrl K | $\begin{aligned} & 1 . .366 \rightarrow \\ & \text { ALCGQF_Q04 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q04 } \end{aligned}$ |
| $\begin{aligned} & \text { ALCGQF_Q01 }=3 \\ & \text { ALCGQF_Q02 }=\text { ALL } \\ & \text { ALCGQF_Q03 }=\text { ALL } \end{aligned}$ | ALCGQF_Q04 <br> Show Prompt Card G9 <br> In the last 12 months how often [have you/has [first name]] had 7 or more standard drinks in a day? <br> 1. Times per week <br> 2. Number of times in the last 12 months <br> 3. Nil | $\begin{aligned} & 1 \rightarrow \text { ALCGQF_Q05 } \\ & 2 \rightarrow \text { ALCGQF_Q06 } \\ & 3 \rightarrow \text { ALCGQF_Q07 } \end{aligned}$ |
| $\text { ALCGQF_Q04 = } 1$ | ALCGQF_Q05 <br> Enter number of times per week. <br> Ctrl $K$ may be used here if necessary. $\langle 1 . .7\rangle$ <br> Ctrl K | $\begin{aligned} & 1 . .7 \rightarrow \text { ALCGQF_Q07 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q07 } \end{aligned}$ |
| ALCGQF_Q04 = 2 | ALCGQF_Q06 <br> Enter number of times in the last 12 months. <br> Ctrl K may be used here if necessary. $\langle 1 . .366\rangle$ <br> Ctrl K | $\begin{aligned} & \text { 1..366 } \rightarrow \\ & \text { ALCGQF_Q07 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q07 } \end{aligned}$ |
| ALCGQF_Q04 = 3 <br> ALCGQF_Q05 = ALL | ALCGQF_Q07 <br> Show Prompt Card G9 |  |


| ALCGQF_Q06 = ALL | In the last 12 months how often [have you/has [first name]] had 5 or more standard drinks in a day? <br> 1. Times per week <br> 2. Number of times in the last 12 months <br> 3. Nil | $\begin{aligned} & 1 \rightarrow \text { ALCGQF_Q08 } \\ & 2 \rightarrow \text { ALCGQF_Q09 } \\ & 3 \rightarrow \text { ALCGQF_Q10 } \end{aligned}$ |
| :---: | :---: | :---: |
| ALCGQF_Q07 = 1 | ALCGQF_Q08 <br> Enter number of times per week. <br> Ctrl K may be used here if necessary. $\langle 1 . .7\rangle$ <br> CtrlK | $\begin{aligned} & 1 . .7 \rightarrow \text { ALCGQF_Q10 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q10 } \end{aligned}$ |
| ALCGQF_Q07 = 2 | ALCGQF_09 <br> Enter number of times in the last 12 months. <br> Ctrl K may be used here if necessary. $\langle 1 . .366>$ <br> Ctrl K | $\begin{aligned} & 1 . .366 \rightarrow \\ & \text { ALCGQF_Q10 } \\ & \text { CtrlK } \rightarrow \text { ALCGQF_Q10 } \end{aligned}$ |
| $\begin{aligned} & \text { ALCGQF_Q07 = } 3 \\ & \text { ALCGQF_08 = ALL } \\ & \text { ALCGQF_09 = ALL } \end{aligned}$ | ALCGQF_Q10 <br> Show Prompt Card G9 <br> In the last 12 months how often [have you/has [first name]] had 3 or more standard drinks in a day? <br> 1. Times per week <br> 2. Number of times in the last 12 months <br> 3. Nil | $\begin{aligned} & 1 \rightarrow \text { ALCGQF_Q11 } \\ & 2 \rightarrow \text { ALCGQF_Q12 } \\ & 3 \rightarrow \text { ALC_Q03 } \end{aligned}$ |
| ALCGQF_Q10 = | ALCGQF_Q11 <br> Enter number of times per week. <br> Ctrl K may be used here if necessary. $\langle 1 . .7\rangle$ <br> Ctrl K | $\begin{aligned} & 1 . .7 \rightarrow \text { ALC_Q03 } \\ & \text { CtrlK } \rightarrow \text { ALC_Q03 } \end{aligned}$ |
| ALCGQF_Q10 = 2 | ALCGQF_12 <br> Enter number of times in the last 12 months. <br> Ctrl K may be used here if necessary. $\langle 1 . .366>$ | $1 . .366 \rightarrow$ ALC_Q03 |

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

Module 16: $\quad$ Conditions - Asthma
Includes: General Intro to Conditions, Asthma Prevalence, and Treatment

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons | CONDINTRO <br> 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. <br> 1. Press [1] to continue | $1 \rightarrow \text { ASTH_Q01 }$ |
| CONDINTRO = ALL | ASTH_Q01 <br> I would like to ask about asthma. <br> [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] asthma? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ ASTH_Q02 <br> $5 \rightarrow$ Next Condition <br> Module <br> $6 \rightarrow$ Next Condition <br> Module |
| ASTH_Q01 = 1 | ASTH_Q02 <br> Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness. <br> [Have you/Has [first name]] had any symptoms of asthma or taken treatment for asthma in the last 12 months? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { ASTH_Q03 } \\ & 5 \rightarrow \text { ASTH_Q03 } \end{aligned}$ |
| ASTH_Q02 = ALL | ASTH_Q03 <br> [Do you/Does [first name]] still get asthma? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { ASTH_SG04 } \\ & 5 \rightarrow \text { ASTH_SG04 } \end{aligned}$ |
| ASTH_Q03 = ALL | ASTH_SG04 <br> 1. IF asthma or symptoms of asthma are current (ASTH_Q02 = 1 or ASTH_Q03 = 1) <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { ASTH_Q20 } \\ & 2 \rightarrow \text { Next Condition } \end{aligned}$ |

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|  |  | Module |
| :---: | :---: | :---: |
| ASTH_SG04 = 1 | ASTH_Q20 <br> At any time in the last 12 months, was [your/[first name]'s] asthma worse or out of control? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { ASTH_Q21 } \\ & 5 \rightarrow \text { ASTH_Q22 } \end{aligned}$ |
| ASTH_Q20 = 1 | ASTH_Q21 <br> 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? <br> Enter number of times. $\text { < } 0 . .366 \text { > }$ | $\rightarrow \text { ASTH_Q22 }$ |
| $\begin{aligned} & \text { ASTH_Q20 }=5 \\ & \text { ASTH_Q21 }=\text { ALL } \end{aligned}$ | ASTH_Q22 <br> [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? <br> 1. Yes <br> 5. No <br> 6. Never heard of one <br> 7. Don't know | $\begin{aligned} & 1 \rightarrow \text { ASTH_Q29 } \\ & 5 \rightarrow \text { ASTH_Q29 } \\ & 6 \rightarrow \text { ASTH_Q29 } \\ & 7 \rightarrow \text { ASTH_Q29 } \end{aligned}$ |
| ASTH_Q22 = ALL | ASTH_Q29 <br> In the last 4 weeks, [have you/has [first name]] been woken by asthma or wheezing? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { ASTH_Q30 } \\ & 5 \rightarrow \text { ASTH_Q30 } \\ & 6 \rightarrow \text { ASTH_Q30 } \end{aligned}$ |
| ASTH_Q29 = ALL | ASTH_Q30 <br> During the last 4 weeks, how often did [your/his/her] asthma interfere with [your/his/her] daily activities? <br> Enter number of times. $\text { < } 0 . .366 \text { > }$ | $\rightarrow$ 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 relevant condition group is endorsed | ACTIO_L01_START < Start loop - Actio[1..8] > <br> Note: Loop is to collect Actions data for each Condition Group. | $\rightarrow$ ACTIO_Q01 |
| $\begin{aligned} & \text { ACTIO_L01_START = } \\ & \text { ALL } \end{aligned}$ | ACTIO_Q01 <br> Show Prompt Card [H1/I3/J3/K2/L2/M2/M4/O4/P4] <br> [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 last 2 weeks? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q02 } \\ & 5 \rightarrow \text { ACTIO_Q04 } \\ & 6 \rightarrow \text { ACTIO_Q04 } \end{aligned}$ |
| ACTIO_Q01 = 1 | ACTIO_Q02 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 1. Consulted a GP <br> 2. Consulted a Specialist <br> 3. Consulted a Dentist <br> 4. Consulted other health professional <br> 5. Admitted to hospital as an inpatient <br> 6. Visited an outpatient clinic <br> 7. Visited emergency/casualty <br> 8. Visited day clinic | $\begin{aligned} & 1 \rightarrow \text { ACTIO_SG03 } \\ & 2 \rightarrow \text { ACTIO_SG03 } \\ & 3 \rightarrow \text { ACTIO_SG03 } \\ & 4 \rightarrow \text { ACTIO_SG03 } \\ & 5 \rightarrow \text { ACTIO_SG03 } \\ & 6 \rightarrow \text { ACTIO_SG03 } \\ & 7 \rightarrow \text { ACTIO_SG03 } \\ & 8 \rightarrow \text { ACTIO_SG03 } \end{aligned}$ |
| ACTIO_Q02 = ALL | ACTIO_SG03 <br> 1. IF ACTIO_Q02 <> 1 <br> 2. ELSEIF ACTIO_Q02 $=1$ <br> 3. Otherwise | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q04 } \\ & 2 \rightarrow \text { ACTIO_Q04a } \\ & 3 \rightarrow \text { ACTIO_SG05 } \end{aligned}$ |
| $\begin{aligned} & \text { ACTIO_Q01 = } 5 \text { or } 6 \\ & \text { ACTIO_SG03 }=1 \end{aligned}$ | ACTIO_Q04 <br> [Have/Has] [you/[first name]] consulted a GP about [your/his/her/[child's name]'s] [condition] in the last |  |

\(\left.$$
\begin{array}{|l|l|l|}\hline & \begin{array}{l}\text { 12 months? } \\
\text { 1. Yes } \\
\text { 5. No } \\
\text { 6. Don't know }\end{array} & \begin{array}{l}1 \rightarrow \text { ACTIO_Q04B } \\
5\end{array}
$$ <br>
\hline ACTIO_SG03 = 2 ACTIO_SG05 <br>

6 \rightarrow ACTIO_SG05\end{array}\right]\)\begin{tabular}{l}
ACTIO_Q04A <br>

| How many times did [you/[first name]] consult a GP |
| :--- | :--- |
| about [your/his/her/[child's name]'s] [condition] in |
| the last 2 weeks? |
| Enter number of times |
| < 1 .. 25 > |

\end{tabular}

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


|  | 29. Psychologist <br> 30. Radiographer <br> 31. Social worker/Welfare officer <br> 32. Sonographer <br> 33. Speech therapist/Pathologist <br> 34. Other | $\begin{aligned} & 29 \rightarrow \text { ACTIO_SG11 } \\ & 30 \rightarrow \text { ACTIO_SG11 } \\ & 31 \rightarrow \text { ACTIO_SG11 } \\ & 32 \rightarrow \text { ACTIO_SG11 } \\ & 33 \rightarrow \text { ACTIO_SG11 } \\ & 34 \rightarrow \text { ACTIO_SG11 } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { ACTIO_Q09 = } 5 \text { or } 6 \\ & \text { ACTIO_Q10 }=\text { ALL } \end{aligned}$ | ACTIO_SG11 <br> 1. IF CURSTUD_Q01 = 1 or $\mathrm{xSecSch}=1$ <br> 2. ELSEIF AGE $=15-24$ and $\mathrm{xTerSch}=1$ <br> 3. ELSEIF HASJOB_Q01 $=1$ or HASJOB_Q02 $=$ 1 or HASJOB_Q03 = 1 <br> 4. ELSEIF AGE $=5$ to 14 years <br> 5. Otherwise | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q12 } \\ & 2 \rightarrow \text { ACTIO_Q12 } \\ & 3 \rightarrow \text { ACTIO_Q15 } \\ & 4 \rightarrow \text { ACTIO_Q12 } \\ & 5 \rightarrow \text { ACTIO_L01_END } \end{aligned}$ |
| ACTIO_SG11 = 1, 2 or 4 | ACTIO_Q12 <br> I now want you to think about any time [you/[first name]] [have/has] had off [study/school] because of [your/his/her] [condition]. <br> In the last 12 months, [have/has] [you/[first name]] stayed away from [study/school] for more than half a day because of [your/his/her] [condition]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q13 } \\ & 5 \rightarrow \text { ACTIO_SG14 } \end{aligned}$ |
| ACTIO_Q12 = 1 | ACTIO_Q13 <br> How many days in the last 12 months [have/has] [you/[first name]] stayed away from [study/school] because of [your/his/her] [condition]? <br> Enter number of days. $\langle 1 . .366>$ | $\rightarrow$ ACTIO_SG14 |
| $\text { ACTIO_Q12 = } 5$ <br> ACTIO_Q13 = ALL | ACTIO_SG14 <br> 1. If HASJOB_Q01 = 1 or HASJOB_Q02 $=1$ or HASJOB_Q03 = 1 <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q15 } \\ & 2 \rightarrow \text { ACTIO_L01_END } \end{aligned}$ |
| $\begin{aligned} & \text { ACTIO_SG11 }=3 \\ & \text { ACTIO_SG14 }=1 \end{aligned}$ | ACTIO_Q15 <br> 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 last 12 months, [have/has] [you/[first name]] stayed away from work for more than half a day because of [your/his/her] [condition]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q16 } \\ & 5 \rightarrow \text { ACTIO_L01_END } \end{aligned}$ |
| :---: | :---: | :---: |
| ACTIO_Q15 = 1 | ACTIO_Q16 <br> How many days in the last 12 months [have/has] [you/[first name]] stayed away from work because of [your/his/her] [condition]? <br> Enter number of days. $\langle 1 . .366\rangle$ | $\rightarrow \text { ACTIO_L01_END }$ |
| $\begin{aligned} & \text { ACTIO_SG11 = } 5 \\ & \text { ACTIO_SG14 }=2 \\ & \text { ACTIO_Q15 }=5 \\ & \text { ACTIO_Q16 = ALL } \end{aligned}$ | ACTIO_L01_END < End loop - Actio[1..16] > | $\rightarrow$ Next Module |

## Module 18: Conditions - Cancer <br> 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, regularly |  |  |
| check [your/his/her] skin for any changes in freckles |  |  |
| and moles? |  |  |,


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


| $\begin{aligned} & \text { CNCR_Q05 = } 5 \\ & \text { CNCR_SG06 = } 3 \\ & \text { CNCR_Q07M = ALL } \\ & \text { CNCR_Q07F = ALL } \end{aligned}$ | [Have you/Has [first name]] ever been told by a doctor or nurse that [you have/he has/she has] any type of cancer? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { CNCR_Q09 } \\ & 5 \rightarrow \text { CNCR_SG21 } \\ & 6 \rightarrow \text { CNCR_SG21 } \end{aligned}$ |
| :---: | :---: | :---: |
| CNCR_Q08 = 1 | CNCR_Q09 <br> What type of cancer [were you/was [first name]] told [you/he/she] had? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma) <br> 11. Colon/rectum/bowel cancer (colorectal) <br> 12. Breast cancer <br> 13. Prostate cancer <br> 14. Lung cancer (include trachea, pleura and bronchus) <br> 15. Cervical cancer <br> 16. Cancer of other female reproductive organs (include uterus, ovary) <br> 17. Bladder/kidney cancer <br> 18. Stomach cancer <br> 19. Leukaemia <br> 20. Non-Hodgkin lymphoma <br> 21. Other type of lymphoma <br> 22. Cancer of unknown primary site <br> 23. Other cancer (specify) ] | $10 \rightarrow$ CNCR_SG11 <br> $11 \rightarrow$ CNCR_SG11 <br> $12 \rightarrow$ CNCR_SG11 <br> $13 \rightarrow$ CNCR_SG11 <br> $14 \rightarrow$ CNCR_SG11 <br> $15 \rightarrow$ CNCR_SG11 <br> $16 \rightarrow$ CNCR_SG11 <br> $17 \rightarrow$ CNCR_SG11 <br> $18 \rightarrow$ CNCR_SG11 <br> $19 \rightarrow$ CNCR_SG11 <br> $20 \rightarrow$ CNCR_SG11 <br> $21 \rightarrow$ CNCR_SG11 <br> $22 \rightarrow$ CNCR_SG11 <br> $23 \rightarrow$ CNCR_Q10 |
| CNCR_Q09 = 23 | CNCR_Q10 <br> Please specify other type of cancer. <br> < 50 char > | 'Not Listed' (999) $\rightarrow$ <br> CNCR_Q10A <br> ELSE $\rightarrow$ CNCR_SG11 |
| $\begin{aligned} & \text { CNCR_Q10 = 'Not } \\ & \text { Listed' } \end{aligned}$ | CNCR_Q10A <br> Enter other type of cancer. <br> < 60 char > | $\rightarrow$ CNCR_SG11 |
| $\begin{aligned} & \text { CNCR_Q09 = } 10 \text { to } 22 \\ & \text { CNCR_Q10 }>\text { 'Not } \\ & \text { Listed' }^{\prime} \end{aligned}$ | CNCR_SG11 <br> 1. IF CNCR_Q09 = 10 ('Skin cancer') <br> 2. IF TypeOf Cancer (CNCR_Q09) $=1$ response only AND TypeOfCancer = 23 AND | $1 \rightarrow$ CNCR_Q12 <br> $2 \rightarrow$ Next condition module |


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


|  | 11. Colon/rectum/bowel cancer (colorectal) <br> 12. Breast cancer <br> 13. Prostate cancer <br> 14. Lung cancer (include trachea, pleura and bronchus) <br> 15. Cervical cancer <br> 16. Cancer of other female reproductive organs (include uterus, ovary) <br> 17. Bladder/kidney cancer <br> 18. Stomach cancer <br> 19. Leukaemia <br> 20. Non-Hodgkin lymphoma <br> 21. Other type of lymphoma <br> 22. Cancer of unknown primary site <br> 23. [Other type identified in CNCR_Q10/CNCR_Q10a] ] | $11 \rightarrow$ CNCR_SG17 <br> $12 \rightarrow$ CNCR_SG17 <br> $13 \rightarrow$ CNCR_SG17 <br> $14 \rightarrow$ CNCR_SG17 <br> $15 \rightarrow$ CNCR_SG17 <br> $16 \rightarrow$ CNCR_SG17 <br> $17 \rightarrow$ CNCR_SG17 <br> $18 \rightarrow$ CNCR_SG17 <br> $19 \rightarrow$ CNCR_SG17 <br> $20 \rightarrow$ CNCR_SG17 <br> $21 \rightarrow$ CNCR_SG17 <br> $22 \rightarrow$ CNCR_SG17 <br> $23 \rightarrow$ CNCR_SG17 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { CNCR_Q14 = } 5 \\ & \text { CNCR_SG15 = } 2 \\ & \text { CNCR_Q16 = ALL } \end{aligned}$ | CNCR_SG17 <br> 1. IF CNCR_Q16 $=10$ and $\mathrm{CNCR} \_\mathrm{Q} 12=$ multiple response <br> 2. ELSEIF CNCR_Q16 = 12 or CNCR_Q09 $=12$ <br> 3. Otherwise | $\begin{aligned} & 1 \rightarrow \text { CNCR_Q18 } \\ & 2 \rightarrow \text { CNCR_Q20 } \\ & 3 \rightarrow \text { CNCR_SG21 } \end{aligned}$ |
| CNCR_SG17 = 1 | CNCR_Q18 <br> What type of skin cancer is this? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 1. Melanoma <br> 2. Basal cell carcinoma (BCC) <br> 3. Squamous cell carcinoma (SCC) <br> 4. Other form of skin cance <br> 5. Don't know ] | $1 \rightarrow$ CNCR_SG19 <br> $2 \rightarrow$ CNCR_SG19 <br> $3 \rightarrow$ CNCR_SG19 <br> $4 \rightarrow$ CNCR_SG19 <br> $5 \rightarrow$ CNCR_SG19 |
| CNCR_Q18 = ALL | CNCR_SG19 <br> 1. IF CNCR_Q16 = 12 or $\mathrm{CNCR} \_\mathrm{Q} 09=12$ <br> 2. ELSEIF CNCR_Q14=1 <br> 3. Otherwise | $\begin{aligned} & 1 \rightarrow \text { CNCR_Q20 } \\ & 2 \rightarrow \text { ACTIO[2] } \\ & 3 \rightarrow \text { Next Condition } \\ & \text { Module } \end{aligned}$ |
| $\begin{aligned} & \text { CNCR_SG17 }=2 \\ & \text { CNCR_SG19 }=1 \end{aligned}$ | CNCR_Q20 <br> At what age [were you/was [first name]] first diagnosed with breast cancer? <br> Enter age in years. |  |

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|  | $\langle 1 . .97\rangle$ | $\rightarrow$ CNCR_SG21 |
| :--- | :--- | :--- |
| CNCR_Q08 = 5 or 6 | CNCR_SG21 |  |
| CNCR_SG17 = 3 | 1. IF CNCR_Q14 $=1$ <br> 2. Otherwise | $1 \rightarrow$ ACTIO[2] <br> CNCR_Q20 $=$ ALL |
| CARSTAT_Q01 |  |  |

## Module 19: Conditions - Cardiovascular Includes: Prevalence, and Cholesterol and BP Checks

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


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



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


|  | cholesterol checked in the last 5 years? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ CARSTAT_Q26 <br> $5 \rightarrow$ CARSTAT_Q27 <br> $6 \rightarrow$ CARSTAT_Q27 |
| :---: | :---: | :---: |
| CARSTAT_Q24 = 1 | CARSTAT_Q26 <br> Was [your/[first name]'s] cholesterol checked in the last 12 months? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { CARSTAT_Q27 } \\ & 5 \rightarrow \text { CARSTAT_Q27 } \\ & 6 \rightarrow \text { CARSTAT_Q27 } \end{aligned}$ |
| CARSTAT_SG12 $=3$ <br> CARSTAT_Q24 $=5$ or 6 <br> CARSTAT_Q26 = ALL | CARSTAT_Q27 <br> [Have you/Has [first name]] had [your/his/her] blood pressure checked in the last 2 years? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ CARSTAT_SG28 <br> $5 \rightarrow$ CARSTAT_SG35 <br> $6 \rightarrow$ CARSTAT_SG35 |
| CARSTAT_Q27 = 1 | CARSTAT_SG28 <br> 1. IF CARSTAT_Q05 $=1$ <br> 2. Otherwise | $1 \rightarrow$ CARSTAT_Q29 $2 \rightarrow$ Next Condition Module |
| CARSTAT_SG28 $=1$ | CARSTAT_Q29 <br> [Have you/Has [first name]] had [your/his/her] blood pressure checked in the last 12 months? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { CARSTAT_Q30 } \\ & 5 \rightarrow \text { CARSTAT_SG35 } \\ & 6 \rightarrow \text { CARSTAT_SG35 } \end{aligned}$ |
| CARSTAT_Q29 = 1 | CARSTAT_Q30 <br> Is [your/[first name]'s] blood pressure usually checked by: <br> Only one response is allowed. <br> 1. A GP <br> 2. A specialist <br> 3. Other health professional e.g. a nurse <br> 4. None of the above | $\begin{aligned} & 1 \rightarrow \text { CARSTAT_Q31 } \\ & 2 \rightarrow \text { CARSTAT_Q31 } \\ & 3 \rightarrow \text { CARSTAT_Q31 } \\ & 4 \rightarrow \text { CARSTAT_Q31 } \end{aligned}$ |
| CARSTAT_Q30 = | CARSTAT_Q31 |  |


| ALL | Did [you/[first name]] test [your/his/her] own blood pressure in the last 12 months? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { CARSTAT_SG35 } \\ & 5 \rightarrow \text { CARSTAT_SG35 } \\ & 6 \rightarrow \text { CARSTAT_SG35 } \end{aligned}$ |
| :---: | :---: | :---: |
| CARSTAT_Q27 = 5 or 6 <br> CARSTAT_Q29 = 5 <br> or 6 <br> CARSTAT_Q31 = ALL | CARSTAT_SG35 <br> 1. IF CARSTAT_Q05 $=1$ <br> 2. Otherwise | $1 \rightarrow$ CARSTAT_Q36 <br> $2 \rightarrow$ Next Condition Module |
| CARSTAT_SG12 $=4$ <br> CARSTAT_SG35 $=1$ | CARSTAT_Q36 <br> Show Prompt Card J2 <br> [Do you/Does [first name]] take any medications for [your/his/her] heart or circulatory conditions on a daily basis? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { ACTIO_Q01[3] } \\ & 5 \rightarrow \text { ACTIO_Q01[3] } \\ & 6 \rightarrow \text { ACTIO_Q01[3] } \end{aligned}$ |

## Module 20: $\quad$ Conditions - Arthritis <br> Includes: Prevalence and Actions

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


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


|  | Which ones? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 1. Gout <br> 2. Rheumatism <br> 3. Osteoarthritis <br> 4. Rheumatoid arthritis <br> 5. <insert response from ARTHF_Q08/ARTHQ08a excluding 'Not a condition'> <br> 6. Arthritis - type unknown ] | $1 \rightarrow$ ARTH_SG05 $2 \rightarrow$ ARTH_SG05 $3 \rightarrow$ ARTH_SG05 $4 \rightarrow$ ARTH_SG05 $5 \rightarrow$ ARTH_SG05 $6 \rightarrow$ ARTH_SG05 |
| :---: | :---: | :---: |
| ARTH_Q02 $=5$ or 6 <br> ARTH_Q04 = ALL | ARTH_SG05 <br> 1. IF ARTH_Q04 $=1$ or 2 <br> 2. Otherwise | $1 \rightarrow$ <br> ARTH_L01_START $2 \rightarrow \text { ARTH_SG09 }$ |
| ARTH_SG05 = 1 | ARTH_L01_START <br> < Start loop - SixMonthsOrMore > <br> Note: Loop is to collect data on Long Term Status for Gout and Rheumatism. | $\rightarrow$ ARTH_Q06 |
| $\begin{aligned} & \text { ARTH_L01_START = } \\ & \text { ALL } \end{aligned}$ | ARTH_Q06 <br> Has [your/[first name]'s] [Gout/Rheumatism] lasted, or is it expected to last, for six months or more? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ ARTH_L01_END <br> $5 \rightarrow$ ARTH_L01_END <br> $6 \rightarrow$ ARTH_L01_END |
| ARTH_Q06 = ALL |  | $\rightarrow$ ARTH_SG09 |
| ARTH_SG05 = 2 ARTH_L01_END = ALL | ARTH_SG09 <br> 1. $\operatorname{IF}($ 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) <br> 2. ELSEIF ARTH_Q02 $=5$ or 6 AND AGE $>14$ <br> 3. ELSEIF ARTH_Q02 $=5$ or 6 <br> 4. Otherwise | $1 \rightarrow$ Next Condition Module <br> $2 \rightarrow$ Next Condition <br> Module <br> $3 \rightarrow$ Next Condition <br> Module <br> $4 \rightarrow$ ARTH_L02_START |
| ARTH_SG09 $=4$ | ARTH_L02_START <br> < Start loop - DoctorNurse > | $\rightarrow$ ARTH_Q10 |


|  | Max Loops: 4 <br> Loop Type: Each Response <br> Using Responses from: ARTH_Q04 = 3, 4, 5 or 6 |  |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { ARTH_L02_START = } \\ & \text { ALL } \end{aligned}$ | ARTH_Q10 <br> [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)]? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ ARTH_L02_END <br> $5 \rightarrow$ ARTH_L02_END <br> $6 \rightarrow$ ARTH_L02_END |
| ARTH_Q10 = ALL | ARTH_L02_END <br> < End loop - Whether told > | $\rightarrow$ ARTH_SG17 |
| $\begin{aligned} & \text { ARTH_L02_END = } \\ & \text { ALL } \end{aligned}$ | ARTH_SG17 <br> 1. $\operatorname{IF}$ ARTH_Q10[1..4] $=1$ <br> 2. ELSEIF AGE > 14 <br> 3. Otherwise | $1 \rightarrow$ ARTH_Q18 <br> $2 \rightarrow$ Next Condition <br> Module <br> $3 \rightarrow$ Next Condition Module |
| ARTH_SG17 = 1 | ARTH_Q18 <br> 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]? <br> Enter age in years. <br> Ctrl K may be used here if necessary. $\langle 0 . .99\rangle$ | $\rightarrow$ ARTH_Q19 |
| ARTH_Q18 = ALL | ARTH_Q19 <br> Show Prompt Card K1 <br> [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 last 2 weeks? |  |

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

## Module 21: Conditions - Osteoporosis Includes: Prevalence and Bone Density Tests

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


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

Module 22: $\quad$ Conditions - Diabetes \& High Sugar Levels
Includes: Prevalence, Screening, Actions, and Medications

| From Population | Question | To Question |
| :--- | :--- | :--- |
| All selected persons | DIABST_Q01 <br> These next few questions are about Diabetes and <br> High Sugar Levels. <br> [Have you/Has [first name]] ever been told by a <br> doctor or nurse that [you have/he has/she has] <br> Diabetes? |  |
|  | 1. Yes <br> 5. No |  |
|  | DIABST_Q01A | Have either of [your/[first name]'s] parents, or any of <br> [your/[first name]'s] brothers or sisters ever been told <br> by a doctor or nurse that they have Diabetes? |
|  | 1. Yes <br> 5. No <br> 6. Don't know | DIABST_Q01A |
| DIABST_Q01 $=$ ALL |  |  |


| $\begin{aligned} & \text { DIABST_SG03 = } 1 \text { or } \\ & 2 \end{aligned}$ | DIABST_Q04 <br> [Have you/Has [first name]] [been screened for diabetes in the last 3 years/ever been screened for diabetes]? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ Next Condition Module <br> $5 \rightarrow$ Next Condition Module $6 \rightarrow$ Next Condition Module |
| :---: | :---: | :---: |
| DIABST_SG01B $=1$ | DIABST_Q06 <br> At what age [were you/was [first name]] first told that [you/he/she] had Diabetes? <br> Enter age in years. <br> Ctrl K may be used here if necessary. $\text { < } 0 . .99\rangle$ <br> Ctrl K | $\begin{aligned} & 0 . .99 \rightarrow \text { DIABST_Q07 } \\ & \text { CtrlK } \rightarrow \text { DIABST_Q } 07 \end{aligned}$ |
| DIABST_Q06 = ALL | DIABST_Q07 <br> What type of Diabetes [were you/was [first name]] told [you have/he has/she has]? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 1. Type 1 ( Insulin Dependent Diabetes Mellitus/Juvenile Onset Diabetes/Type A) <br> 2. Type 2 (Non-Insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/Type B) <br> 3. Gestational (pregnancy) <br> 4. Diabetes insipidus <br> 5. Other (specify) <br> 6. Don't know ] | $\begin{aligned} & 1 \rightarrow \text { DIABST_SG09b } \\ & 2 \rightarrow \text { DIABST_SG09b } \\ & 3 \rightarrow \text { DIABST_SG09b } \\ & 4 \rightarrow \text { DIABST_SG09b } \\ & 5 \rightarrow \text { DIABST_Q09 } \\ & 6 \rightarrow \text { DIABST_SG09b } \end{aligned}$ |
| DIABST_Q07 = 5 | DIABST_Q09 <br> Enter only one type of 'other' diabetes. <br> If more than one type of 'other' diabetes is reported, probe for main type. <br> < 60 char > | $\begin{aligned} & \text { 'Not Listed (999) } \rightarrow \\ & \text { DIABST_Q09a } \\ & \text { ELSE } \rightarrow \text { DIABST_SG09b } \end{aligned}$ |
| DIABST_Q09 = ' Not Listed' | DIABST_Q09a <br> Enter other type of diabetes. |  |


|  | < 60 char > | $\rightarrow$ DIABST_SG09b |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { DIABST_Q07 = } \\ & \text { 1,2,3,4,6 } \\ & \text { DIABST_Q09 }>\text { 'Not } \\ & \text { Listed' } \\ & \text { DIABST_Q09a = ALL } \end{aligned}$ | DIABST_SG09b <br> 1. IF DIABST_Q07 = 1 response only AND DIABST_Q07 = 5 AND DIABST_Q09 = "Not a condition" <br> 2. Otherwise | $1 \rightarrow$ Next condition module $2 \rightarrow \text { DIABST_Q10 }$ |
| DIABST_SG09b $=2$ | DIABST_Q10 <br> [Do you/Does [first name]] currently have Diabetes? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ DIABST_SG11 <br> $5 \rightarrow$ DIABACT_Q01 <br> $6 \rightarrow$ DIABACT_Q01 |
| DIABST_Q10 = 1 | DIABST_SG11 <br> 1. IF DIABST_Q07 $=$ a single response <br> 2. IF DIABST_Q07 = multiple response | $\begin{aligned} & 1 \rightarrow \text { DIABST_SG13 } \\ & 2 \rightarrow \text { DIABST_Q12 } \end{aligned}$ |
| $\text { SG_DIABST_Q11 = } 2$ | DIABST_Q12 <br> Which types [do you/does [first name]] currently have? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 1. Type 1 (Insulin Dependent Diabetes Mellitus/Juvenile Onset Diabetes/Type A) <br> 2. Type 2 (Non-insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/Type B \} <br> 3. Gestational (pregnancy) <br> 4. Diabetes insipidus <br> 5. [Insert response from DIABST_Q09 or DIABST_Q09a excluding 'Not a condition'] <br> 6. Type unknown ] | $\begin{aligned} & 1 \rightarrow \text { DIABST_SG13 } \\ & 2 \rightarrow \text { DIABST_SG13 } \\ & 3 \rightarrow \text { DIABST_SG13 } \\ & 4 \rightarrow \text { DIABST_SG13 } \\ & 5 \rightarrow \text { DIABST_SG13 } \\ & 6 \rightarrow \text { DIABST_SG13 } \end{aligned}$ |
| $\begin{aligned} & \text { DIABST_SG11 = } \\ & \text { DIABST_Q12 = ALL } \end{aligned}$ | DIABST_SG13 <br> 1. IF DIABST_Q07 $=4$ only or if DIABST_Q12 $=$ 4 only <br> 2. Otherwise | $1 \rightarrow$ Next Condition Module <br> $2 \rightarrow$ DIABACT_Q01 |
| DIABST_Q02 = 1 | HSL_Q01 <br> At what age [were you/was [first name]] first told |  |


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


| DIABACT_SG01 $=2$ | DIABACT_Q02 <br> About how often in the last 12 months did [you/[first name]], or someone else check [your/his/her] feet? <br> 1. At least once a day <br> 2. At least once a week <br> 3. At least once a month <br> 4. Every 2 to less than 3 months <br> 5. Every 3 to less than 6 months <br> 6. Every 6 months <br> 7. Every 7 to 11 months <br> 8. Every 12 months <br> 9. Not at all in the last 12 months <br> 10. Don't know | $1 \rightarrow$ DIABMED_Q01 <br> $2 \rightarrow$ DIABMED_Q01 <br> $3 \rightarrow$ DIABMED_Q01 <br> $4 \rightarrow$ DIABMED_Q01 <br> $5 \rightarrow$ DIABMED_Q01 <br> $6 \rightarrow$ DIABMED_Q01 <br> $7 \rightarrow$ DIABMED_Q01 <br> $8 \rightarrow$ DIABMED_Q01 <br> $9 \rightarrow$ DIABMED_Q01 <br> $10 \rightarrow$ DIABMED Q01 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { DIABACT_Q02 = } \\ & \text { ALL } \end{aligned}$ | DIABMED_Q01 <br> [Are you/Is [first name]] currently taking insulin every day? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ DIABMED_Q02 <br> $5 \rightarrow$ Next Condition Module $6 \rightarrow$ Next Condition Module |
| DIABMED_Q01 = 1 | DIABMED_Q02 <br> At what age did [you/[first name]] start having insulin every day? <br> Enter age in years. <br> Ctrl K may be used here if necessary. $<0 . .99>$ <br> Ctrl K | $0 . .99 \rightarrow$ DIABMED_Q04 <br> CtrlK $\rightarrow$ DIABMED_Q04 |
| $\begin{aligned} & \text { DIABMED_Q02 = } \\ & \text { ALL } \end{aligned}$ | DIABMED_Q04 <br> What is the name or brand of the insulin [you /[first name]] [take/takes]? <br> If name/brand of insulin is not listed, type 'not listed' and enter the name in free text field. <br> < 200 char > | 'Not Listed' $\rightarrow$ <br> DIABMED_Q04a <br> ELSE $\rightarrow$ DIABMED_Q10 |
| DIABMED_Q04 = <br> 'Not Listed' | DIABMED_Q04a <br> Enter name/brand of insulin <br> < 200 char > | $\rightarrow$ DIABMED_Q10 |


| DIABMED_Q04 <> | 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]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIABMED_Q11 } \\ & 5 \rightarrow \text { DIABMED_Q12 } \end{aligned}$ |
| DIABMED_Q10 = 1 | DIABMED_Q11 <br> [Are you/Is [first name]] currently following a changed eating pattern or diet because of [your/his/her] [diabetes/high sugar levels]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIABMED_Q12 } \\ & 5 \rightarrow \text { DIABMED_Q12 } \end{aligned}$ |
| DIABMED_Q10 $=5$ <br> DIABMED_Q11 = ALL | DIABMED_Q12 <br> Show Prompt Card M1 <br> [(Apart from being on a special diet.)] <br> In the last 2 weeks, [have you/has [first name]] taken any [other] action to manage [your/his/her] [diabetes/high sugar levels]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { DIABMED_Q13 } \\ & 5 \rightarrow \text { DIABMED_Q14 } \end{aligned}$ |
| DIABMED_Q12 = 1 | DIABMED_Q13 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 1. Losing weight <br> 2. Exercised most days <br> 3. Taken vitamin/mineral supplements <br> 4. Taken natural/herbal treatments <br> 5. Other | $\begin{aligned} & 1 \rightarrow \text { DIABMED_Q14 } \\ & 2 \rightarrow \text { DIABMED_Q14 } \\ & 3 \rightarrow \text { DIABMED_Q14 } \\ & 4 \rightarrow \text { DIABMED_Q14 } \\ & 5 \rightarrow \text { DIABMED_Q14 } \end{aligned}$ |
| DIABACT_SG01 $=1$ <br> DIABMED_Q12 $=5$ <br> DIABMED_Q13 = ALL | DIABMED_Q14 <br> Did [you/[first name]] have an HbA1c test done in the last 12 months? <br> The HbAlc test is one of the best ways to check diabetes is under control. It is a blood test that gets |  |

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|  | sent to the laboratory. |  |
| :--- | :--- | :--- |
|  | 1. Yes | $1 \rightarrow$ ACTIO[6] |
| 5. No | $5 \rightarrow$ ACTIO[6] |  |
| 6. Don't know | $6 \rightarrow$ ACTIO[6] |  |

## Module 23: Conditions - Kidney Disease <br> Includes: Prevalence and Use of Dialysis

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

## Module 24: $\quad$ Conditions - Sight and Hearing <br> Includes: Prevalence and Diabetes as cause of Sight problems

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

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|  | < 80 char > | $\begin{aligned} & \text { SIGH_Q05a } \\ & \text { ELSE } \rightarrow \text { SIGH_Q06 } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { SIGH_Q05 }=\text { 'Not } \\ & \text { Listed' } \end{aligned}$ | SIGH_Q05a <br> Enter other sight problem < 60 char > | $\rightarrow$ SIGH_Q06 |
| $\begin{aligned} & \text { SIGH_Q02 }=5 \\ & \text { SIGH_Q03 }=1 \text { to 5, } 7 \\ & \text { SIGH_Q05 }>\text { 'Not } \\ & \text { Listed' } \\ & \text { SIGH_Q05a }=\text { ALL } \end{aligned}$ | SIGH_Q06 <br> [(Apart from being colour blind)] <br> [Do you/Does [first name]] have [any/any other] problems with [your/his/her] sight? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { SIGH_Q10 } \\ & 5 \rightarrow \text { DIABSIGH_SG01 } \\ & 6 \rightarrow \text { DIABSIGH_SG } 01 \end{aligned}$ |
| SIGH_Q06 = 1 | SIGH_Q10 <br> What other sight problems [do you/does [first name]] have? <br> More than one response is allowed. Press space bar between responses. <br> 10. Astigmatism <br> 11. Short-sightedness/Myopia/ difficulty seeing objects in the distance <br> 12. Macular degeneration <br> 13. Other age related sight problems/Presbyopia <br> 14. Long sightedness/Hyperopia/ difficulty seeing objects close up <br> 15. Totally blind in both eyes <br> 16. Totally blind in 1 eye <br> 17. Partially blind in both eyes <br> 18. Partially blind in 1 eye <br> 19. Glaucoma <br> 20. Cataracts <br> 21. Trachoma <br> 22. Lazy eye/Strabismus <br> 23. Retinopathy <br> 25. Other (specify) <br> 26. Don't know | $10 \rightarrow$ DIABSIGH_SG01 $11 \rightarrow$ DIABSIGH_SG01 <br> $12 \rightarrow$ DIABSIGH_SG01 <br> $13 \rightarrow$ DIABSIGH_SG01 <br> $14 \rightarrow$ DIABSIGH_SG01 <br> $15 \rightarrow$ DIABSIGH_SG01 <br> $16 \rightarrow$ DIABSIGH_SG01 <br> $17 \rightarrow$ DIABSIGH_SG01 <br> $18 \rightarrow$ DIABSIGH_SG01 <br> $19 \rightarrow$ DIABSIGH_SG01 <br> $20 \rightarrow$ DIABSIGH_SG01 <br> $21 \rightarrow$ DIABSIGH_SG01 <br> $22 \rightarrow$ DIABSIGH_SG01 <br> $23 \rightarrow$ DIABSIGH_SG01 <br> $25 \rightarrow$ SIGH_Q12 <br> $26 \rightarrow$ DIABSIGH_SG01 |
| SIGH_Q10 = 25 | SIGH_Q12 <br> Enter only one 'other' sight problem. <br> If more than one reported, prompt for main 'other' | 'Not Listed' (999) $\rightarrow$ |


|  | sight problem. <br> < 80 char > | SIGH_Q12a <br> ELSE $\rightarrow$ <br> DIABSIGH_SG01 |
| :--- | :--- | :--- |
| SIGH_Q12 = 'Not <br> Listed' | SIGH_Q12a <br> Enter other sight problem. <br> <60 char > | $\rightarrow$ DIABSIGH_SG01 |


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

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|  | $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $5 \rightarrow$ Next Condition Module |
| :---: | :---: | :---: |
| HEAR_Q01 = 1 | HEAR_Q02 <br> What hearing or ear problems [do you/does [first name]] have? <br> More than one response is allowed. Press space bar between responses. <br> 1. Total deafness <br> 2. Deaf in 1 ear <br> 3. Hearing loss/partially deaf <br> 4. Tinnitus <br> 5. Meniere's Disease <br> 6. Otitis Media <br> 7. Other (specify) <br> 8. Don't know | $1 \rightarrow$ Next Condition Module <br> $2 \rightarrow$ Next Condition <br> Module <br> $3 \rightarrow$ Next Condition <br> Module <br> $4 \rightarrow$ Next Condition <br> Module <br> $5 \rightarrow$ Next Condition <br> Module <br> $6 \rightarrow$ Next Condition <br> Module <br> $7 \rightarrow$ HEAR_Q04 <br> $8 \rightarrow$ Next Condition <br> Module |
| HEAR_Q02 = 7 | HEAR_Q04 <br> Enter only one 'other' hearing or ear problem. <br> If more than one reported, prompt for main 'other' hearing or ear problem. <br> < 60 char > | ${ }^{\prime}$ Not Listed (999) $\rightarrow$ <br> HEAR_Q04a <br> ELSE $\rightarrow$ Next Condition <br> Module |
| $\begin{aligned} & \text { HEAR_Q04 = 'Not } \\ & \text { Listed' } \end{aligned}$ | HEAR_Q04a <br> Enter other hearing or ear problem $\text { < } 60 \text { char > }$ | $\rightarrow$ 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 <br> I would now like to ask you about mental health, behavioural and cognitive conditions. <br> When answering these questions, please include any conditions [you are/[first name] is] currently managing with treatment or medication. <br> 1. Press [1] to continue | $1 \rightarrow \text { MHC_Q01 }$ |
| MHC_Intro = ALL | MHC_Q01 <br> Show Prompt Card O1 <br> [Do you/Does [first name]] have any of these conditions? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { MHC_Q02 } \\ & 5 \rightarrow \text { MHC_Q03 } \end{aligned}$ |
| MHC_Q01 = 1 | MHC_Q02 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 10. Depression, including Persistent depressive disorder <br> 11. Feeling depressed <br> 12. Bipolar disorder <br> 13. Mania <br> 14. Anxiety disorder <br> 15. Feeling anxious, nervous or tense <br> 16. Panic disorder <br> 17. Panic attacks <br> 18. Post-Traumatic Stress Disorder (PTSD) <br> 19. Agoraphobia <br> 20. Obsessive-Compulsive Disorder (OCD) <br> 21. Social Phobia <br> 22. Other affective or anxiety condition - please specify] | $\begin{aligned} & 10 \rightarrow \text { MHC_Q03 } \\ & 11 \rightarrow \text { MHC_Q03 } \\ & 12 \rightarrow \text { MHC_Q03 } \\ & 13 \rightarrow \text { MHC_Q03 } \\ & 14 \rightarrow \text { MHC_Q03 } \\ & 15 \rightarrow \text { MHC_Q03 } \\ & 16 \rightarrow \text { MHC_Q03 } \\ & 17 \rightarrow \text { MHC_Q03 } \\ & 18 \rightarrow \text { MHC_Q03 } \\ & 19 \rightarrow \text { MHC_Q03 } \\ & 20 \rightarrow \text { MHC_Q03 } \\ & 21 \rightarrow \text { MHC_Q03 } \\ & 22 \rightarrow \text { MHC_L01_START } \end{aligned}$ |
| MHC_Q02 $=22$ | MHC_L01_Start |  |


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


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

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| $\begin{aligned} & \text { <> 'Not Listed' } \\ & \text { MHC_Q03C = ALL } \end{aligned}$ | < End loop/s - <br>  <br> MHOtherDisNamesOther[1..3] > | $\rightarrow$ MHC_SG04A |
| :---: | :---: | :---: |
| MHC_Q03 = 5MHC_Q03A = 25 to33MHC_L02_END = <br> ALL | MHC_SG04A <br> 1. $\mathrm{IF}\left(\mathrm{MHC} \_\mathrm{Q} 01=5\right.$ AND MHC_Q03 $=5$ ) (ie. No MHC conditions reported) OR (If the only condition/s reported are "Not a condition") (ie. code 998) <br> 2. Otherwise | $1 \rightarrow$ Next Condition Module $2 \rightarrow \text { MHC_Q04 }$ |
| MHC_SG04A = 3 | MHC_Q04 <br> [Has this condition/Have any of these conditions] lasted, or [is it/are they] expected to last, for 6 months or more? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { MHC_Q05 } \\ & 5 \rightarrow \text { MHC_L03_START } \end{aligned}$ |
| MHC_Q04 = 1 | MHC_Q05 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> [ <br> 10. Depression, including Persistent depressive disorder <br> 11. Feeling depressed <br> 12. Bipolar disorder <br> 13. Mania <br> 14. Anxiety disorder <br> 15. Feeling anxious, nervous or tense <br> 16. Panic disorder <br> 17. Panic attacks <br> 18. Post-Traumatic Stress Disorder (PTSD) <br> 19. Agoraphobia <br> 20. Obsessive-Compulsive Disorder (OCD) <br> 21. Social Phobia <br> 22. [MHC_Q02A[1]/ MHC_Q02B[1]] <br> 23. [MHC_Q02A[2]/ MHC_Q02B[2]] <br> 24. [MHC_Q02A[3]/ MHC_Q02B[3]] <br> 25. Harmful use or dependence on alcohol <br> 26. Harmful use or dependence on drugs <br> 27. Harmful use or dependence on medicinal / prescription drugs <br> 28. Autism spectrum disorders, such as Rett's syndrome and Asperger syndrome | $10 \rightarrow$ MHC_L03_START <br> $11 \rightarrow$ MHC_L03_START $12 \rightarrow$ MHC_L03_START $13 \rightarrow$ MHC_L03_START $14 \rightarrow$ MHC_L03_START $15 \rightarrow$ MHC_L03_START $16 \rightarrow$ MHC_L03_START $17 \rightarrow$ MHC_L03_START $18 \rightarrow$ MHC_L03_START $19 \rightarrow$ MHC_L03_START $20 \rightarrow$ MHC_L03_START <br> $21 \rightarrow$ MHC_L03_START <br> $22 \rightarrow$ MHC_L03_START <br> $23 \rightarrow$ MHC_L03_START <br> $24 \rightarrow$ MHC_L03_START <br> $25 \rightarrow$ MHC_L03_START <br> $26 \rightarrow$ MHC_L03_START <br> $27 \rightarrow$ MHC_L03_START <br> $28 \rightarrow$ MHC_L03_START |


|  | 29. Intellectual impairment / mental retardation <br> 30. Attention Deficit Hyperactivity Disorder (ADHD) <br> 31. Conduct disorder <br> 32. Dementia, including Alzheimer's Disease <br> 33. Schizophrenia <br> 34. [MHC_Q03B[1]/ MHC_Q03C[1]] <br> 35. [MHC_Q03B[2]/ MHC_Q03C[2]] <br> 36. [MHC_Q03B[3]/ MHC_Q03C[3]]] | $\begin{aligned} & 29 \rightarrow \text { MHC_L03_START } \\ & 30 \rightarrow \text { MHC_L03_START } \\ & 31 \rightarrow \text { MHC_L03_START } \\ & 32 \rightarrow \text { MHC_L03_START } \\ & 33 \rightarrow \text { MHC_L03_START } \\ & 34 \rightarrow \text { MHC_L03_START } \\ & 35 \rightarrow \text { MHC_L03_START } \\ & 36 \rightarrow \text { MHC_L03_START } \end{aligned}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { MHC_Q04 = 5 } \\ & \text { MHC_Q05 }=\text { ALL } \end{aligned}$ | MHC_L03_Start <br> < Start loop - EverTold[1..27] > <br> Note: Loop is to collect 'diagnosed' data for each of the conditions reported at MHC_Q05. | $\rightarrow \text { MHC_Q06 }$ |
| $\begin{aligned} & \text { MHC_L03_START = } \\ & \text { ALL } \end{aligned}$ | MHC_Q06 <br> [Were you/Was [first name]] told by a doctor, nurse or other health professional that [you/he/she] had [1st...27th mental health condition]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { MHC_L03_END } \\ & 5 \rightarrow \text { MHC_L03_END } \end{aligned}$ |
| MHC_Q06 = ALL | MHC_L03_END <br> < End loop - EverTold[1..27] > | $\rightarrow$ MHC_Q08 |
| $\begin{aligned} & \text { MHC_L03_END = } \\ & \text { ALL } \end{aligned}$ | MHC_Q08 <br> Show Prompt Card O3 <br> [Have you/Has [first name]] taken any medications specifically for [this condition/these conditions] in the last 2 weeks? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & 1 \rightarrow \text { MHC_Q09 } \\ & 5 \rightarrow \text { Actio[8] } \\ & 6 \rightarrow \text { Actio[8] } \end{aligned}$ |
| MHC_Q08 = 1 | MHC_Q09 <br> Which ones? <br> More than one response is allowed. Press space bar between responses. <br> 1. Sleeping tablets or capsules <br> 2. Tablets or capsules for anxiety or nerves <br> 3. Tranquillisers | $\begin{aligned} & 1 \rightarrow \text { MHC_L03_START } \\ & 2 \rightarrow \text { MHC_L03_START } \\ & 3 \rightarrow \text { MHC_L03_START } \end{aligned}$ |


|  | 4. Antidepressants <br> 5. Mood stabilisers <br> 6. Other medications for mental, behavioural or cognitive conditions | $\begin{aligned} & 4 \rightarrow \text { MHC_L03_START } \\ & 5 \rightarrow \text { MHC_L03_START } \\ & 6 \rightarrow \text { MHC_L03_START } \end{aligned}$ |
| :---: | :---: | :---: |
| MHC_Q09 = ALL | MHC_L03_START <br> < Start loop - HowLongMeds[1..6] > <br> Note: Loop is to collect frequency data for each medication type reported at MHC_Q09. | $\rightarrow$ MHC_Q10 |
| $\begin{aligned} & \text { MHC_L03_START = } \\ & \text { ALL } \end{aligned}$ | MHC_Q10 <br> 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? <br> 1. Less than 1 month <br> 2. 1 month to less than 3 months <br> 3. 3 months to less than 6 months <br> 4. 6 months or more <br> 5. Don't know | $\begin{aligned} & 1 \rightarrow \text { MHC_L03_END } \\ & 2 \rightarrow \text { MHC_L03_END } \\ & 3 \rightarrow \text { MHC_L03_END } \\ & 4 \rightarrow \text { MHC_L03_END } \\ & 5 \rightarrow \text { MHC_L03_END } \end{aligned}$ |
| MHC_Q10 = ALL | $\begin{aligned} & \text { MHC_L03_END } \\ & \text { < End loop - HowLongMeds[1..6] > } \end{aligned}$ | $\rightarrow$ Actio[8] |

## Module 26: Conditions - Other Long Term Conditions Includes: Prevalence

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons | LTC_Q01 <br> 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. <br> 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. <br> Show Prompt Card P1 <br> [Do you/Does [first name]] have any of these conditions? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LTC_Q02 } \\ & 5 \rightarrow \text { LTC_Q05 } \end{aligned}$ |
| LTC_Q01 = 1 | LTC_Q02 <br> Which of these [do you/does [first name]] have? <br> More than one response is allowed. Press space bar between responses. <br> 10. Hayfever <br> 11. Sinusitis or sinus allergy <br> 12. Food allergy <br> 13. Drug allergy <br> 14. Other allergy <br> 15. Anaemia <br> 16. Bronchitis <br> 17. Emphysema <br> 18. Epilepsy <br> 19. Fluid problems/fluid retention/oedema (exclude those due to a heart or circulatory condition) <br> 20. Hernias <br> 21. Kidney stones <br> 22. Migraine <br> 23. Psoriasis <br> 24. Stomach ulcers or other gastrointestinal ulcers <br> 25. Thyroid trouble/goiter <br> 26. Back - slipped disc or other disc problems <br> 27. Back pain or other back problems | $10 \rightarrow$ LTC_SG03 <br> $11 \rightarrow$ LTC_SG03 <br> $12 \rightarrow$ LTC_SG03 <br> $13 \rightarrow$ LTC_SG03 <br> $14 \rightarrow$ LTC_SG03 <br> $15 \rightarrow$ LTC_SG03 <br> $16 \rightarrow$ LTC_SG03 <br> $17 \rightarrow$ LTC_SG03 <br> $18 \rightarrow$ LTC_SG03 <br> $19 \rightarrow$ LTC_SG03 <br> $20 \rightarrow$ LTC_SG03 <br> $21 \rightarrow$ LTC_SG03 <br> $22 \rightarrow$ LTC_SG03 <br> $23 \rightarrow$ LTC_SG03 <br> $24 \rightarrow$ LTC_SG03 <br> $25 \rightarrow$ LTC_SG03 <br> $26 \rightarrow$ LTC_SG03 <br> $27 \rightarrow$ LTC_SG03 |


| LTC_Q02 = ALL | LTC_SG03 <br> 1. IF LTC_Q02 $=27$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { LTC_Q04 } \\ & 2 \rightarrow \text { LTC_SG04a } \end{aligned}$ |
| :---: | :---: | :---: |
| LTC_Q03SG = 1 | LTC_Q04 <br> Please provide more information about [your/[first name]'s] back pain or back problem. <br> < 60 char > | 'Not Listed' (999) $\rightarrow$ <br> LTC_Q04a <br> ELSE $\rightarrow$ LTC_SG04a |
| LTC_Q04 = 'Not Listed' | LTC_Q04a <br> Enter more information. <br> < 60 char > | $\rightarrow \text { LTC_SG04a }$ |
| $\begin{aligned} & \text { LTC_SG03 = } 2 \\ & \text { LTC_Q04 <> 'Not } \\ & \text { Listed'' } \\ & \text { LTC_Q04a = ALL } \end{aligned}$ | LTC_SG04a <br> 1. IF LTC_Q02 $=12$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { LTC_Q04b } \\ & 2 \rightarrow \text { LTC_SG04b } \end{aligned}$ |
| LTC_SG04a $=1$ | LTC_Q04b <br> Is the reaction to [your/[first name]'s] food allergy(ies), anaphylactic, non-anaphylactic or both? <br> 1. Anaphylactic <br> 2. Non-anaphylactic <br> 3. Both <br> 4. Don't know | $\begin{aligned} & 1 \rightarrow \text { LTC_SG04b } \\ & 2 \rightarrow \text { LTC_SG04b } \\ & 3 \rightarrow \text { LTC_SG04b } \\ & 4 \rightarrow \text { LTC_SG04b } \end{aligned}$ |
| $\begin{aligned} & \text { LTC_SG04a }=2 \\ & \text { LTC_Q04b }=\text { ALL } \end{aligned}$ | LTC_SG04b <br> 1. IF LTC_ $\mathrm{Q} 02=13$ <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { LTC_Q04c } \\ & 2 \rightarrow \text { LTC_Q05 } \end{aligned}$ |
| LTC_SG04b = 1 | LTC_Q04c <br> Is the reaction to [your/[first name]'s] drug allergy(ies), anaphylactic, non-anaphylactic or both? <br> 1. Anaphylactic <br> 2. Non-anaphylactic <br> 3. Both <br> 4. Don't know | $\begin{aligned} & 1 \rightarrow \text { LTC_Q05 } \\ & 2 \rightarrow \text { LTC_Q05 } \\ & 3 \rightarrow \text { LTC_Q05 } \\ & 4 \rightarrow \text { LTC_Q05 } \end{aligned}$ |
| LTC_Q01 = 5 | LTC_Q05 |  |


| $\begin{aligned} & \text { LTC_Q04bSG = } 2 \\ & \text { LTC_Q04c = ALL } \end{aligned}$ | Show Prompt Card P2 <br> 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 other conditions that have lasted, or are expected to last, for 6 months or more? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LTC_L01_START } \\ & 5 \rightarrow \text { LTC_Q09 } \end{aligned}$ |
| :---: | :---: | :---: |
| LTC_Q05 = 1 | LTC_L01_START <br> < Start loop/s - <br> MoreOtherLTC \& EnterMoreOtherLTC > <br> Note: Loop is to collect up to six extra Long Term Conditions. | $\rightarrow \text { LTC_Q06 }$ |
| $\begin{aligned} & \text { LTC_L01_START = } \\ & \text { ALL } \end{aligned}$ | LTC_Q06 <br> Which conditions [do you/does [first name]] have? <br> 6 fields are available: enter only one condition per field. Press enter to go to the next field. <br> If more than 6 reported, probe for the 6 main conditions. <br> < 60 char > | 'Not Listed (999) $\rightarrow$ <br> LTC_Q06a <br> ELSE $\rightarrow$ LTC_L01_END |
| LTC_Q06 = 'Not <br> Listed' | LTC_Q06a <br> Enter other conditions. <br> < 60 char > | $\rightarrow$ LTC_L01_END |
| LTC_Q06 <> 'Not Listed' <br> LTC_Q06a = ALL | ```LTC_L01_END < End loop/s - MoreOtherLTC & EnterMoreOtherLTC >``` | $\rightarrow$ LTC_Q09 |
| $\begin{aligned} & \text { LTC_Q05 = } 5 \\ & \text { LTC_L01_END = ALL } \end{aligned}$ | LTC_Q09 <br> Show Prompt Card P3 <br> (Apart from any conditions you have already told me about), [do you/does [first name]] have any [other] long term conditions such as these? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LTC_L03_START } \\ & 5 \rightarrow \text { LTC_L05_START } \end{aligned}$ |


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

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|  | 1. Yes <br> 5. No <br> 6. Don't know <br> 9. Not a health condition | $\begin{aligned} & 1 \rightarrow \text { LTC_L04_END } \\ & 5 \rightarrow \text { LTC_L04_END } \\ & 6 \rightarrow \text { LTC_L04_END } \\ & 9 \rightarrow \text { LTC_L04_END } \end{aligned}$ |
| :---: | :---: | :---: |
| LTC_Q12 = ALL | LTC_L04_END <br> < End loop/s - Cond6MonthsPlus > | $\rightarrow$ LTC_L05_START |
| $\begin{aligned} & \text { LTC_Q09 = } 5 \\ & \text { LTC_SG11 = } 2 \\ & \text { LTC_L04_END = ALL } \end{aligned}$ | LTC_L05_START <br> < Start loop - NHPACondition > <br> 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. | $\rightarrow$ LTC_SG13 |
| LTC_L05_START | LTC_SG13 <br> 1. IF condition/s reported at LTC_Q06/LTC_Q06a or LTC_Q10/LTC_Q10A and condition is an NHPA or Mental Health condition. <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { LTC_Q14 } \\ & 2 \rightarrow \text { LTC_L05_END } \end{aligned}$ |
| LTC_SG13 = 1 | LTC_Q14 <br> [Were you/Was [first name]] told [you/he/she] had [NHPA or MHC condition name] by a doctor or nurse? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { LTC_L05_END } \\ & 5 \rightarrow \text { LTC_L05_END } \end{aligned}$ |
| LTC_Q14 = ALL | $\begin{aligned} & \text { LTC_L05_END } \\ & \text { < End loop - NHPACondition > } \end{aligned}$ | $\rightarrow$ Next Module |

Module 27: Medications
Includes: Medications taken in the last 2 weeks

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons | MED_L01_START <br> < Start loop/s - <br> MedNames, <br> EnterMedNames > <br> Note: Loop is to collect data on up to 50 medications taken in the last two weeks. | $\rightarrow$ MED_Q02 |
| MED_L01_START = | MED_Q02 <br> [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. <br> What are the names or brands of all the medications, vitamins, minerals or supplements [, including insulin,] [you have/[first name] has] taken in the last 2 weeks? ] <br> 50 fields are available: enter only one name/brand per field. <br> If none or no more, press enter to leave field blank. <br> If medication is not listed, type 'not listed' and enter medication in free text field. <br> < 200 char > | 'Not Listed' $\rightarrow$ <br> MED_Q02a <br> ELSE $\rightarrow$ <br> MED_L01_END |
| $\begin{aligned} & \text { MED_Q02 = 'Not } \\ & \text { Listed' } \end{aligned}$ | MED_Q02a <br> Enter medication name/brand. $\text { < } 200 \text { char > }$ | $\rightarrow$ MED_L01_END |
| MED_Q02 <> 'Not Listed' MED_Q02a = ALL | MED_L01_END <br> < End loop/s MedNames, EnterMedNames > | $\rightarrow$ MED_SG04 |
| $\begin{aligned} & \text { MED_L01_END = } \\ & \text { ALL } \end{aligned}$ | MED_SG04 <br> 1. If an 'asthma medication' from asthma medication list reported in MED_Q02 or | $1 \rightarrow$ MED_L02_START |

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|  | MED_Q02a <br> 2. Otherwise | $2 \rightarrow$ Next Module |
| :---: | :---: | :---: |
| MED_SG04 = 1 | MED_L02_START <br> < Start loop - HowOften > <br> Note: Loop is to collect frequency data on any Asthma mediations reported. | $\rightarrow$ MED_Q05 |
| $\begin{aligned} & \text { MED_L02_START = } \\ & \text { ALL } \end{aligned}$ | MED_Q05 <br> How often did [you/[first name]] use [asthma medication] in the last 2 weeks? <br> 1. Every day and/or night <br> 2. 3 or more times a week <br> 3. 1 to 2 times a week <br> 4. Less than once a week <br> 5. Varies/as required | $1 \rightarrow$ MED_L02_END <br> $2 \rightarrow$ MED_L02_END <br> $3 \rightarrow$ MED_L02_END <br> $4 \rightarrow$ MED_L02_END <br> $5 \rightarrow$ MED_L02_END |
| MED_Q05 = ALL | MED_L02_END <br> < End loop - HowOften > | $\rightarrow$ 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 <br> 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. <br> Ask respondent if there are any medical reasons that blood pressure can not be taken on the respondent's left arm. <br> 1. Respondent agrees <br> 2. Respondent does not allow measurements to be taken for health reasons <br> 3. Respondent does not allow measurements to be taken for other reasons | $1 \rightarrow$ CARMES_Q02S <br> $2 \rightarrow$ Next Module <br> $3 \rightarrow$ Next Module |
| CARMES_Q01 = | CARMES_Q02S <br> Record first measurement. <br> Enter systolic measurement. $\text { < } 0 \text {.. } 999 \text { > }$ | $\rightarrow$ CARMES_Q02D |
| CARMES_Q02S = ALL | CARMES_Q02D <br> Record first measurement. <br> Enter diastolic measurement. $\text { < } 0 . .999 \text { > }$ | $\rightarrow$ CARMES_Q03S |
| CARMES_Q02D = ALL | CARMES_Q03S <br> Record second measurement. <br> Enter systolic measurement. <br> Ctrl $R$ may be used here if necessary. $\text { < } 0 . .999 \text { > }$ <br> Ctrl R | 0... $999 \rightarrow$ CARMES_Q03D Ctrl R $\rightarrow$ Next module |
| $\begin{aligned} & \text { CARMES_Q03S = } \\ & 0 \ldots 999 \end{aligned}$ | CARMES_Q03D <br> Record second measurement. |  |


|  | Enter diastolic measurement. $\langle 0 . .999\rangle$ | $\rightarrow$ CARMES_Q04_SG |
| :---: | :---: | :---: |
| CARMES_Q03D = ALL | CARMES_Q04_SG <br> 1. If second systolic blood pressure measurement less than 10 mmHg difference from first systolic measurement or if second diastolic blood pressure measurement less than 10 mmHg difference from first diastolic measurement. <br> 2. If second systolic blood pressure measurement different by 10 mmHg or more than first systolic measurement or if second diastolic measurement different by 10 mmHg or more than first diastolic measurement. | $1 \rightarrow$ Next Module $2 \rightarrow \text { CARMES_Q05S }$ |
| $\begin{aligned} & \text { CARMES_Q04_SG = } \\ & 2 \end{aligned}$ | CARMES_Q05S <br> There is 10 mmHg difference or more between the first and second systolic readings, or a 10 mmHg difference or more between the first and second diastolic readings. <br> Record third measurement. <br> Enter systolic measurement. <br> Ctrl $R$ may be used here if necessary. $\text { < } 0 . .999 \text { > }$ <br> Ctrl R | $0 . . .999 \rightarrow$ <br> CARMES_Q05D <br> Ctrl R $\rightarrow$ Next module |
| $\begin{aligned} & \hline \text { CARMES_Q05S = } \\ & 0 \ldots . .999 \end{aligned}$ | CARMES_Q05D <br> Record third measurement. <br> Enter diastolic measurement. <br> < 0 .. 999 > | $\rightarrow$ Next Module |

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 <br> I would now like to take some more measurements. This will involve measuring [your/[first name]'s] height, weight and waist. <br> [Do you/Do you/Does [first name]/Do you] agree for me to take these measurements? <br> 1. Yes <br> 5. No | $1 \rightarrow \text { PH_Q02A }$ <br> $5 \rightarrow$ Next Module |
| PH_Q01 = 1 | PH_Q02A <br> Please take respondent's weight measurement and record in kilos. <br> 1. Measurement taken <br> 2. Measurement not taken (refused) <br> 3. Measurement not taken, other reason e.g. pregnant, frailty | $\begin{aligned} & 1 \rightarrow \text { PH_Q02B } \\ & 2 \rightarrow \text { PH_Q03A } \\ & 3 \rightarrow \text { PH_Q03A } \end{aligned}$ |
| PH_Q02A = 1 | PH_Q02B <br> Enter respondent's weight measurement in kilos (eg 98.3). $\langle 0.0 \text {.. } 999.9\rangle$ | $\rightarrow$ PH_Q03A |
| $\begin{aligned} & \text { PH_Q02A }=2 \text { or } 3 \\ & \text { PH_Q02B }=\text { ALL } \end{aligned}$ | PH_Q03A <br> Please take respondent's height measurement and record in cms. <br> 1. Measurement taken <br> 2. Measurement not taken (refused) <br> 3. Measurement not taken, other reason e.g. pregnant, frailty | $\begin{aligned} & 1 \rightarrow \text { PH_Q03B } \\ & 2 \rightarrow \text { PH_Q04A } \\ & 3 \rightarrow \text { PH_Q04A } \end{aligned}$ |
| PH_Q03A = 1 | PH_Q03B <br> Enter respondent's height measurement in cms (eg 164.5). $\text { < } 0.0 \text {.. } 999.9\rangle$ | $\rightarrow$ PH_SG03B |
| PH_Q03B = ALL | PH_SG03B |  |


|  | 1. Random 10\% of respondents <br> 2. Otherwise | $1 \rightarrow$ PH_Q03C <br> $2 \rightarrow$ PH_Q04A |
| :--- | :--- | :--- |
| PH_SG03B = 1 | PH_Q03C <br> Take and enter a second height measurement in cms <br> (eg 164.5). <br> < 0.0 .. 999.9 > | $\rightarrow$ PH_SG03C |

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

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


|  | 11. Life time cover/ avoid age surcharge <br> 12. Choice of doctor <br> 13. Allows treatment as private patient <br> 14. Provides benefits for ancillary services / 'extras' <br> 15. Shorter wait for treatment/ concern over public hospital waiting lists <br> 16. Always had it/ parents pay it/ condition of job <br> 17. To gain government benefits/ avoid extra Medicare levy <br> 18. Other financial reasons <br> 19. Has illness/ condition that requires treatment <br> 20. Elderly/ getting older/ likely to need treatment <br> 21. Other | $\begin{aligned} & 11 \rightarrow \text { HEALIN_Q05 } \\ & 12 \rightarrow \text { HEALIN_Q05 } \\ & 13 \rightarrow \text { HEALIN_Q05 } \\ & 14 \rightarrow \text { HEALIN_Q05 } \\ & 15 \rightarrow \text { HEALIN_Q05 } \\ & 16 \rightarrow \text { HEALIN_Q05 } \\ & 17 \rightarrow \text { HEALIN_Q05 } \\ & 18 \rightarrow \text { HEALIN_Q05 } \\ & 19 \rightarrow \text { HEALIN_Q05 } \\ & 20 \rightarrow \text { HEALIN_Q05 } \\ & 21 \rightarrow \text { HEALIN_Q05 } \end{aligned}$ |
| :---: | :---: | :---: |
| HEALIN_Q04 = ALL | HEALIN_Q05 <br> How long [have you/has [first name]] been covered by private health insurance? <br> 1. Less than one year <br> 2. 1 year to less than 2 years <br> 3. 2 years to less than 5 years <br> 4. 5 years or more | $1 \rightarrow$ HEALIN_Q07 <br> $2 \rightarrow$ HEALIN_Q07 <br> $3 \rightarrow$ HEALIN_Q07 <br> $4 \rightarrow$ HEALIN_Q07 |
| HEALIN_Q01 = 5 | HEALIN_Q06 <br> What are all the reasons [you are/[first name] is] not covered by private health insurance? <br> Show Prompt Card Q3 <br> More than one response is allowed. Press space bar between responses. <br> 10. Can't afford it/ too expensive <br> 11. High risk category <br> 12. Lack of value for money/ not worth it <br> 13. Medicare cover sufficient <br> 14. Don't need medical care/ in good health/ have no dependants <br> 15. Won't pay Medicare and private health insurance premium <br> 16. Disillusioned about having to pay 'out of pocket' costs/ gap fees <br> 17. Prepared to pay costs of private treatment from own resources <br> 18. Pensioner/ Veteran's Affairs/ health concession card <br> 19. Not high priority/previously included in parents' cover <br> 20. Other | $10 \rightarrow$ HEALIN_Q07 <br> $11 \rightarrow$ HEALIN_Q07 <br> $12 \rightarrow$ HEALIN_Q07 <br> $13 \rightarrow$ HEALIN_Q07 <br> $14 \rightarrow$ HEALIN_Q07 <br> $15 \rightarrow$ HEALIN_Q07 <br> $16 \rightarrow$ HEALIN_Q07 <br> $17 \rightarrow$ HEALIN_Q07 <br> $18 \rightarrow$ HEALIN_Q07 <br> $19 \rightarrow$ HEALIN_Q07 <br> $20 \rightarrow$ HEALIN_Q07 |

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## Module 31: Income <br> Includes: Personal Income and Household Income

| From Population | Question | To Question |
| :---: | :---: | :---: |
| All selected persons aged 15 years and over | INC_Q01 <br> I would now like to ask you some questions about income. <br> 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. <br> [Do you/Does [first name]] receive income from wages or salaries [including from [your/his/her] own incorporated business]? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { INC_Q02 } \\ & 5 \rightarrow \text { INC_Q05 } \end{aligned}$ |
| INC_Q01 = 1 | INC_Q02 <br> Before income tax, salary sacrifice or anything else is taken out, how much [do you/does [first name]] receive from wages or salaries? <br> Enter dollar amount. <br> If respondent is unable to answer, prompt for their best estimate. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> < 1 .. 999999997 > <br> Ctrl K <br> Ctrl R | \$Amt $\rightarrow$ INC_Q03 <br> Ctrl K $\rightarrow$ INC_Q05 <br> Ctrl R $\rightarrow$ INC_Q05 |
| INC_Q02 = \$Amt | INC_Q03 <br> What period does that cover? <br> 1. Week <br> 2. Fortnight <br> 3. Four weeks <br> 4. Calendar month <br> 5. Year | $\begin{aligned} & 1 \rightarrow \text { INC_Q05 } \\ & 2 \rightarrow \text { INC_Q05 } \\ & 3 \rightarrow \text { INC_Q05 } \\ & 4 \rightarrow \text { INC_Q05 } \\ & 5 \rightarrow \text { INC_Q05 } \end{aligned}$ |


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


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

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


|  | Enter dollar amount. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. $\text { < } 1 \text {.. } 999997 \text { > }$ <br> Ctrl K <br> Ctrl R | $\begin{aligned} & \text { \$Amt } \rightarrow \text { INC_Q17 } \\ & \text { Ctrl K } \rightarrow \text { INC_Q19 } \\ & \text { Ctrl R } \rightarrow \text { INC_Q19 } \end{aligned}$ |
| :---: | :---: | :---: |
| INC_Q16 = \$Amt | INC_Q17 <br> What period does that cover? <br> 1. Week <br> 2. Fortnight <br> 3. Four weeks <br> 4. Calendar month <br> 5. Year <br> 6. Other - please specify | $\begin{aligned} & 1 \rightarrow \text { INC_Q19 } \\ & 2 \rightarrow \text { INC_Q19 } \\ & 3 \rightarrow \text { INC_Q19 } \\ & 4 \rightarrow \text { INC_Q19 } \\ & 5 \rightarrow \text { INC_Q19 } \\ & 6 \rightarrow \text { INC_Q18 } \end{aligned}$ |
| INC_Q17 = 6 | INC_Q18 <br> Enter 'other' period. <br> < 60 char > | $\rightarrow$ INC_Q19 |
| $\begin{aligned} & \text { INC_Q05 = } 5 \\ & \text { INC_Q10 = } 9 \text { or Ctrl } \\ & \mathrm{K} \\ & \text { INC_Q12 = Ctrl K/R } \\ & \text { INC_SG15 = } 2 \\ & \text { INC_Q16 = Ctrl K/R } \\ & \text { INC_Q17 = } 1 \text { to } 5 \\ & \text { IF INC_Q18 = ALL } \end{aligned}$ | INC_Q19 <br> [Do you/Does [first name]] currently receive income from any of the following sources: <br> Show Prompt Card R3 <br> If 'yes', prompt for which ones. <br> More than one response is allowed. Press space bar between responses. <br> 1. Child support or maintenance <br> 2. Superannuation, an annuity or private pension <br> 3. Workers' compensation <br> 4. None of the above | $\begin{aligned} & 1 \rightarrow \text { INC_L01_START } \\ & 2 \rightarrow \text { INC_L01_START } \\ & 3 \rightarrow \text { INC_L01_START } \\ & 4 \rightarrow \text { INC_Q23 } \end{aligned}$ |
| INC_Q19 = 1 to 3 | INC_L01_START <br> < Start loop/s AmountSources, PeriodSources \& PeriodOfSources > | $\rightarrow$ INC_Q20 |

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


| INC_Q23 = 1 | INC_Q24 <br> [Do you/Does [first name]] expect to make a profit or loss from [your/his/her] rental investment property this financial year? <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> 1. Profit <br> 2. Loss <br> 3. Neither <br> Ctrl K <br> Ctrl R | $\begin{array}{\|l} 1 \rightarrow \text { INC_Q25 } \\ 2 \rightarrow \text { INC_Q26 } \\ 3 \rightarrow \text { INC_Q27 } \\ \text { Ctrl K } \rightarrow \text { INC_Q27 } \\ \text { Ctrl K } \rightarrow \text { INC_Q27 } \end{array}$ |
| :---: | :---: | :---: |
| INC_Q24 = 1 | INC_Q25 <br> 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? <br> If respondent unable to answer, prompt for their best estimate or ask for previous financial year profit as a proxy. <br> Enter dollar amount. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. $\text { < } 0 . .999999999>$ <br> Ctrl K <br> Ctrl R | \$Amt $\rightarrow$ INC_Q27 <br> Ctrl K $\rightarrow$ INC_Q27 <br> Ctrl R $\rightarrow$ INC_Q27 |
| INC_Q24 = 2 | INC_Q26 <br> 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? <br> If respondent unable to answer, prompt for their best estimate or ask for previous financial year loss as a proxy. <br> Enter dollar amount. |  |


|  | Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. $\text { < } 0 \text {.. } 999999999 \text { > }$ <br> Ctrl K <br> Ctrl R | \$Amt $\rightarrow$ INC_Q27 <br> $\mathrm{Ctrl} \mathrm{K} \rightarrow$ INC Q27 <br> Ctrl R $\rightarrow$ INC_Q27 |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { INC_Q23 = } 5 \\ & \text { INC_Q24 = } 3 \text { or Ctrl } \\ & \text { K/R } \\ & \text { INC_Q25 = ALL } \\ & \text { INC_Q26 = ALL } \end{aligned}$ | INC_Q27 <br> [Apart from [your/his/her] rental investment property,] [[do you/does [first name]]/ [Do you/Does [first name]] currently have any unincorporated businesses whether owned outright by [you/him/her] or through [your/his/her] share in a partnership? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { INC_Q28 } \\ & 5 \rightarrow \text { INC_Q31 } \end{aligned}$ |
| INC_Q27 = 1 | INC_Q28 <br> [Do you/Does [first name]] expect to make a profit or loss this financial year? <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> 1. Profit <br> 2. Loss <br> 3. Neither <br> Ctrl K <br> Ctrl R | $\begin{aligned} & 1 \rightarrow \text { INC_Q29 } \\ & 2 \rightarrow \text { INC_Q30 } \\ & 3 \rightarrow \text { INC_Q31 } \\ & C \operatorname{trl} K \rightarrow \text { INC_Q31 } \\ & C t r l R \rightarrow \text { INC_Q31 } \end{aligned}$ |
| INC_Q28 = 1 | INC_Q29 <br> 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? <br> If respondent unable to answer, prompt for their best estimate or ask for previous financial year profit as a proxy. <br> Enter dollar amount. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. |  |

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|  | $\text { < } 1 . .999999999\rangle$ <br> Ctrl K <br> Ctrl R | $\begin{aligned} & \text { \$Amt } \rightarrow \text { INC_Q31 } \\ & \text { Ctrl K } \rightarrow \text { INC_Q31 } \\ & \text { Ctrl R } \rightarrow \text { INC_Q31 } \end{aligned}$ |
| :---: | :---: | :---: |
| INC_Q28 = 2 | INC_Q30 <br> 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? <br> If respondent unable to answer, prompt for their best estimate or ask for previous financial year loss as a proxy. <br> Enter dollar amount. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. $\text { < } 1 . .999999999>$ <br> Ctrl K <br> Ctrl R | \$Amt $\rightarrow$ INC_Q31 <br> Ctrl K $\rightarrow$ INC_Q31 <br> Ctrl R $\rightarrow$ INC_Q31 |
| $\begin{aligned} & \text { INC_Q27 = 5 } \\ & \text { INC_Q28 = } 3 \text { or Ctrl } \\ & \mathrm{K} / \mathrm{R} \\ & \text { INC_Q29 = ALL } \\ & \text { INC_Q30 = ALL } \end{aligned}$ | INC_Q31 <br> [Do you/Does [first name]] currently receive income from dividends from shares? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { INC_Q32 } \\ & 5 \rightarrow \text { INC_Q35 } \end{aligned}$ |
| INC_Q31 = 1 | INC_Q32 <br> How much [do you/does [first name]] expect to receive from dividends from shares this financial year? <br> If respondent unable to answer, prompt for their best estimate or ask for previous financial year income as a proxy. <br> Enter dollar amount. If 'nil' enter zero. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> < 0 .. 999999999 > <br> Ctrl K | $\begin{aligned} & \text { \$Amt } \rightarrow \text { INC_Q35 } \\ & \text { Ctrl K } \rightarrow \text { INC_SG33 } \end{aligned}$ |

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|  | Ctrl R | Ctrl $\mathrm{R} \rightarrow$ INC_SG33 |
| :---: | :---: | :---: |
| INC_Q32 $=$ Ctrl K/R | INC_SG33 <br> 1. If there have been no $\mathrm{Ctrl} \mathrm{K} / \mathrm{R}$ 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 ) <br> 2. Otherwise | $\begin{aligned} & 1 \rightarrow \text { INC_Q34 } \\ & \\ & \\ & 2 \rightarrow \text { INC_Q35 } \end{aligned}$ |
| INC_SG33 = 1 | INC_Q34 <br> Would the amount [you/[first name]] expect[s] to receive from dividends from shares (this financial year) be less than $\$ 100$ ? <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> 1. Yes <br> 5. No <br> Ctrl K <br> Ctrl R | $\begin{aligned} & 1 \rightarrow \text { INC_Q35 } \\ & 5 \rightarrow \text { INC_Q35 } \\ & \text { Ctrl K } \rightarrow \text { INC_Q35 } \\ & \text { Ctrl R } \rightarrow \text { INC_Q35 } \end{aligned}$ |
| $\begin{aligned} & \text { INC_Q31 = 5 } \\ & \text { INC_Q32 = \$Amt } \\ & \text { INC_SG33 = } 2 \\ & \text { INC_Q34 = ALL } \end{aligned}$ | INC_Q35 <br> [Do you/Does [first name]] currently receive income from interest? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { INC_Q36 } \\ & 5 \rightarrow \text { INC_Q39 } \end{aligned}$ |
| INC_Q35 = 1 | INC_Q36 <br> How much [do you/does [first name]] expect to receive from interest this financial year? <br> Enter dollar amount. If 'nil' enter zero. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. $\text { < } 0 \text {.. } 999999 \text { > }$ <br> Ctrl K <br> Ctrl R | $\begin{aligned} & \text { \$Amt } \rightarrow \text { INC_Q39 } \\ & \text { Ctrl K } \rightarrow \text { INC_SG37 } \\ & \text { Ctrl R } \rightarrow \text { INC_SG37 } \end{aligned}$ |
| INC_Q36 = Ctrl K/R | INC_SG37 |  |


|  | 1. If there have been no $\mathrm{Ctrl} \mathrm{K} / \mathrm{R}$ 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 ) <br> 2. Otherwise | $1 \rightarrow \text { INC_Q38 }$ $2 \rightarrow \text { INC_Q39 }$ |
| :---: | :---: | :---: |
| INC_SG37 = 1 | INC_Q38 <br> Would the amount [you/[first name]] expect[s] to receive from interest (this financial year) be less than $\$ 100$ ? <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> 1. Yes <br> 5. No <br> Ctrl K <br> Ctrl R | $\begin{aligned} & 1 \rightarrow \text { INC_Q39 } \\ & 5 \rightarrow \text { INC_Q39 } \\ & \text { Ctrl K } \rightarrow \text { INC_Q39 } \\ & \text { Ctrl R } \rightarrow \text { INC_Q39 } \end{aligned}$ |
| INC_Q35 = 5 <br> INC_Q36 = \$Amt <br> INC_SG37 $=2$ <br> INC_Q38 = ALL | INC_Q39 <br> [Do you/Does [first name]] currently receive income from any other source? <br> 1. Yes <br> 5. No | $\begin{aligned} & 1 \rightarrow \text { INC_Q40 } \\ & 5 \rightarrow \text { INC_SG44a } \end{aligned}$ |
| INC_Q39 = 1 | INC_Q40 <br> What are these sources? $\text { < } 60 \text { char > }$ | $\rightarrow$ INC_Q41 |
| INC_Q40 = ALL | INC_Q41 <br> How much [do you/does [first name]] receive from (this source/these sources)? <br> Enter dollar amount. <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> < $1 . .999999999$ > <br> Ctrl K <br> Ctrl R | $\begin{aligned} & \text { \$Amt } \rightarrow \text { INC_Q42 } \\ & \text { Ctrl K } \rightarrow \\ & \text { INC_SG44a } \\ & \text { Ctrl R } \rightarrow \\ & \text { INC_SG44a } \end{aligned}$ |


| INC_Q41 = \$Amt | INC_Q42 <br> What period does that cover? <br> 1. Week <br> 2. Fortnight <br> 3. Four weeks <br> 4. Calendar month <br> 5. Year <br> 6. Other - please specify | $\begin{aligned} & 1 \rightarrow \text { INC_SG44a } \\ & 2 \rightarrow \text { INC_SG44a } \\ & 3 \rightarrow \text { INC_SG44a } \\ & 4 \rightarrow \text { INC_SG44a } \\ & 5 \rightarrow \text { INC_SG44a } \\ & 6 \rightarrow \text { INC_Q43 } \end{aligned}$ |
| :---: | :---: | :---: |
| INC_Q42 = 6 | INC_Q43 <br> Insert 'other' period. $\text { < } 60 \text { char > }$ | $\rightarrow \text { INC_SG44a }$ |
| $\begin{aligned} & \text { INC_Q39 }=5 \\ & \text { INC_Q41 }=\text { Ctrl K/R } \\ & \text { INC_Q42 }=1 \text { to } 5 \\ & \text { INC_Q43 }=\text { ALL } \end{aligned}$ | INC_SG44a <br> 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 INC_Q27 OR INC_Q31 OR INC_Q35 OR INC_Q39) <br> 2. No income sources reported <br> 3. Otherwise | $1 \rightarrow \text { INC_SG45 }$ $\begin{aligned} & 2 \rightarrow \text { INC_SG45 } \\ & 3 \rightarrow \text { INC_Q44 } \end{aligned}$ |
| INC_SG44a $=3$ | INC_Q44 <br> You have told me that [you/[first name]] [receive/receives] [list all sources of income]. <br> What is [your/[first name]'s] main source of income? [Please consider dividends from shares, and interest as one source.] <br> Only one response is allowed <br> Ctrl K may be used here if necessary. <br> Ctrl $R$ may be used here if necessary. <br> [ <br> 1. Wages or salary (including from own incorporated business) <br> 2. Own unincorporated business or share in a partnership <br> 3. Government pension or allowance <br> 4. Rental investment property <br> 5. Superannuation, an annuity or private pension <br> 6. Dividends from shares and/or interest <br> 7. Other | $\begin{aligned} & 1 \rightarrow \text { INC_SG45 } \\ & 2 \rightarrow \text { INC_SG45 } \\ & 3 \rightarrow \text { INC_SG45 } \\ & 4 \rightarrow \text { INC_SG45 } \\ & 5 \rightarrow \text { INC_SG45 } \\ & 6 \rightarrow \text { INC_SG45 } \\ & 7 \rightarrow \text { INC_SG45 } \end{aligned}$ |


|  | 8. Nil or negative <br> 9. Don't know <br> Ctrl K <br> Ctrl R ] | $\begin{array}{\|l} 8 \rightarrow \text { INC_SG45 } \\ 9 \rightarrow \text { INC_SG45 } \\ \text { Ctrl K } \rightarrow \text { INC_SG45 } \\ \text { Ctrl R } \rightarrow \text { INC_SG45 } \end{array}$ |
| :---: | :---: | :---: |
| $\begin{aligned} & \text { INC_SG44a = } 1 \text { or } 2 \\ & \text { INC_Q44 = ALL } \end{aligned}$ | INC_SG45 <br> 1. If a single person household <br> 2. Else if respondent is $18+$ and there are other nonselected persons aged $15+$ in household <br> 3. Otherwise | $1 \rightarrow$ Next Module <br> $2 \rightarrow$ INCTOT_Q01 <br> $3 \rightarrow$ Next Module |
| INC_SG45= 2 | INCTOT_Q01 <br> 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)]. <br> Before income tax, salary sacrifice or anything else is taken out, how much income in total do these people usually receive from all sources? <br> Enter dollar amount. If respondent unable to answer, prompt for their best estimate. <br> Ctrl K may be used here if necessary. <br> Ctrl R may be used here if necessary. <br> 1. Amount <br> 2. Nil <br> Ctrl K <br> Ctrl R | $1 \rightarrow$ INCTOT_Q02 <br> $2 \rightarrow$ Next Module <br> Ctrl K $\rightarrow$ Next Module <br> Ctrl R $\rightarrow$ Next Module |
| INCTOT_Q01 = 1 | INCTOT_Q02 <br> Enter dollar amount. $\text { < } 1 \text {.. } 999999999 \text { > }$ | $\rightarrow$ INCTOT_Q03 |
| INCTOT_Q02 = ALL | INCTOT_Q03 <br> What period does that cover? <br> 1. Week <br> 2. Fortnight <br> 3. Four weeks <br> 4. Calendar month <br> 5. Year <br> 6. Other - please specify | $1 \rightarrow$ Next Module <br> $2 \rightarrow$ Next Module <br> $3 \rightarrow$ Next Module <br> $4 \rightarrow$ Next Module <br> $5 \rightarrow$ Next Module <br> $6 \rightarrow$ INCTOT_Q04 |

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| INCTOT_Q03 = 6 | INCTOT_Q04 |  |
| :--- | :--- | :--- |
|  | Enter 'other' period. |  |
| $<60$ char $>$ | $\rightarrow$ Next Module |  |

## Module 32: $\quad$ Financial Stress <br> 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 <br> The next question is about [your/this household's] financial position. <br> If all of a sudden [you/this household] had to get $\$ 2000$ for something important, could the money be obtained within a week? <br> 1. Yes <br> 5. No <br> 6. Don't know | $1 \rightarrow$ Next Module <br> $5 \rightarrow$ Next Module <br> $6 \rightarrow$ Next Module |

$\begin{array}{ll}\text { Module 33: } & \text { Housing Tenure } \\ \text { Includes: } & \text { Tenure, Renting details, Number of bedrooms, and Phones }\end{array}$

| From Population | Question | To Question |
| :--- | :--- | :--- |
| All selected persons <br> aged 18 years and over <br> and is either answering <br> for Self or is relaying <br> answers to the Proxy. | DWTEN_Q01 <br> I would now like to ask you some questions about <br> this dwelling. <br> Is this dwelling owned or partly owned by <br> [you/anyone in this household]? <br> 1. Yes <br> 5. No |  |
|  | DWTEN_Q02 <br> [Do you/Does anyone in this household] currently <br> have any mortgages or secured loans on this <br> dwelling? <br> 1. Yes <br> 5. No | DWTEN_Q01 $=1$ |


|  | $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $\begin{aligned} & 1 \rightarrow \text { DWST_Q01 } \\ & 5 \rightarrow \text { DWTEN_Q07 } \end{aligned}$ |
| :---: | :---: | :---: |
| DWTEN_Q06 = 5 | DWTEN_Q07 <br> Is this dwelling occupied rent free? <br> 1. Yes <br> 5. No | $1 \rightarrow$ DWRENT_Q01 <br> $5 \rightarrow$ DWRENT_Q01 |
| $\begin{aligned} & \hline \text { DWTEN_Q03 = } 1 \\ & \text { DWTEN_Q07 = ALL } \end{aligned}$ | DWRENT_Q01 <br> Show Prompt Card S1 <br> [Who is the landlord of/Who do [you/members of this household] pay rent to for] this dwelling? <br> 10. Real estate agent <br> 11. State or Territory housing authority <br> Person not in the same household: <br> 12. Parent/ Other relative <br> 13. Other person <br> 14. Owner/ Manager of caravan park <br> Employer: <br> 15. Government employer <br> 16. Other employer <br> Other: <br> 17. Housing co-operative, Community or Church group <br> 18. Other | $10 \rightarrow$ DWST_Q01 <br> $11 \rightarrow$ DWST_Q01 <br> $12 \rightarrow$ DWST_Q01 <br> $13 \rightarrow$ DWST_Q01 <br> $14 \rightarrow$ DWST_Q01 <br> $15 \rightarrow$ DWST_Q01 <br> $16 \rightarrow$ DWST_Q01 <br> $17 \rightarrow$ DWST_Q01 <br> $18 \rightarrow$ DWST_Q01 |
| DWTEN_Q02 = 5 <br> DWTEN_SG05 = 1 <br> DWTEN_SG05 $=2$ <br> DWTEN_Q06 = 1 <br> DWRENT_Q01 = ALL | DWST_Q01 <br> Code best description of location of selected dwelling <br> 1. Caravan park <br> 2. Marina <br> 3. Manufactured home estate <br> 4. Accommodation for the retired or aged (selfcare) <br> 5. Other (including residential dwelling blocks, farms, etc.) | $\begin{aligned} & 1 \rightarrow \text { DWST_Q02 } \\ & 2 \rightarrow \text { DWST_Q02 } \\ & 3 \rightarrow \text { DWST_Q02 } \\ & 4 \rightarrow \text { DWST_Q02 } \\ & 5 \rightarrow \text { DWST_Q02 } \end{aligned}$ |
| DWST_Q01 = ALL | DWST_Q02 <br> Code best description of structure containing household. <br> 1. Separate house | $1 \rightarrow$ NUMBED_Q0 |


|  | Semi-detached/row or terrace house/ town house: <br> 2. - one storey <br> 3. - two or more storeys <br> Flat or apartment <br> 4. - in a one or two storey block <br> 5. - in a three storey block <br> 6. - in a four or more storey block <br> 7. - attached to a house <br> Other dwelling: <br> 8. Caravan, cabin, houseboat <br> 9. Improvised home, tent, campers out <br> 10. House or flat attached to a shop or office etc. | $\begin{aligned} & 2 \rightarrow \text { NUMBED_Q01 } \\ & 3 \rightarrow \text { NUMBED_Q01 } \\ & \\ & 4 \rightarrow \text { NUMBED_Q01 } \\ & 5 \rightarrow \text { NUMBED_Q01 } \\ & 6 \rightarrow \text { NUMBED_Q01 } \\ & 7 \rightarrow \text { NUMBED_Q01 } \\ & \\ & 8 \rightarrow \text { DWST_Q04 } \\ & 9 \rightarrow \text { NUMBED_Q01 } \\ & 10 \rightarrow \text { NUMBED_Q01 } \end{aligned}$ |
| :---: | :---: | :---: |
| DWST_Q02 = 8 | DWST_Q04 <br> Code best description of selected dwelling. <br> 1. Caravan <br> 2. Cabin <br> 3. Houseboat | $1 \rightarrow$ NUMBED_Q01 <br> $2 \rightarrow$ NUMBED_Q01 <br> $3 \rightarrow$ NUMBED_Q01 |
| $\begin{aligned} & \hline \text { DWST_Q02 <> } 8 \\ & \text { DWST_Q04 = ALL } \end{aligned}$ | NUMBED_Q01 <br> How many bedrooms are there in this [<insert dwelling type>]? <br> Enter number of bedrooms. <br> If bedsitter, code ' 0 '. $\langle 0 . .9\rangle$ | $\rightarrow$ PHONE_Q01 |
| $\begin{aligned} & \text { NUMBED_Q01 = } \\ & \text { ALL } \end{aligned}$ | PHONE_Q01 <br> Are any of the following connected in this dwelling a fixed landline or a mobile phone? <br> If 'yes' prompt for which one. <br> 1. Fixed landline <br> 2. Mobile phone <br> 3. Both <br> 4. No/None of the above | $1 \rightarrow$ PHONE_Q02 <br> $2 \rightarrow$ PHONE_Q03 <br> $3 \rightarrow$ PHONE_Q02 <br> $4 \rightarrow$ EndSurvey |
| PHONE_Q01 = 1 or 3 | PHONE_Q02 <br> Is your landline number listed in the white pages? <br> 1. Yes <br> 5. No | $1 \rightarrow$ PHONE_SG01 <br> $5 \rightarrow$ PHONE SG01 |

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

