## 2006 TIME USE SURVEY

PAPER QUESTIONNAIRE

## Sample

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## Housing details

## MODULE 1

| Question/Field | To question: |
| :---: | :---: |
| HOUDT_Q01 <br> Is this dwelling...: <br> Read out each category until a 'yes' response is given. <br> 1. Owned or partly owned by anyone in this household? <br> 2. Rented by anyone in this household? <br> 3. Being purchased under a rent buy or shared equity scheme by anyone in this household? <br> 4. Occupied under a life tenure scheme? <br> 5. Occupied rent free? <br> 6. None of the above | $\begin{aligned} & 1 \rightarrow \text { HOUDT_Q02 } \\ & 2 \rightarrow \text { HOUDT_Q03 } \\ & 3 \rightarrow \text { HOUDT_Q02 } \\ & 4 \rightarrow \text { HOUDT_Q02 } \\ & 5 \rightarrow \text { HOUDT_Q05 } \\ & 6 \rightarrow \text { HOUDT_Q03 } \end{aligned}$ |
| HOUDT_Q02 <br> [Do you/does anyone in this household] currently have any mortgages or secured loans on this dwelling? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUDT_Q05 |
| HOUDT_Q03 <br> Show white Prompt Card 1. <br> (Prompt card to appear on screen when interviewer presses F9) <br> Who do [you / members of this household] pay rent to for this dwelling? <br> 1. - Real estate agent <br> 2. - State or territory housing authority <br> Person not in the same household: <br> 3. - Parent / Other relative <br> 4. - Other person <br> 5. - Owner / Manager of caravan park Employer: <br> 6. - Defence Housing Authority <br> 7. - Government <br> 8. - Other employer Other landlord <br> 9. - Housing co-operative / Community / <br> Church group <br> 10. - Other (specify) | 1-9 $\rightarrow$ HOUDT_Q05 <br> $10 \rightarrow$ HOUDT_Q04 |
| HOUDT_Q04 <br> 1. Enter other person / agency rent paid to. <br> Allow text entry of 40 characters | $\rightarrow$ HOUDT_Q05 |
| HOUDT_Q05 <br> Is this dwelling or the grounds around it managed by an organisation such as a body corporate? <br> 1. Yes <br> 5. No | $\rightarrow$ ETHN_Q01 |

## Ethnicity (ETHN) <br> MODULE 2

| Question/Field | To question: |
| :---: | :---: |
| ETHN_Q01 (FLANG_Q01) <br> I am now going to ask you some questions about [your/UR's\} language and education. <br> Which language did [you/ UR] first speak as a child? <br> 1. English <br> 2. Italian <br> 3. Greek <br> 4. Cantonese <br> 5. Mandarin <br> 6. Arabic <br> 7. Vietnamese <br> 8. German <br> 9. Spanish <br> 10. Tagalog (Filipino) <br> 11. Other (Specify) | 1 to 10. $\rightarrow$ ETHN_Q03 $\text { 11. } \rightarrow \text { ETHN_Q02 }$ |
| ETHN_Q02 (FLANG_Q02) <br> 1. Specify other language <br> Allow text entry of 15 char | $\rightarrow$ ETHN_Q03 |
| ETHN_Q03 (MLANG_Q01) <br> Which language [do you/does UR] mainly speak at home? <br> 1. English <br> 2. Italian <br> 3. Greek <br> 4. Cantonese <br> 5. Mandarin <br> 6. Arabic <br> 7. Vietnamese <br> 8. German <br> 9. Spanish <br> 10. Tagalog (Filipino) <br> 11. Other (Specify) | 1 to $10 \rightarrow$ ETHN_Q05(SG) <br> 11. $\rightarrow$ ETHN_Q04 |
| ETHN_Q04 (MLANG_Q02) <br> 1. Specify other language <br> Allow text entry of 15 char | $\rightarrow$ ETHN_Q05 (SG) |
| ETHN_Q05 (SG) <br> 1. If ETHN_Q03 = 1 (English) <br> 2. Otherwise | 1. $\rightarrow$ ETHN_Q07(SG) <br> 2. $\rightarrow$ ETHN_Q06 |


| ETHN_Q06 |  |
| :---: | :---: |
| Do you consider that [you/ ur] [speak/s] English very well, well, or not well? <br> Ctrl K may be used here if necessary <br> 1. Very well <br> 2. Well <br> 3. Not well <br> 4. Not at all | $\rightarrow$ ETHN_Q07(SG) |
| ETHN_Q07 (SG) <br> 1. If ARA/UR's mother is a usual resident <br> 2. Otherwise | 1. $\rightarrow$ ETHN_Q10(SG) <br> 2. $\rightarrow$ ETHN Q08 |
| ETHN_Q08 <br> In which country was [your/ UR's] mother born? <br> Ctrl $K$ is allowed <br> 1. Australia <br> 2. England <br> 3. New Zealand <br> 4. Italy <br> 5. VietNam <br> 6. Scotland <br> 7. Greece <br> 8. Germany <br> 9. Phillipines <br> 10. India <br> 11. Other (specify) | 1 to $10 \rightarrow$ ETHN_Q10(SG) <br> 11. $\rightarrow$ ETHN_Q09 |
| ETHN_Q09 <br> 1. Specify Other country Allow text entry of 25 char | $\rightarrow$ ETHN_Q10(SG) |
| ETHN_Q10 (SG) <br> 1. If ARA/UR's father is a usual resident <br> 2. Otherwise | 1. $\rightarrow$ EDUC_Qa(SG) <br> 2. $\rightarrow$ ETHN_Q11 |
| ETHN_Q11 <br> In which country was [your/ UR's] father born? <br> Ctrl $K$ is allowed <br> 1. Australia <br> 2. England <br> 3. New Zealand <br> 4. Italy <br> 5. VietNam <br> 6. Scotland <br> 7. Greece <br> 8. Germany <br> 9. Phillipines <br> 10. India <br> 11. Other (specify) | ```1 to 10-> EDUC_Qa(SG) 11. }->\mathrm{ ETHN_Q12``` |
| ETHN_Q12 <br> 1. Specify Other country Allow text entry of 25 char | $\rightarrow$ EDUC_Q0a(SG) |

## Education (EDUC) <br> MODULE 3

| Question/Field | To question: |
| :---: | :---: |
| EDUC_Q01 <br> What was the highest year of primary or secondary school that [you/ UR] 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 | $\rightarrow$ EDUC_Q02 |
| EDUC_Q02 <br> The next few questions are about any educational qualifications that [you have/ UR has] completed. <br> [Have you/Has UR] completed a trade certificate, diploma, degree or any other educational qualification? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ EDUC_Q03 <br> 5. $\rightarrow$ EDUC_Q07(SG) |
| EDUC_Q03 <br> What is the level of the highest qualification that [you have/ UR has] completed? <br> 1. Level (to be specified) <br> 2. Year 12 certificate or equivalent <br> 3. Statement of attainment | 1. $\rightarrow$ EDUC_Q04b <br> 2. $\rightarrow$ EDUC_Q04a <br> 3. $\rightarrow$ EDUC_Q04a |
| EDUC_Q04a <br> [Have you/Has UR] completed any other educational qualifications? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ EDUC_Q04b <br> 5. $\rightarrow$ EDUC_Q07(SG) |
| EDUC_Q04b <br> Enter qualification level. <br> Allow text entry of 80 characters | $\rightarrow$ EDUC_Q05 |
| EDUC_Q05 <br> What is the main field of study for that qualification? <br> Enter main field of study. If 'nursing', 'arts', 'teaching', 'science’ or 'engineering', ask for more detail. <br> Allow text entry of 100 characters | $\rightarrow$ EDUC_Q06 |



| EDUC_Q13 |  |
| :--- | :--- |
| [Are you/ls UR] studying for any other educational qualifications? | 1. $\rightarrow$ EDUC_Q14 <br> 1. Yes <br> 5. No <br> EDUC_Q14 <br> What is the level of the qualification [you are/UR is] currently studying <br> for? |
| Enter qualification level $\rightarrow$ EDUC_Q15 <br> Allow text entry of 100 characters  |  |
| EDUC_Q15 |  |
| What is the main field of study for this course? | $\rightarrow$ LABF_Q01 |
| Enter main field of study. If 'nursing', 'arts', 'teaching', 'science' or |  |
| 'engineering', ask for more detail. |  |
| Allow text entry of 100 characters |  |

## Labour Force (LABF) <br> MODULE 4

| Question/Field | To question: |
| :---: | :---: |
| LABF_Q01 <br> I would now like to ask you about last week, that is, the week starting Monday the .... and ending (last Sunday the .... /yesterday). <br> Last week, did [you/ UR] 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 (if age 65+ only) | 1. $\rightarrow$ LABF_Q04 <br> 5. $\rightarrow$ LABF_Q02 <br> 6. $\rightarrow$ LABF_Q39 <br> 7. $\rightarrow$ LABF_Q39 |
| LABF_Q02 <br> Last week, did [you/ UR] do any work without pay in a family business? <br> 1. Yes <br> 5. No <br> 6. Permanently not intending to work (if age 65+ only) | 1. $\rightarrow$ LABF_Q04 <br> 5. $\rightarrow$ LABF_Q03 <br> 6. $\rightarrow$ LABF_Q39 |
| LABF_Q03 <br> Did [you/ UR] have a job, business or farm that [you were/he/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 (if age 65+ only) | 1. $\rightarrow$ LABF_Q04 <br> 5. $\rightarrow$ LABF_Q24 <br> 6. $\rightarrow$ LABF_Q39 |
| LABF_Q04 <br> Did [you/ UR] have more than one job or business (last week)? <br> 1. Yes <br> 5. No | $\rightarrow$ LABF_Q05 |
| LABF_Q05 <br> [The next few questions are about the job or business in which [you/ UR] usually work[s] the most hours.] <br> [Do you/Does ur] work for an employer, or in [your/ his/her] own business? <br> 1. Employer <br> 2. Own business <br> 3. Other/Uncertain | 1. $\rightarrow$ LABF_Q06 <br> 2. $\rightarrow$ LABF_Q08 <br> 3. $\rightarrow$ LABF_Q07 |
| LABF_Q06 <br> [Are you/ Is UR] paid a wage or salary, or some other form of payment? <br> 1. Wage/Salary <br> 2. Other/Uncertain | 1. $\rightarrow$ LABF_Q10 <br> 2. $\rightarrow$ LABF_Q07 |


| LABF_Q07 |  |
| :---: | :---: |
| What are [your/ UR's] (working / payment) arrangements? | 1. $\rightarrow$ LABF_Q24 |
| 1. Unpaid voluntary work | 2. $\rightarrow$ LABF_Q08 |
| 2. Contractor/Subcontractor | 3. $\rightarrow$ LABF_Q08 |
| 3. Own business/Partnership | 4. $\rightarrow$ LABF_Q08 |
| 4. Commission only | 5. $\rightarrow$ LABF_Q9a(SG) |
| 5. Commission with retainer | 6. $\rightarrow$ LABF_Q9a(SG) |
| 6. In a family business without pay 7. Payment in kind | 7. $\rightarrow$ LABF_Q9a(SG) |
| 8. Paid by the piece/item produced | 8. $\rightarrow$ LABF_Q9a(SG) |
| 9. Wage/salary earner | 9. $\rightarrow$ LABF_Q9a(SG) |
| 10. Other | 10. $\rightarrow$ LABF_Q9a(SG) |
| LABF_Q08 |  |
| [Do you/Does UR] have employees (in that business)? |  |
| 1. Yes | $\rightarrow$ LABF_Q09 |
| 5. No |  |
| LABF_Q09 |  |
| Is that business incorporated? |  |
| 1. Yes <br> 5. No | $\rightarrow$ LABF_Q9a(SG) |
| LABF_Q9a(SG) |  |
| 1. If LABF_Q03=1 | 1. $\rightarrow$ LABF_Q11 |
| 2. Otherwise | 2. $\rightarrow$ LABF_Q10 |
| LABF_Q10 |  |
| I would now like to ask you about when [you/ UR] worked last week in [all [your/his/her] jobs/ [your/his/her] job]? |  |
| Press 1 to continue | $\rightarrow$ LABF_Q10a |
| LABF_Q10a |  |
| (Remembering that Monday was a public holiday,) [did you/ UR] work on Monday? |  |
| 1. Yes <br> 5. No | $\rightarrow$ LABF Q10b |
| LABF_Q10b |  |
| Did [ you/ UR] work on Tuesday? |  |
| 1. Yes | $\rightarrow$ LABF_Q10c |
| 5. No |  |
| LABF_Q10c |  |
| Did [you/ UR] work on Wednesday? |  |
| 1. Yes | $\rightarrow$ LABF_Q10d |
| 5. No |  |


| LABF_Q10d |  |
| :---: | :---: |
| Did [ you/ UR] work on Thursday? |  |
| 1. Yes | $\rightarrow$ LABF_Q10e |
| $\begin{aligned} & \text { 5. No } \\ & \hline \text { LABF_Q10e } \end{aligned}$ |  |
|  |  |
| Did [ you/ UR] work on Friday? |  |
| 1. Yes | $\rightarrow$ LABF_Q10f |
| 5. No |  |
| LABF_Q10f |  |
| Did [ you/ UR] work on Saturday? |  |
| 1. Yes | $\rightarrow$ LABF_Q10g |
| 5. No |  |
| LABF_Q10g |  |
| Did [you/ UR] work on Sunday? |  |
|  | $\rightarrow$ LABF_Q11 |
| 1. Yes ${ }^{\text {5. No }}$ ( ${ }^{\text {a }}$ |  |
| LABF_Q11 |  |
| How many hours a week [do you/does UR] usually work in [all [your/his/her] jobs/ [your/his/her job]]? |  |
| 0.... 168 |  |
| LABF_Q12 |  |
| [Do you/Does UR] do any work at home in [that job/business][any of your/his/her jobs/businesses]]? |  |
| 1. Yes | 1. $\rightarrow$ LABF_Q13 |
| 5. No | 5. $\rightarrow$ LABF_Q17 |
| LABF_Q13 |  |
| How many hours a week [do you/does UR] usually work at home [in all your/his/her jobs]? |  |
| $0 . .168$ | $\rightarrow$ LABF_Q13a(SG) |
| LABF_Q13a(SG) |  |
| 1. If only one job - code 5 at LABF_Q04 <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q14(SG) } \\ & \text { 2. } \rightarrow \text { LABF_Q13b } \end{aligned}$ |
| LABF_Q13b |  |
| Is the work [you do/UR does] at home for an employer or for [your/his/her] own business? |  |
|  | 1. $\rightarrow$ LABF_Q15 |
| 1. Employer | 2. $\rightarrow$ LABF_Q17 |
| 2. Own business <br> 3. Both | $3 . \rightarrow$ LABF_Q15 |


| LABF_Q14(SG) <br> 1. If LABF_Q05=1 or LABF_Q07=9 <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q15 } \\ & \text { 2. } \rightarrow \text { LABF_Q17 } \\ & \hline \end{aligned}$ |
| :---: | :---: |
| LABF_Q15 <br> [Do you/Does UR] have an agreement with [your/his/her] employer to work from home on an ongoing basis (in [your/his/her] main job)? <br> 1. Yes <br> 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q16 } \\ & 5 . \rightarrow \text { LABF_Q17 } \end{aligned}$ |
| LABF_Q16 <br> Show blue Prompt Card 2 (to appear when interviewer presses F9) <br> Which of these [do you/does UR] use to let [you/him/her] work from home? <br> 1. Access to your employer's computer system via a modem <br> 2. Use of a portable PC (either personal or employer provided) <br> 3. Use of floppy disks/CD roms containing work related information <br> 4. Mobile phone <br> 5. Other <br> 6. None of the above | $\rightarrow$ LABF_Q17 |
| LABF_Q17 <br> What is [your/ UR's] occupation in [that/your main] job? <br> Allow text entry of 100 characters | $\rightarrow$ LABF_Q18 |
| LABF_Q18 <br> What are [your/ UR's] main tasks and duties? <br> Allow text entry of 100 characters | $\rightarrow$ LABF_Q19 |
| LABF_Q19 <br> What kind of business or service is carried out by [your/ UR's] [employer at the place where [you/ UR] work[s]? <br> Allow text entry of 100 characters | $\rightarrow$ LABF_Q20 |
| LABF_Q20 <br> What is the name of [your/ UR] [employer/business]? <br> Allow text entry of 100 characters | $\rightarrow$ LABF_Q21 |
| LABF_Q21 <br> Does that [employer/business] provide [you/ UR] with paid sick leave? <br> 1. Yes <br> 5. No | $\rightarrow$ LABF_Q22 |
| LABF_Q22 <br> Does that [employer/business] provide [you/ UR] with paid holiday leave? <br> 1. Yes <br> 5. No | $\rightarrow$ LABF_Q22a |


| LABF_Q22a |  |
| :---: | :---: |
| [Do you/Does UR] work overtime on a regular basis? |  |
| 1. Yes <br> 5. No | 1. $\rightarrow$ LABF_Q22b <br> 5. $\rightarrow$ LABF_Q23(SG) |
| LABF_Q22b |  |
| How many hours of overtime [do you/does UR] usually work each week? | $\rightarrow$ LABF_Q22c |
| LABF_Q22c | $\rightarrow$ LABF_Q22d |
| Is this overtime paid, unpaid or both? |  |
| Ctrl K may be used here is necessary |  |
| 1. Paid |  |
| 3. Both paid and unpaid |  |
| LABF_Q22d | $\rightarrow$ LABF_Q23(SG) |
| Did you include this time in the [number of hours] hours [you/UR] usually work[s] each week? |  |
| 1. Yes <br> 5. No |  |
| LABF_Q23(SG) | 1. $\rightarrow$ LABF_Q24 <br> 2. $\rightarrow$ LABF_Q38a (SG) |
| 1. If LABF_Q11 = less than 1 hour <br> 2. Otherwise |  |
| LABF_Q24 |  |
| At any time during the last 4 weeks [have you/has UR] been looking for full-time or part-time work work? |  |
| 1. Yes, full-time work | 1. $\rightarrow$ LABF_Q25 |
| 3. Yes, part-time work | 3. $\rightarrow$ LABF_Q25 5. $\rightarrow$ LABF-Q36 |
| 5. No | 5. $\rightarrow$ LABF_Q36 |
| LABF_Q25 |  |
| (At any time in the last 4 weeks [have you/has UR]) written, phoned or applied in person to an employer for work? |  |
| 1. Yes | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q33 } \\ & \text { 5. } \rightarrow \text { LABF_Q26 } \end{aligned}$ |
| 5. No |  |
| LABF_Q26 |  |
| (At any time in the last 4 weeks [have you/has UR]) answered a newspaper advertisement for a job? |  |
| 1. Yes | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q33 } \\ & \text { 5. } \rightarrow \text { LABF_Q27 } \end{aligned}$ |
| 5. No |  |


| LABF_Q27 | $\rightarrow$ LABF_Q28 |
| :---: | :---: |
| (At any time in the last 4 weeks [have you/has UR]) looked in newspapers? |  |
| $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ |  |
| LABF_Q28 |  |
| (At any time in the last 4 weeks [have you/has UR]) checked factory notice boards, or used the touchscreens at Centrelink offices? |  |
| 1. Yes | 1. $\rightarrow$ LABF_Q33 |
| 5. No | 5. $\rightarrow$ LABF_Q29 |
| LABF_Q29 |  |
| (At any time in the last 4 weeks [have you/has UR]) been registered with Centrelink as a jobseeker? |  |
| 1. Yes 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { LABF_Q33 } \\ & \text { 5. } \rightarrow \text { LABF_Q30 } \\ & \hline \end{aligned}$ |
| LABF_Q30 |  |
| (At any time in the last 4 weeks [have you/has UR]) checked or registered with an employment agency? |  |
| 1. Yes | 1. $\rightarrow$ LABF_Q33 |
| 5. No | 5. $\rightarrow$ LABF_Q31 |
| LABF_Q31 <br> 9At any time in the last 4 weeks [have you/has UR]) done anything else to find a job? |  |
|  |  |
| 1. Advertised or tendered for work | 1. $\rightarrow$ LABF_Q33 |
| 2. Contacted friends/relatives | 2. $\rightarrow$ LABF_Q33 |
| 3. Other (specify) <br> 4. Only looked in newspapers | 3. $\rightarrow$ LABF_Q32 |
|  | 4. $\rightarrow$ LABF_Q36 |
| 4. Only looked in newspapers <br> 5. None of these | 5. $\rightarrow$ LABF_Q36 |
| LABF_Q32 <br> 1. Other specify |  |
|  | $\rightarrow$ LABF_Q33 |
| Allow text entry of 100 characters |  |
| LABF_Q33 |  |
| If [you/ UR] had found a [part-time] job could [you/ he/she] have started work last week? |  |
| 1. Yes | 1. $\rightarrow$ LABF_Q34 |
| 5. No <br> 6. Don't know | 5. $\rightarrow$ LABF_Q39 |
|  | 6. $\rightarrow$ LABF_Q34 |
| $\begin{array}{\|l\|} \hline \text { 6. Don't know } \\ \hline \text { LABF_Q34 } \\ \hline \end{array}$ |  |
| When did [you/ UR] begin looking for work? |  |
| If less than 2 years ago enter full date. If 2 years to less than 5 years ago, enter the MONTH and YEAR only (enter 2 spaces for the day) |  |
| If 5 years or more ago, enter the year only (enter 2 spaces for the day and 2 for the month) | $\rightarrow$ LABF_Q35 |


| LABF_Q35 |  |
| :---: | :---: |
| When did [you/ UR] last work for 2 weeks or more? |  |
| If less than 2 years ago enter full date. |  |
| If 2 years to less than 5 years ago, enter the MONTH and YEAR only (enter 2 spaces for the day) | $\rightarrow$ LABF_Q39 |
| If 5 years or more ago, enter the year only (enter 2 spaces for the day and 2 for the month) |  |
| LABF_Q36 |  |
| Even though [you are/ UR is] not looking for work, would [you/ UR] like a job? |  |
| 1. Yes | 1. $\rightarrow$ LABF_Q37 |
| 3. Maybe, it depends | 3. $\rightarrow$ LABF_Q37 |
| 5. No | 5. $\rightarrow$ LABF_Q39 |
| 6. Don't know | 6. $\rightarrow$ LABF_Q39 |
| LABF_Q37 |  |
| What are all the reasons [you are / UR is] not looking for work now / [have/has] not taken any other steps to find work]? <br> More than one response is allowed |  |
| 10. Has a job to go to | 10. $\rightarrow$ LABF_Q38a(SG) |
| Personal reasons |  |
| 11. Own ill health or disability |  |
| 12. Pregnancy | 11. $\rightarrow$ LABF_Q38a(SG) |
| 13. Studying/returning to studies | 12. $\rightarrow$ LABF_Q38a(SG) 13. $\rightarrow$ LABF ${ }^{\text {a38a(SG) }}$ ( |
| 14. Does not need to work | 13. $\rightarrow$ LABF_Q38a(SG) 14. $\rightarrow$ LABF ${ }^{\text {a }}$ (Sa(SG) |
| 15. Give others a chance | 15. $\rightarrow$ LABF-Q38a(SG) |
| 16. Welfare payments/pension may be <br> 17. Moved house/holidays | 16. $\rightarrow$ LABF_Q38a(SG) |
| 17. Moved house/holidays | 17. $\rightarrow$ LABF_Q38a(SG) |
| Family reasons |  |
| 18. Child care | 18. $\rightarrow$ LABF_Q38a(SG) |
| 19. III health of other than self | 19. $\rightarrow$ LABF_Q38a(SG) |
| 20. Other family considerations | 20. $\rightarrow$ LABF_Q38a(SG) |
| Training program |  |
| 21. On a job related training program | 21. $\rightarrow$ LABF_Q38a(SG) |
| Believes no work available or couldn't find work because: | 22. $\rightarrow$ LABF_Q38a(SG) |
| 22. Employers think too young or too old | 23. $\rightarrow$ LABF_Q38a(SG) |
| 23. Lacks necessary schooling, training, skills or experience <br> 24. Difficulties with language or ethnic background | 24. $\rightarrow$ LABF_Q38a(SG) |
| No jobs | 25. $\rightarrow$ LABF_Q38a(SG) |
| 25. In locality/line of work | $\text { 26. } \rightarrow \text { LABF_Q38a(SG) }$ |
| 26. In suitable hours <br> 27. At all | 27. $\rightarrow$ LABF_Q38a(SG) |
| 28. Other (specify) <br> 29. Don't know | 28. $\rightarrow$ LABF_Q38 <br> 29. $\rightarrow$ LABF_Q38a(SG) |
| LABF_Q38 |  |
| 1. Other Please specify |  |
| Allow text entry 50 characters | $\rightarrow$ LABF_Q39 |


| LABF_Q38a(SG) <br> 1. If LABF_Q11 is more than 40 hours <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { INCO_Q01 } \\ & \text { 2. } \rightarrow \text { LABF_Q39 } \\ & \hline \end{aligned}$ |
| :---: | :---: |
| LABF_Q39 |  |
| Show yellow Prompt Card 3 (to appear when interviewer presses F9) |  |
| Currently, what is [your/ UR's] main activity? |  |
| 1. Working | 1. $\rightarrow$ INCO_Q01 |
| 2. Looking for Work | 2. $\rightarrow$ INCO_Q01 |
| 3. Working in unpaid voluntary job | 3. $\rightarrow$ INCO_Q01 |
| 4. Child care | 4. $\rightarrow$ INCO_Q01 |
| 5. Home duties | 5. $\rightarrow$ INCO_Q01 |
| 6. Studying | 6. $\rightarrow$ INCO_Q01 |
| 7. Retired | 7. $\rightarrow$ INCO_Q01 |
| 8. Voluntarily inactive | 8. $\rightarrow$ INCO_Q01 |
| 9. Own illness/injury | 9. $\rightarrow$ INCO-Q01 |
| 10. Own disability/handicap | 10. $\rightarrow$ INCO_Q01 |
| 11. Looking after ill/disabled/aged person | 11. $\rightarrow$ INCO-Q01 |
| 12. Other (specify) ............ | 12. $\rightarrow$ LABF_Q40 |
| LABF_Q40 |  |
| 1. Please specify | $\rightarrow$ INCO_Q01 |
| Allow text entry of 50 characters |  |

## Income (INCO) <br> MODULE 5

| Question/Field | To question: |
| :---: | :---: |
| INCO_Q01 <br> I would now like to ask you some questions about income. <br> Show green Prompt Card 4 (to appear when interviewer presses F9). <br> In the (2004-2005) financial year did [you/ UR] receive income from any of these sources? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ INCO_Q02 <br> 5. $\rightarrow$ INCO_Q09 |
| INCO_Q02 <br> Which ones? <br> Show green Prompt Card 4 (to appear when interviewer presses F9). <br> More than one response is allowed. Press space bar between responses. <br> 1. Profit or loss from own unincorporated business or share in a partnership <br> 2. Profit or loss from rental property <br> 3. Dividends or interest | $\rightarrow$ INCO_Q03(SG) |
| INCO_Q03(SG) <br> 1. If INCO _Q02 $=1$ <br> 2. Otherwise | 1. $\rightarrow$ INCO_Q04 <br> 2. $\rightarrow$ INCO_Q06(SG) |
| INCO_Q04 <br> Was it a profit or a loss that [you/UR] made from [your/his/her] unincorporated business or share in a partnership ? <br> 1. Profit <br> 2. Loss <br> 3. Neither (zero profit/loss) | 1. $\rightarrow$ INCO_Q05 <br> 2. $\rightarrow$ INCO_Q05 <br> 3. $\rightarrow$ INCO_Q06(SG) |
| INCO_Q05 <br> [Before income tax is taken out (but after business expenses have been deducted], how much was the [profit/loss] from this unincorporated business or share in a partnership in the 2004-2005 financial year? <br> Ctrl K may be used here if necessary. Ctrl $R$ may be used here if necessary. <br> 1. $\$ 0 . . . .999999$ <br> 2. $\mathrm{Ctrl} \mathrm{R}, \mathrm{Ctrl} \mathrm{K}$ | $\rightarrow$ INCO_Q06(SG) |
| INCO_Q06(SG) <br> 1. If code 2 at INCO_Q02 <br> 2. Otherwise | 1. $\rightarrow$ INCO_Q07 <br> 2. $\rightarrow$ INCO_Q08a(SG) |

## INCO_Q07

Was it a profit or a loss that [you/UR] made from [your/his/her] rental property ?

1. Profit
2. $\rightarrow$ INCO_Q08
3. Loss
4. $\rightarrow$ INCO_Q08
5. Neither (zero profit/loss)
6. $\rightarrow$ INCO_Q08a(SG)

INCO_Q08
[Before income tax is taken out (but after business expenses have been deducted)], how much was the [profit/loss] from [your/his her] rental property in the 2004-05 financial year?

Ctrl K may be used here if necessary.
Ctrl $R$ may be used here if necessary.

1. \$0.... 999999
$\rightarrow$ INCO_Q08a(SG)
2. $\mathrm{Ctrl} \mathrm{R}, \mathrm{Ctrl} \mathrm{K}$

INCO_Q08a(SG)

1. If code 3 at INCO_Q02
2. Otherwise

INCO_Q08b
Before income tax is taken out, how much did [you/ UR] receive from dividends or interest in the 2004-05 financial year?

Ctrl K may be used here if necessary.
Ctrl $R$ may be used here if necessary.

1. $\$ 0 \ldots . . .999999$
2. Ctrl R, Ctrl K

INCO_Q09
Show pink Prompt Card 5 (to appear when interviewer presses F9).
[Do you/does UR] currently receive income from any of these sources?

1. Yes
2. $\rightarrow$ INCO_Q10
3. $\rightarrow$ CCARE_Q01

INCO_Q10
Which ones?
Show pink Prompt Card 5 (to appear when interviewer presses F9).
More than one response is allowed. Press space bar between responses.

1. Wages or salary (including from own incorporated business)
2. Government pension or allowance (include Family Tax Benefit if received as a payment from Centrelink)
3. Child support/Maintenance.
4. Superannuation/Annuity/Allocated pension
5. Workers' Compensation
6. Any other regular source (excluding profit or loss from business, rent or investment)

| INCO_Q11 |  |
| :--- | :--- |
| <start loop> |  |
| For each source mentioned in INCO_Q10 ask Qs 11-13 |  |
| Before income tax is taken out, how much [do you/does UR] usually |  |
| receive from [source]? |  |
| 1. \$0..999,999 |  |
| 2. CtriK, Ctrl R | 1. $\rightarrow$ INCO_Q12 |
| INCO_Q12 | 2. $\rightarrow$ INCO_Q14 (SG) |
| What period does that cover? |  |
| Enter number of full (weeks/months) covered |  |
| 1..52 |  |
| INCO_Q13 |  |
| Record weeks/months |  |
| 1. Weeks |  |
| 2. Months |  |
| <end loop> |  |
| INCO_Q14 (SG) |  |
| 1. If currently receive income from govt pension or allowance <br> (INCO_Q10=2) <br> 2. Otherwise |  |
| INCO_Q15 | 1. $\rightarrow$ INCO_Q15 (SG) |
| Show white Prompt Card 6 (to appear when interviewer presses F9) |  |
| [Do you/Does UR currently receive any of these pensions, allowances |  |
| or benefits? |  |
| Only one response is allowed |  |
| 1. Australian Age Pension <br> 2. Newstart Allowance <br> 3. Mature Age Allowance <br> 4. Service Pension (DVA) (exclude superannuation, eg DFRDB) <br> 5. Disability Support Pension <br> 6. Wife Pension <br> 7. Carer Payment <br> 8. Sickness Allowance <br> 9. Widow Allowance / Widow B Pension (Centrelink) <br> 10. Special Benefit <br> 11. Partner Allowance <br> 12. No/none of these <br> 13. Don't know |  |

INCO_Q16
Show blue Prompt Card 7 (to appear when interviewer presses F9)
[Do you/Does UR currently receive any of these pensions, allowances or other forms of assistance?

More than one response is allowed

1. War Widow(er)'s Pension (DVA)
2. Disability Pension (DVA)
3. Carer Allowance
4. Overseas pensions/benefits
5. Family Tax Benefit
6. Parenting Payment
7. Youth Allowance
8. Other (please specify)
9. No/none of these
10. Don't know

INCO_Q17
Enter details of other source
$8 \rightarrow$ INCO_Q17
9. $\rightarrow$ CCARE_Q01

1 to $7 \rightarrow$ CCARE_Q01
10. $\rightarrow$ CCARE_Q01
$\rightarrow$ CCARE_Q01

## Child Care (CCARE) <br> MODULE 6

| Question/Field | To question: |
| :---: | :---: |
| CCARE_Q01 (SG) <br> 1. If ARA/UR is responsible for child(ren) under 13 <br> 2. Otherwise | 1. $\rightarrow$ CCARE_Q02(SG) <br> 2. $\rightarrow$ CCARE Q20(SG) |
| CCARE_Q02 (SG) <br> 1. If questionnaire of first parent/guardian/main carer of those children <br> 2. Otherwise | 1. $\rightarrow$ CCARE_Q03 <br> 2. $\rightarrow$ CCARE_Q20(SG) |
| CCARE_Q03 <br> The next few questions are about childcare. <br> Show green Prompt Card 9 (to appear when interviewer presses F9). <br> [Is child's name/Are any of the children aged less than 13 years usually cared for at any of these formal childcare places? <br> 1. Yes <br> 5. No <br> 6. Don't know | 1. $\rightarrow$ CCARE_Q04 <br> 5. $\rightarrow$ CCARE Q11 <br> 6. $\rightarrow$ CCARE_Q11 |
| CCARE_Q04 <br> Show green Prompt Card 9 (to appear when interviewer presses F9). <br> Which ones? <br> More than one response is allowed <br> 1. Before and After School Care <br> 2. Long Day Care Centres <br> 3. Family Day Care <br> 4. Pre-School <br> 5. Occasional Care <br> 6. Other formal childcare (Specify). | 1. $\rightarrow$ CCARE_Q06 <br> 2. $\rightarrow$ CCARE_Q06 <br> 3. $\rightarrow$ CCARE Q06 <br> 4. $\rightarrow$ CCARE_Q06 <br> 5. $\rightarrow$ CCARE_Q06 <br> 6. $\rightarrow$ CCARE Q05 |
| CCARE_Q05 <br> Please specify <br> Allow text entry of 50 characters | $\rightarrow$ CCARE_Q06 |
| CCARE_Q06 <br> [Does he/she/Do they] usually attend each week? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ CCARE_Q07(SG) <br> 5. $\rightarrow$ CCARE_Q11 |
| CCARE_Q07 (SG) <br> 1. If respondent responsible for only one child aged less than 13 years (from HF) <br> 2. Otherwise | 1. $\rightarrow$ CCARE_Q09 <br> 2. $\rightarrow$ CCARE Q08 |


| CCARE_Q08 |  |
| :---: | :---: |
| Which child usually attends for the most number of hours a week? <br> List of children under 13 to appear for interviewer to tick <br> If two or more children attend the same number of hours, select the first name on the list. | $\rightarrow$ CCARE_Q09 |
| CCARE_Q09 <br> Show green Prompt Card 9 (to appear when interviewer presses F9). How many days each week does [child's name] usually attend these places? <br> $0 . .7$ | $\rightarrow$ CCARE_Q10 |
| CCARE_Q10 <br> How many hours a week in total does [child's name/eldest child's name] usually attend these places? $\text { 0....... } 60$ | $\rightarrow$ CCARE_Q11 |
| CCARE_Q11 <br> Show pink Prompt Card 10 (to appear when interviewer presses F9). <br> [Is/are any of] the child[ren] aged less than 13 years usually cared for by any of these people? <br> 1. Yes <br> 5. No <br> 6. Don't know | 1. $\rightarrow$ CCARE_Q12 <br> 5. $\rightarrow$ CCARE_Q19 <br> 6. $\rightarrow$ CCARE_Q19 |
| CCARE_Q12 <br> Show pink Prompt Card 10 (to appear when interviewer presses F9). <br> Which people? <br> More than one response is allowed <br> 1. Child's (step) brother / (step) sister <br> 2. Child's grandparents <br> 3. Child's other relative <br> 4. Other people <br> 5. Other organisation <br> 6. Child looks after self | $\rightarrow$ CCARE_Q13(SG) |
| CCARE_Q13 (SG) <br> 1. If CCARE_Q12 $=1$ or 2 or 3 or 4 <br> 2. Otherwise | 1. $\rightarrow$ CCARE_Q14 <br> 2. $\rightarrow$ CCARE Q19 |
| CCARE_Q14 <br> [is he/she/Are they] usually looked after each week? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ CCARE_Q15(SG) <br> 5. $\rightarrow$ CCARE_Q19 |


| CCARE_Q15 (SG) |  |
| :---: | :---: |
| 1. If respondent responsible for only one child aged less than 13 years (from HF) <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { CCARE_Q17 } \\ & \text { 2. } \rightarrow \text { CCARE_Q16 } \end{aligned}$ |
| CCARE_Q16 |  |
| Which child is usually looked after for the most number of hours a week? |  |
| List of children under 13 to appear for interviewer to tick | $\rightarrow$ CCARE_Q17 |
| If two or more children attend the same number of hours, select the first name on the list. |  |
| CCARE_Q17 |  |
| Show pink Prompt Card 10 (to appear when interviewer presses F9). |  |
| How many days each week is [child's name/eldest child's name] usually looked after by these people? | $\rightarrow$ CCARE_Q18 |
| 0.7 |  |
| CCARE_Q18 |  |
| How many hours a week in total is [child's name/eldest child's name] usually looked after by these people? |  |
| $0 . .60$ |  |
| CCARE_Q19 |  |
| Can [you/UR] arrange child care at short notice for employment or leisure reasons? |  |
| 1. Yes | $\rightarrow$ CCARE_Q20(SG) |
| 6. Sometimes / usually |  |
| CCARE_Q20(SG) |  |
| 1. If ARA/UR is aged over 352. Otherwise | $1 \rightarrow$ CCARE Q21 |
|  | $2 \rightarrow$ DISB_Q01 |
| CCARE_Q21 |  |
| The following questions are about grandchildren and are being asked of all people over the age of 35 . | $1 \rightarrow$ CCARE_Q22 |
| CCARE_Q22 |  |
| [Do you/DoesUR] have any grandchildren under the age of 15 ? |  |
| 1. Yes | $1 \rightarrow$ CCARE_Q22a(SG) |
| 5. No | $5 \rightarrow$ DISB_Q01 |
| CCARE_Q22a(SG) |  |
| 1. If any children under 15 present in hh | $1 \rightarrow$ CCARE_Q22b |
| 2. Otherwise | $2 \rightarrow$ CCARE_Q23 |


| CCARE_Q22b |  |
| :---: | :---: |
| Do they live here or elsewhere? |  |
| 1. Live here | $1 \rightarrow$ CCARE_Q22c |
| 2. Live elsewhere | $2 \rightarrow$ CCARE_Q23 |
| 3. Both | $3 \rightarrow$ CCARE_Q22c |
| CCARE_Q22c |  |
| [Are you/is UR] the guardian or main carer of any of [your/his/her] grandchildren that live here? |  |
| 1. Yes, all | $1 \rightarrow$ DISB_Q01 |
| 3. Yes, but not all 5. No | $3 \rightarrow$ DISB_Q01 |
| CCARE_Q23 |  |
| In the past 12 months, have there been occasions when [you have/UR has] looked after or cared for any of [your/his/her] grandchildren? |  |
| 1. Yes | $1 \rightarrow$ CCARE_Q24 |
| 5. No | $5 \rightarrow$ DISB_Q01 |
| CCARE_Q24 |  |
| How old was the youngest grandchild [you have/UR has] looked after or cared for in the past twelve months? |  |
| 0.. 14 | $\rightarrow$ CCARE_Q25 |
| CCARE_Q25 |  |
| Which of the following types of care [have you/has UR] provided for [your/his/her] grandchildren in the past 12 months? |  |
| Babysitting while the parents go out or take a break. |  |
| 1. Yes <br> 5. No | $\rightarrow$ CCARE_Q26 |
| CCARE_Q26 |  |
| (Which of the following types of care [have you/has UR] provided for [your/his/her] grandchildren in the past 12 months?) |  |
| Regular care while the parents are at work. |  |
| 1. Yes <br> 5. No | $\rightarrow$ CCARE_Q27 |
| CCARE_Q27 |  |
| (Which of the following types of care [have you/has UR's name] provided for [your/his/her] grandchildren in the past 12 months?) |  |
| School holiday care. |  |
| 1. Yes <br> 5. No | $\rightarrow$ CCARE_Q28 |


| CCARE_Q28 |  |
| :---: | :---: |
| (Which of the following types of care [have you/has UR's name] provided for [your/his/her] grandchildren in the past 12 months?) |  |
| Occasional care, for example when the child is unwell or the parents have to work extra hours. |  |
| $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $\rightarrow$ CCARE_Q29(SG) |
| CCARE_Q29(SG) |  |
| 1. If CCARE_Q26=1 or CCARE_Q27=1 <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { CCARE_Q30 } \\ & \text { 2. } \rightarrow \text { DISB_Q01 } \end{aligned}$ |
| CCARE_Q30 |  |
| Show white Prompt Card 11 (to appear when interviewer presses F9). |  |
| [Do you/ Does UR] receive any of these things in return for providing this [regular/school holiday] care? |  |
| 1. Money 2. Gifts | 1. $\rightarrow$ DISB_Q01 |
| 3. Food/accommodation | 2. $\rightarrow$ DISB_Q01 |
| 4. Other (specify) | 3. $\rightarrow$ DISB_Q01 |
| 5. None of these things | 4. $\rightarrow$ CCARE_Q31 |
|  | 5. $\rightarrow$ DISB_Q01 |
| CCARE_Q31 |  |
| 1. Other Please specify |  |
| Allow 100 characters | $\rightarrow$ DISB_Q01 |

## Disability (DISB) <br> MODULE 7

| Question/Field | To question: |
| :---: | :---: |
| DISB_Q01 <br> I would now like to ask about any conditions [you/ UR] may have that have lasted, or are likely to last, for six months or more. <br> Do you have any of these conditions? <br> Show blue Prompt Card 12 <br> 1. Yes <br> 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q02 } \\ & \text { 5. } \rightarrow \text { DISB_Q } \end{aligned}$ |
| DISB_Q02 <br> Which ones? <br> Show blue Prompt Card 12 <br> More than one response is allowed. Press space between responses. <br> 1. Sight problems not corrected by glasses or contact lenses <br> 2. Hearing problems <br> 3. Speech problems <br> 4. Blackouts, fits or loss of consciousness <br> 5. Difficulty learning or understanding things <br> 6. Limited use of arms or fingers <br> 7. Difficulty gripping things <br> 8. Limited use of feet or legs <br> 9. Any condition that restricts physical activity or physical work (e.g. back problems, migraines) <br> 10. Any disfigurement or deformity <br> 11. Any mental illness for which help or supervision is required | $\rightarrow$ DISB_Q03 |
| DISB_Q03 <br> Still thinking of conditions lasting six months or more, [are you/is UR] restricted in everyday activities by any of these? <br> Show yellow Prompt Card 13 <br> 1. Yes <br> 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q04 } \\ & \text { 5. } \rightarrow \text { DISB_Q05(SG) } \end{aligned}$ |
| DISB_Q04 <br> Which ones? <br> Show yellow Prompt Card 13 <br> More than one response is allowed. Press space between responses. <br> 1. Shortness of breath or difficulty breathing <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 | $\rightarrow$ DISB_Q5(SG) |


| DISB_Q05(SG) |  |
| :---: | :---: |
| 1. If no conditions or restrictions reported (DISB_Q01=5 and DISB_Q03=5) <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q18(SG) } \\ & \text { 2. } \rightarrow \text { DISB_Q06 } \end{aligned}$ |
| DISB_Q06 |  |
| Show green Prompt Card 14 |  |
| Because of the condition[s] you have told me about, [do you/ does UR] ever need help or supervision with any of these tasks? |  |
| 1. Yes <br> 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q07 } \\ & \text { 5. } \rightarrow \text { DISB_Q08 } \\ & \hline \end{aligned}$ |
| DISB_Q07 |  |
| Show green Prompt Card 14 |  |
| [Do you/ Does UR] always need help with any of these tasks? |  |
| 1. Yes <br> 5. No |  |
| DISB_Q08 |  |
| Show green Prompt Card 14 |  |
| Because of the condition[s] you have told me about, [do you/ does UR] ever have difficulty with any of these tasks? |  |
| 1. Yes <br> 5. No | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q15(SG) } \\ & \text { 5. } \rightarrow \text { DISB_Q09 } \end{aligned}$ |
| DISB_Q09 |  |
| Show green Prompt Card 14 |  |
| Even though [you/ UR] can do these self-care, mobility and communication tasks without difficulty, [do you/does UR] use any aids to assist with these tasks? |  |
| 1. Yes <br> 5. No | $\rightarrow$ DISB_Q15(SG) |
| DISB_Q10 (SG) |  |
| 1. If respondent lives alone (from HF) <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q15(SG) } \\ & \text { 2. } \rightarrow \text { DISB_Q11 } \\ & \hline \end{aligned}$ |
| DISB_Q11 |  |
| Is this assistance provided by someone in this household? |  |
| 1. Yes | 1. $\rightarrow$ DISB_Q11a(SG) |
| 5. No | 5. $\rightarrow$ DISB_Q15 (SG) |
| 6. Does not receive assistance | 6. $\rightarrow$ DISB_Q15(SG) |


| DISB_Q11a (SG) |  |
| :---: | :---: |
| 1. If DISB_Q11=1 and there are only 2 URs in household <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q14 } \\ & \text { 2. } \rightarrow \text { DISB_Q12 } \\ & \hline \end{aligned}$ |
| DISB_Q12 <br> Which people in this household provide this assistance to [you/ UR]? <br> Person number(s)..... | If $>1$ person $\rightarrow$ DISB_Q13 <br> If only 1 person $\rightarrow$ <br> DISB Q14 |
| DISB_Q13 <br> Who in this household is the main provider of this assistance? <br> Person Number $\qquad$ | $\rightarrow$ DISB_Q14 |
| DISB_Q14 <br> Is there anyone else outside of the household that provides more assistance than [main helper]? <br> 1. Yes <br> 5. No | $\rightarrow$ DISB_Q15 (SG) |
| DISB_Q15(SG) <br> 1. If age less than 65 <br> 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q16 } \\ & \text { 2. } \rightarrow \text { DISB_Q18(SG) } \end{aligned}$ |
| DISB_Q16 <br> Show pink Prompt Card 15 <br> Because of the condition[s] you have told me about, [do you/ does UR] have any difficulties with education such as these? <br> 1. Yes <br> 5. No | $\rightarrow$ DISB Q17 |
| DISB_Q17 <br> Show white Prompt Card 16 <br> Because of the condition[s] you have told me about, [do you/ does UR] have any difficulties with employment such as these? <br> 1. Yes <br> 5. No | $\rightarrow$ DISB_Q18(SG) |
| DISB_Q18(SG) <br> 1. If DISB_Q01=1 or DISB_Q03=1 (If respondent has a condition) <br> 2. If respondent aged 60 years or more (from HF) <br> 3. Otherwise | 1. $\rightarrow$ DISB_Q19 <br> 2. $\rightarrow$ DISB Q19 <br> 3. $\rightarrow$ DISB_Q22 |


| DISB_Q19 |  |
| :---: | :---: |
| Show blue Prompt Card 17 |  |
| More than one response is allowed. Press space between responses. |  |
| Because of [[your/ UR's] condition[s]/problems associated with age], [do you/ does UR] receive assistance with any of the following tasks? |  |
| 1. Cognitive/emotional support |  |
| 2. Health care |  |
| 3. Meal preparation |  |
| 4. Laundry or ironing |  |
| 5. Light housework | 1 to $9 \rightarrow$ DISB_Q20 |
| 6. Heavy housework |  |
| 7. Home maintenance |  |
| 8. Gardening or mowing |  |
| 9. Transport <br> 10. No assistance received because of disability and/or ageing |  |
|  | $10 \rightarrow$ DISB_Q22 |
| DISB_Q20 |  |
| Is this assistance provided by someone in this household? |  |
| 1. Yes | 1. $\rightarrow$ DISB_Q20a(SG) |
| 5. No | 5. $\rightarrow$ DISB Q22 |
| 6. Does not receive assistance | 6. $\rightarrow$ DISB_Q22 |
| DISB_Q20a (SG) |  |
| 1. If DISB_Q20=1 and there are only 2 URs in household | 1. $\rightarrow$ DISB_Q22 |
| 2. Otherwise | 2. $\rightarrow$ DISB Q21 |
| DISB_Q21 | $\rightarrow$ DISB_Q22 |
| Which people in this household provide this assistance to [you/ UR]? <br> Person number(s)..... |  |
| DISB_Q22 |  |
| The following questions are about help given to people living somewhere else. |  |
| Show yellow Prompt Card 18 |  |
| More than one response is allowed. Press space between responses. |  |
| [Do you/ Does UR] provide help with any of these tasks to anyone living out side this household on a regular unpaid basis? |  |
| 1. Self-care |  |
| 2. Mobility |  |
| 3. Communication | 1-10. $\rightarrow$ DISB_Q23 |
| 4. Health care |  |
| 5. Home help |  |
| 6. Home maintenance |  |
| 7. Meals |  |
| 8. Paperwork |  |
| 9. Cognitive or emotional support |  |
| 10. Transport | 11. $\rightarrow$ DISB_Q26(SG) |
| 11. None of these |  |


| DISB_Q23 |  |
| :---: | :---: |
| What is [your/UR] relationship to the person [he/she/you] help[s] (the most)? |  |
| 1. Spouse / de facto |  |
| 2. Parent | $\rightarrow$ DISB_Q24 |
| 3. Child |  |
| 4. Grandparent |  |
| 5. Grandchild |  |
| 6. Brother/sister |  |
| 7. Other family member |  |
| 8. Non-family member |  |
| DISB_Q24 |  |
| What is the main reason [you provide/UR provides] help with these tasks? |  |
| 1. Long-term illness/disability | 1. $\rightarrow$ DISB_25 |
| 2. Old age | 2. $\rightarrow$ DISB_Q25 |
| 3. Other | 3. $\rightarrow$ DISB_Q26(SG) |
| DISB_Q25 |  |
| [Is UR /Are you] the main provider of help to that person? | $\rightarrow$ DISB Q26(SG) |
| 1. Yes <br> 5. No |  |
| DISB_Q26 (SG) |  |
| 1. If first person's schedule in household <br> 2. Otherwise | 1. $\rightarrow$ DISB_Q27(SG) 2. HOUS_Q01 |
| DISB_Q27 (SG) |  |
| 1. If any child(ren) under 15 years (from HF) <br> 2. Otherwise | 1. $\rightarrow$ DISB_Q28 <br> 2. $\rightarrow$ HOUS Q01 |
| DISB_Q28 |  |
| Show blue Prompt Card 12 |  |
| Does [name of single child under 15/any child under 15 living here] have any of these conditions that have lasted, or are likely to last, for six months or more? |  |
| 1. Yes | 1. $\rightarrow$ DISB_Q29 |
| 5. No | 5. $\rightarrow$ DISB_Q30 |
| DISB_Q29 |  |
| Which child(ren)? |  |
| Person Number[s].... | $\rightarrow$ DISB_Q30 |
| Show list of all children in household under 15 |  |


| DISB_Q30 |  |
| :---: | :---: |
| Show yellow Prompt Card 13 |  |
| Still thinking of conditions lasting six months or more, is [name of single child under 15/any child under 15 living here] restricted in everyday activities by any of these? |  |
| $\begin{aligned} & \text { 1. Yes } \\ & \text { 5. No } \end{aligned}$ | $\begin{aligned} & \text { 1. } \rightarrow \text { DISB_Q31 } \\ & \text { 5. } \rightarrow \text { DISB_Q32(SG) } \end{aligned}$ |
| DISB_Q31 |  |
| Which child(ren)? |  |
| Person Number[s]..... | $\rightarrow$ DISB_Q32(SG) |
| Show list of all children in household under 15 |  |
| DISB_Q32(SG) |  |
| 1. If DISB_Q28=5 and DISB_Q30=5 2. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { HOUS_Q01 } \\ & \text { 2. } \rightarrow \text { DISB_Q33 } \end{aligned}$ |
| DISB_Q33 |  |
| Show green Prompt Card 14 |  |
| <start loop> <br> Does [name of child] receive more than usual assistance with any of these tasks? |  |
| 1. Yes | 1. $\rightarrow$ DISB_Q34 |
| 5. No | 5. $\rightarrow$ HOUS_Q01 |
| DISB_Q34 |  |
| Is this assistance provided by anyone in the household? |  |
| 1. Yes | 1. $\rightarrow$ DISB_Q34a(SG) |
| 5. No | 5. $\rightarrow$ HOUS_Q01 |
| DISB_Q34a(SG) |  |
| 1. If household consists of only two URs | $\text { 1. } \rightarrow \text { HOUS_Q01 }$ |
| 2. Otherwise |  |
| DISB_Q35 |  |
| Which people in this household provide this assistance to [name of child]? |  |
| Person number(s)..... | $\rightarrow$ DISB_Q36 |
| DISB_Q36 |  |
| Who is the main provider of that assistance? | $\rightarrow$ HOUS_Q01 |
| Person Number <end loop> |  |

## Household Items / Services (HOUS) MODULE 8

| Question/Field | To question: |
| :---: | :---: |
| HOUS_Q01 |  |
| The following questions are about items in this household that affect the way people spend their time. |  |
| How many televisions are there in this household? |  |
|  | 1. $\rightarrow$ HOUS_Q03 |
| 1. None | 2. $\rightarrow$ HOUS_Q02 |
| 2. One | 3. $\rightarrow$ HOUS_Q02 |
| 3. Two | 4. $\rightarrow$ HOUS_Q02 |
| 4. Three or more |  |
| HOUS_Q02 |  |
| Are there any pay TV subscriptions in this household? |  |
| 1. Yes |  |
| 5. No | $\rightarrow$ HOUS_Q03 |
| HOUS_Q03 |  |
| (Are there any) Video cassette players / recorders or DVD players (in this household)? |  |
| 1. Yes | $\rightarrow$ HOUS_Q04 |
| 5. No |  |
| HOUS_Q04 |  |
| How many motor vehicles are there in this household? |  |
| 1. None |  |
| 2. One |  |
| 3. Two | $\rightarrow$ HOUS_Q05 |
| 4. Three or more |  |
| HOUS_Q05 |  |
| (Are there any) Microwave ovens (in this household)? |  |
| 1. Yes |  |
| 5. No | $\rightarrow$ HOUS_Q06 |
| HOUS_Q06 |  |
| (Are there any) dishwashers (in this household)? |  |
| 1. Yes |  |
| 5. No | $\rightarrow$ HOUS_Q07 |
| HOUS_Q07 |  |
| (Are there any) clothes dryers (in this household)? |  |
| 1. Yes |  |
| 5. No | $\rightarrow$ HOUS_Q08 |


| HOUS_Q08 <br> (Are there any) deep freezers (in this household)? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q09 |
| :---: | :---: |
| HOUS_Q09 <br> (Are there any) answering machines or services (in this household)? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q10 |
| HOUS_Q10 <br> (Are there any) fax machines (in this household)? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q11 |
| HOUS_Q11 <br> (Are there any) personal computers (in this household)? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q12 |
| HOUS_Q12 <br> (Are there any) lawnmowers or whipper-snippers (in this household)? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q13 |
| HOUS_Q13 <br> I would now like to ask some questions about the use of time saving services. <br> In the last two weeks, [has anyone in this household/have you] used a dry cleaning, ironing or laundry service? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q14 |
| HOUS_Q14 <br> (In the last two weeks, [has anyone in this household/have you]) used a cleaner or someone to do the housework? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q15 |
| HOUS_Q15 <br> (In the last two weeks, has anyone in this household/have you]) used a garden maintenance, lawn mowing, pruning or rubbish removal service? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q15a(SG) |
| HOUS_Q15a(SG) <br> 1. If HOUDT_Q05=1 <br> 2. Otherwise | 1. $\rightarrow$ HOUS_Q15b(SG) <br> 2. $\rightarrow$ HOUS_Q16(SG) |


| HOUS_Q15b(SG) |  |
| :---: | :---: |
| 1. If HOUS_Q15=1 <br> 2. If HOUS Q15=5 | 1. $\rightarrow$ HOUS_Q15c <br> 2. $\rightarrow$ HOUS_Q15d |
| HOUS_Q15c |  |
| Was that garden maintenance or rubbish removal service organised by a body corporate or by someone in this household? <br> 1. Body corporate <br> 2. Someone in this household | $\rightarrow$ HOUS_Q16(SG) |
| HOUS_Q15d <br> (In the last two weeks) Has an organisation such as a body corporate used a garden maintenance service for the areas around this dwelling? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q16(SG) |
| HOUS_Q16(SG) <br> 1. If HOUS_Q13=1 or HOUS_Q14=1 or HOUS_Q15=1 <br> 2. Otherwise | 1. $\rightarrow$ HOUS_Q17 <br> 2. $\rightarrow$ HOUS_Q19 |
| HOUS_Q17 <br> Has anyone who lives outside this household paid for [this/these] service[s]? <br> 1. Yes <br> 5. No | 1. $\rightarrow$ HOUS_Q19 <br> 5. $\rightarrow$ HOUS_Q18 |
| HOUS_Q18 <br> Will anyone who lives outside this household pay for [this/these] service[s]? <br> 1. Yes <br> 5. No | $\rightarrow$ HOUS_Q19 |
| HOUS_Q19 <br> I would now like to ask you about meals purchased in the last two weeks. How many times [have you/has anyone in this household]... <br> Bought take-away meals or had meals delivered for breakfast, lunch or dinner? <br> Ctrl K may be used here if necessary. $0 . . . . . . . .30$ | $\rightarrow$ HOUS_Q20 |
| HOUS_Q20 <br> And how many times in the last two weeks [have you/has anyone in this household]... <br> Bought breakfast, lunch or dinner to eat at a restaurant, cafeteria, club or food court? <br> Ctrl K may be used here if necessary <br> 0. 30 | $\rightarrow$ ITU_Q01 |

## IT Use (ITU) <br> MODULE 9

| Question/Field | To question: |
| :---: | :---: |
| $\begin{array}{\|l} \hline \text { ITU_Q01(SG) } \\ \text { 1. If ARA schedule } \\ \text { 2. Otherwise } \\ \hline \end{array}$ | 1. $\rightarrow$ ITU_Q01a <br> 2. $\rightarrow$ ITU_Q04a(SG) |
| ITU_Q01a <br> The next few questions are about (this household's/your) use of computers and the internet. By Internet we mean use of e-mail or the world wide web <br> (Does any member of this household/do you) have access to the Internet at home? <br> 1. Yes <br> 5. No <br> 6. Don't know | 1. $\rightarrow$ ITU_Q02 <br> 5. $\rightarrow$ ITU_Q04a(SG) <br> 6. $\rightarrow$ ITU_Q04a(SG) |
| ITU_Q02 <br> [Does your household/Do you] have a dial-up or broadband connection to the Internet? <br> 1. Dial-up <br> 2. Broadband (include ADSL, SDSL, cable, microwave, satellite) <br> 3. Both <br> 4. Don't know | $\rightarrow$ ITU_Q03 |
| ITU_Q03 <br> Show green Prompt Card 19 <br> Which of the following is used to access the internet at home? <br> More than one response is allowed unless Don't Know. <br> 1. Computer via modem <br> 2. Television (digital television or via a set top box) <br> 3. Mobile phone <br> 4. Games machine <br> 5. Other <br> 6. Don't know | $\rightarrow$ ITU_Q04 |
| ITU_Q04 <br> How often was the Internet accessed in this household in the last 12 months? <br> Ctrl K can be used here if necessary <br> 1. At least once a day <br> 2. Two to six days a week <br> 3. One day a week <br> 4. One day a fortnight <br> 5. One day a month <br> 6. Less than one day a month <br> 7. Not at all | $\rightarrow$ ITU_Q04a(SG) |


| ITU_Q04a(SG) |  |
| :---: | :---: |
| 1. If single person household or only one UR in scope and ITU_Q03=only 1 and ITU_Q04=1-6 <br> 2. If single person household or only one UR in scope <br> 3. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { ITU_Q07 } \\ & \text { 2. } \rightarrow \text { ITU_Q05 } \\ & \text { 3. } \rightarrow \text { ITU_Q04b } \end{aligned}$ |
| ITU_Q04b <br> The last few questions ask about each household member's use of computers and the internet in turn. First of all, we are talking about [UR]. | $\rightarrow$ ITU_Q05 |
| ITU_Q05 <br> In the last 12 months [have you/has UR] used a computer at home? <br> 1. Yes <br> 5. No | $\rightarrow$ ITU_Q05a(SG) |
| ITU_Q05a(SG) <br> 1. If ITU_Q04=7 <br> 2. If single person hh and ITU_Q04=1-6 <br> 3. Otherwise | $\begin{aligned} & \text { 1. } \rightarrow \text { ITU_Q07 } \\ & \text { 2. } \rightarrow \text { ITU_Q07 } \\ & \text { 3. } \rightarrow \text { ITU_Q06 } \end{aligned}$ |
| ITU_Q06 <br> In the last 12 months [have you/has UR] accessed the Internet at home? <br> 1. Yes <br> 5. No | $\rightarrow$ ITU_Q07 |
| ITU_Q07 <br> In the last 12 months [have you/has UR] used a computer other than at home? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\rightarrow$ ITU_Q08 |
| ITU_Q08 <br> In the last 12 months [have you/has UR] accessed the Internet at places other than home? <br> 1.Yes <br> 5. No <br> 6. Don't know | $\begin{aligned} & \text { 1. } \rightarrow \text { ITU_Q10 } \\ & \text { 5. } \rightarrow \text { ITU_Q09(SG) } \\ & \text { 6. } \rightarrow \text { ITU_Q10 } \end{aligned}$ |
| $\begin{aligned} & \hline \text { ITU_Q09(SG) } \\ & \text { 1. If ITU_Q06=5 } \\ & \text { 2.Otherwise } \end{aligned}$ | $\begin{aligned} & \text { 1. } \rightarrow \text { diary } \\ & \text { 2. } \rightarrow \text { ITU_Q10 } \end{aligned}$ |
| ITU_Q10 <br> In the last 12 months [have you/has UR] purchased or ordered goods or services via the Internet? <br> 1. Yes <br> 5. No <br> 6. Don't know | $\rightarrow$ diary |

