

IN CONFIDENCE

POPULATION SURVEY



INDIGENOUS SOCIAL SURVEY REMOTE AREAS

PSU	BLOCK	DWELLING	HH	PERSON
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer: Commence interview at Q.11

<p>1. OFFICE USE ONLY <i>Final household response status</i></p> <p><input type="text"/></p>	<p>4. INDIGENOUS STATUS</p> <p>Neither 1 <input type="checkbox"/></p> <p>Aboriginal 2 <input type="checkbox"/></p> <p>Torres Strait Islander ... 3 <input type="checkbox"/></p> <p>Both 4 <input type="checkbox"/></p>	<p>6. HOUSEHOLD SPOKESPERSON</p> <p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>
<p>2. SEX</p> <p>Male 1 <input type="checkbox"/></p> <p>Female 2 <input type="checkbox"/></p>	<p>5. Answering own schedule ... 1 <input type="checkbox"/></p> <p><i>Proxy (person in household)</i> 2 <input type="checkbox"/></p>	
<p>3. AGE</p> <p>Years <input type="text"/></p>		

7. HOUSEHOLD TYPE

1 (Nothing further) 1

2 2

3 3

4 4

5 5

6 (Complete Q.9) 6

7 (Complete Q.8) 7

8 (Complete Q.9) 8

9 (Nothing further) 9

8. Husband
(Nothing further) 1

Wife
(Nothing further) 2

Son/daughter
(Nothing further) 3

9. Father/mother
(Nothing further) 1

Son/daughter
(Nothing further) 2

10. OFFICE USE ONLY				
A Relationship <input type="text"/> <input type="text"/>	B Family Number <input type="text"/>	C UR Scope Exclusion <input type="text"/>	D Initial Schedule Response <input type="text"/>	E Incomplete Schedule Response <input type="text"/>
F Income <input type="text"/>	G Compulsion Queried <input type="text"/>	H Number of Indigenous people aged 0-4 in household <input type="text"/> <input type="text"/>	I Total number of people aged 0-4 in household <input type="text"/> <input type="text"/>	J Number of Indigenous people aged 5-9 in household <input type="text"/> <input type="text"/>
K Total number of people aged 5-9 in household <input type="text"/> <input type="text"/>	L Number of Indigenous people aged 10-14 in household <input type="text"/> <input type="text"/>	M Total number of people aged 10-14 in household <input type="text"/> <input type="text"/>	N Number of indigenous full-time students aged 15-24 in household <input type="text"/> <input type="text"/>	O Total number of full-time students aged 15-24 in household <input type="text"/> <input type="text"/>
P Number of Indigenous people aged 65 or over in household <input type="text"/> <input type="text"/>	R Total number of people aged 65 or over in household <input type="text"/> <input type="text"/>	S Total number of Indigenous people in household <input type="text"/> <input type="text"/>	T Total number of people in household <input type="text"/> <input type="text"/>	U Selected adult attending educational institution (full-time 15-24) <input type="text"/>
V Social Marital Status <input type="text"/> <input type="text"/>	W Selected adult has child(ren) 0-14 in household <input type="text"/>	X Selected adult has child(ren) 15-24 in household <input type="text"/>	Y Selected adult has child(ren) in household 15-24 who are full-time students <input type="text"/>	

11. *Sequence Guide*

- . *If Household Spokesperson and not selected for personal interview* 1 ► Go to Q.800
- . *If aged 15-24 and studying full-time* 2 ► Go to Q.14
- . *Otherwise* 3 ► Go to Q.12

12. DO YOU GO TO SCHOOL, COLLEGE, TAFE OR UNIVERSITY?

- Yes 1
- No 2 ► Go to Q.15

13. ARE YOU STUDYING THERE FULL-TIME?

- Yes 1
- No 2

14. WHERE ARE YOU STUDYING?

- Secondary School 1
- University/Higher Education 2
- TAFE 3
- Business College 4
- Industry Skills Centre 5
- Other 6

15. WHAT IS THE HIGHEST YEAR OF SCHOOL THAT YOU HAVE FINISHED?

- Year 12 or equivalent 1
- Year 11 2
- Year 10 3
- Year 9 4
- Year 8 5
- Year 7 6
- Year 6 or lower 7
- Never attended school 8

16. SINCE LEAVING SCHOOL, HAVE YOU FINISHED ANY (OTHER) COURSE?

- Yes 1
- No 2 ► Go to Q.20

17. WHAT WAS THE NAME OF THIS COURSE?

Interviewer: If there is more than one course, ask for level of highest course.
Record level. If 'Year 12 or equivalent' or 'Statement of Attainment',
ask 'Have you completed any other educational qualifications?'

Qualification level (Specify)

..... 1

Year 12 certificate or equivalent 2

Statement of Attainment 3

Go to Q.20

Go to Q.20

18. WHAT DID YOU STUDY?

Interviewer: Record main field of study. If 'Nursing', 'Arts', 'Teaching',
'Science' or 'Engineering', ask for more detail.

.....
.....
.....

OFFICE USE ONLY

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19. DID YOU FINISH THIS COURSE:

BEFORE 1998? 1

1998 OR LATER? 2

Don't know 3

20. Sequence Guide

. If aged 15-19 and still attending school 1

. If aged 15-24 and did not complete Year 12 (Codes '2' to '8' in Q.15) 2

. Otherwise 3

Go to Q.100

Go to Q.21

Go to Q.100

21. WHY DID YOU STOP GOING TO SCHOOL?

Work-related reason

- Little difference to work prospects 01
- Got/wanted a job/apprenticeship 02
- Other work-related reason 03

School-related reason

- Did not do well 04
- Did not like school 05
- Changed to other type of study 06
- Felt had done enough 07
- Other school-related reason 08

Personal/family reason

- Own ill-health or disability 09
- Caring for family members 10
- Other personal/family reason 11

Other reason

- Financial reason 12
- Location / Transport reason 13
- Year 12 or equivalent not available 14
- Other reason 15

100. THE NEXT QUESTIONS ARE ABOUT JOBS.

LAST WEEK, DID YOU DO ANY WORK AT ALL IN A JOB?

- Yes 1 ► Go to Q.103
- No 2
- Permanently unable to work 3 ► Go to Q.200
- Permanently not intending to work (if aged 65+ only) 4 ► Go to Q.200

101. DID YOU HAVE A JOB THAT YOU WERE AWAY FROM BECAUSE YOU WERE SICK OR ON HOLIDAYS?

- Yes 1 ► Go to Q.103
- No 2
- Permanently not intending to work (if aged 65+ only) 3 ► Go to Q.200

102. ARE YOU ON CDEP (COMMUNITY DEVELOPMENT EMPLOYMENT PROJECT)?

- Yes 1 ► Go to Q.104
- No 2 ► Go to Q.110

103. IS THAT JOB PART OF CDEP (COMMUNITY DEVELOPMENT EMPLOYMENT PROJECT)?

- Yes 1
- No 2 ► Go to Q.105

104. HOW LONG HAVE YOU BEEN ON CDEP?

*Interviewer: If less than one month, round up to one month.
 If less than one year record in months.
 If one year or more, record in years.*

- Months
- Years
- Since it started

105. WHAT IS THE NAME OF YOUR EMPLOYER?

.....

106. DO YOU THINK YOU'LL STILL BE WORKING (ON CDEP/FOR THIS EMPLOYER) IN ONE YEAR'S TIME?

- Yes/Don't know/Depends 1 ► Go to Q.108
- No 2

107. WHY DO YOU THINK YOU'LL STOP WORK (ON CDEP/FOR THIS EMPLOYER)?

Personal / Family reason

- | | | |
|--|----|--------------------------|
| Return to study / Completing study | 01 | <input type="checkbox"/> |
| Travel / Holiday | 02 | <input type="checkbox"/> |
| Maternity/paternity reason / Look after family member(s) | 03 | <input type="checkbox"/> |
| Retiring | 04 | <input type="checkbox"/> |
| Changing jobs | 05 | <input type="checkbox"/> |
| Other personal/family reason | 06 | <input type="checkbox"/> |

Economic / Work-related reason

- | | | |
|---|----|--------------------------|
| Seasonal/temporary job | 07 | <input type="checkbox"/> |
| Employer/business closing down/downsizing | 08 | <input type="checkbox"/> |
| Completing current work | 09 | <input type="checkbox"/> |
| Contract finishing | 10 | <input type="checkbox"/> |
| Other economic/work-related reason | 11 | <input type="checkbox"/> |
| Other reason | 12 | <input type="checkbox"/> |

108. HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK?

Interviewer: Record number of hours.

- | | |
|---------------------------------|--------------------------|
| Hours | <input type="text"/> |
| Less than 1 hour/No hours | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

109. BECAUSE YOU WORK, IS IT POSSIBLE TO MEET ALL YOUR CULTURAL RESPONSIBILITIES?

- | | | |
|--|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |
| Don't have cultural responsibilities | 3 | <input type="checkbox"/> |

110. Sequence Guide

- . *If Q.105 answered* 1 ► Go to Q.121
- . *Otherwise* 2 ► Go to Q.111

111. AT ANY TIME IN THE LAST FOUR WEEKS, HAVE YOU BEEN LOOKING FOR WORK?

Interviewer: If 'Yes', probe for full-time or part-time.

- Yes, full-time 1
- Yes, part-time 2
- No 3 ► Go to Q.116

112. IN THE LAST FOUR WEEKS, WHAT HAVE YOU DONE TO LOOK FOR WORK?

- Written, phoned or applied in person to an employer for work 01
- Answered an advertisement for a job 02
- Checked factory/community noticeboards, or used the touchscreens at Centrelink offices 03
- Been registered with Centrelink as a jobseeker 04
- Checked or registered with an employment agency 05
- Advertised or tendered for work 06
- Contacted friends/relatives 07
- Other 08 ► Go to Q.116
- Only looked in newspapers 09 ► Go to Q.116
- None of the above 10 ► Go to Q.116

113. IF YOU HAD FOUND A JOB, COULD YOU HAVE STARTED WORK LAST WEEK?

- Yes 1
- No 2 ► Go to Q.116
- Don't know 3 ► Go to Q.116

114. HOW LONG HAVE YOU BEEN LOOKING FOR WORK?

- Never been looking for work 1
- Less than one year (*Record full weeks*) 2
- One year or more (*Record full years*) 3

115. HOW LONG IS IT SINCE YOU WORKED FOR PAY, IN ANY JOB FOR TWO WEEKS OR MORE?

- | | | |
|---|---|--------------------------|
| Never had a job/business for two weeks | 1 | <input type="checkbox"/> |
| Less than one year (<i>Record full weeks</i>) | 2 | <input type="checkbox"/> |
| One year or more (<i>Record full years</i>) | 3 | <input type="checkbox"/> |

► **Go to Q.118**

116. (EVEN THOUGH YOU ARE NOT LOOKING FOR WORK,) WOULD YOU LIKE A JOB?

- | | | | |
|-----------|---|--------------------------|----------------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | ► Go to Q.121 |

117. WHAT ARE ALL THE REASONS YOU (ARE NOT LOOKING FOR WORK NOW/HAVE NOT TAKEN ANY OTHER STEPS TO FIND WORK)?

Has a job to go to 01 *a*

Personal reasons

Own ill health or physical disability / Pregnancy 02 *b*

Studying / Returning to studies 03 *c*

Does not need to work 04 *d*

Give others a chance 05 *e*

Welfare payments/pension may be affected 06 *f*

Moved house / Holidays 07 *g*

Family reasons

Childcare 08 *h*

Ill health of other than self 09 *i*

Other family considerations 10 *j*

Believes no work available or couldn't find work because:

Employers think too young or too old 11 *k*

Lacks necessary schooling, training, skills or experience 12 *l*

Difficulties with language or ethnic background 13 *m*

No jobs

- in locality/line of work 14 *n*

- in suitable hours 15 *o*

- at all 16 *p*

Other 17 *q*

Don't know 18 *r*

► **Go to Q.121**

118. WHAT ARE ALL THE PROBLEMS YOU HAVE HAD GETTING A JOB?

- Transport problems or too far to travel 1 *a*
- No jobs at all 2 *b*
- No jobs in local area or line of work 3 *c*
- Insufficient education, training or skills 4 *d*
- Own ill health, or disability 5 *e*
- Racial discrimination 6 *f*
- Too young or too old 7 *g*
- Other 8 *h*
- No difficulties 9 *i*

119. Sequence Guide

- . *If only Code '9' marked in Q.118* 1 ► Go to Q.121
- . *If only one of Codes '1' to '8' marked in Q.118* 2 ► Go to Q.121
- . *Otherwise* 3 ► Go to Q.120

120. WHAT IS THE MAIN PROBLEM YOU HAVE HAD GETTING A JOB?

- Transport problems or too far to travel 1
- No jobs at all 2
- No jobs in local area or line of work 3
- Insufficient education, training or skills 4
- Own ill health, or disability 5
- Racial discrimination 6
- Too young or too old 7
- Other 8

121. Sequence Guide

- . *If aged 65 or over* 1 ► Go to Q.200
- . *If Codes '01' or '02' in Q.111* 2 ► Go to Q.123
- . *Otherwise* 3 ► Go to Q.122

122. AT ANY TIME IN THE LAST YEAR, HAVE YOU BEEN LOOKING FOR WORK?

- Yes 1
- No 2 ► Go to Q.130

123. THE NEXT QUESTIONS ARE ABOUT PRIVATE AND GOVERNMENT EMPLOYMENT SUPPORT SERVICES.

IN THE LAST YEAR, HAVE YOU USED EMPLOYMENT SUPPORT SERVICES (SUCH AS (*Substitute name of local provider*)) TO HELP YOU LOOK FOR WORK OR GET A JOB?

- Yes 1 ► Go to Q.130
 No 2

124. DID YOU NEED EMPLOYMENT SUPPORT SERVICES?

- Yes 1
 No 2 ► Go to Q.130

125. WHAT ARE ALL THE REASONS YOU DID NOT USE EMPLOYMENT SUPPORT SERVICES?

- Cost 1 *a*
 Too far away/Distance 2 *b*
 No transport 3 *c*
 Services not available 4 *d*
 Language difficulties (e.g. problems understanding service providers, problems being understood by service providers, problems understanding and filling in forms) 5 *e*
 Lack of Indigenous Liaison Officers 6 *f*
 Service not culturally appropriate 7 *g*
 Racial discrimination 8 *h*
 Other 9 *i*

130. I'VE ALREADY ASKED ABOUT YOUR SCHOOLING. THE NEXT QUESTIONS ARE ABOUT OTHER TRAINING YOU MAY HAVE DONE, INCLUDING ON-THE-JOB TRAINING.

DURING THE LAST YEAR, HAVE YOU FINISHED ANY TRAINING AT WORK OR TO GET A JOB?

- Yes 1
- No 2 **Go to Q.200**

131. WHAT WAS THIS TRAINING?

- Trade or labouring training 01 *a*
- Transport, plant or machinery operation 02 *b*
- Management or supervision training 03 *c*
- Technical training 04 *d*
- Computer or office training 05 *e*
- Sales or personal service training 06 *f*
- Literacy training 07 *g*
- Numeracy training 08 *h*
- Music, art or craft training 09 *i*
- Health and safety training 10 *j*
- Other training 11 *k*

132. WAS ANY OF THE TRAINING YOU HAVE DONE PART OF CDEP (COMMUNITY DEVELOPMENT EMPLOYMENT PROJECT)?

- Yes 1
- No 2

133. (INCLUDING BOTH CDEP TRAINING AND OTHER TRAINING YOU HAVE DONE,)

HAVE YOU USED THIS TRAINING:

- AT WORK? 1 *a*
- TO GET A JOB? 2 *b*
- Other 3 *c*
- Not used 4 *d*

200. THE NEXT QUESTIONS ARE ABOUT TRANSPORT.

(INCLUDING COMMUNITY VEHICLES YOU CAN DRIVE AT ANY TIME,)

IS THERE A CAR, 4WD OR TRUCK THAT YOU CAN DRIVE IF YOU WANT TO?

- Yes 1
- No/No licence 2

201. WHAT ARE ALL THE WAYS YOU GOT AROUND IN THE LAST TWO WEEKS?

- Bus 01 a
- Boat / Ferry 02 b
- Car / 4WD / Truck (as passenger) 03 c
- Car / 4WD / Truck (as driver) 04 d
- Taxi 05 e
- Motorcycle / Motorised scooter 06 f
- Bicycle 07 g
- Walk 08 h
- Other 09 i
- Never go out / Housebound 10 j ▶ Go to Q.220

202. Sequence Guide

- . If Code '01' in Q.201 1 ▶ Go to Q.203
- . If only Codes '04' to '09' in Q.201 2 ▶ Go to Q.208
- . Otherwise 3 ▶ Go to Q.204

203. IS THAT BUS A REGULAR SERVICE THAT ANYBODY CAN USE?

- Yes 1 ▶ Go to Q.209
- No 2

204. Sequence Guide

- . If Code '02' in Q.201 1 ▶ Go to Q.205
- . Otherwise 2 ▶ Go to Q.206

205. IS THAT (BOAT / FERRY) A REGULAR SERVICE THAT ANYBODY CAN USE?

- Yes 1 ▶ Go to Q.209
- No 2

206. Sequence Guide

- . If Code '03' in Q.201 1 ▶ Go to Q.207
- . Otherwise 2 ▶ Go to Q.208

207. IS THAT (CAR / 4WD) A REGULAR SERVICE THAT ANYBODY CAN USE?

- Yes 1 ► Go to Q.209
 No 2

208. WHAT IS THE MAIN REASON YOU DID NOT USE PUBLIC TRANSPORT?

- Prefer to use own transport or walk 1
 No service available at all 2
 No service available at right/convenient time 3
 Takes too long 4
 Concerned about own personal safety 5
 Cost considerations 6
 Racial discrimination 7
 Other 8

209. CAN YOU GET TO PLACES YOU NEED TO GO?

- Yes 1
 No 2 ► Go to Q.220
 Never go out / Housebound 3 ► Go to Q.220

210. DO YOU EVER HAVE PROBLEMS GETTING TO PLACES YOU NEED TO GO?

- Yes 1
 No 2 ► Go to Q.220

211. DO YOU HAVE THESE PROBLEMS OFTEN OR ONLY SOMETIMES?

- Often 1
 Sometimes 2

240. I WOULD NOW LIKE TO ASK YOU ABOUT YOUR HEALTH.

IN GENERAL, WOULD YOU SAY THAT YOUR HEALTH IS EXCELLENT,
VERY GOOD, GOOD, FAIR OR POOR?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

Sample only

241. I NOW HAVE SOME QUESTIONS ABOUT HEALTH CONDITIONS YOU MAY HAVE. I WOULD LIKE TO KNOW ABOUT CONDITIONS THAT HAVE LASTED, OR ARE LIKELY TO LAST, FOR SIX MONTHS OR MORE.

242. DO YOU HAVE ANY PROBLEMS WITH YOUR SIGHT OR SEEING THINGS?

Yes 1

No 2

Go to Q.244

243. CAN YOU SEE NORMALLY WEARING GLASSES OR CONTACT LENSES?

Yes 1

No 2

Don't know 3

244. DO YOU HAVE:

Yes No
1 2

ANY PROBLEMS HEARING? a

ANY PROBLEMS SPEAKING? b

BLACKOUTS OR FITS? c

PROBLEMS LEARNING OR UNDERSTANDING THINGS BECAUSE OF ANY CONDITION(S)? d

245. (STILL THINKING ABOUT HEALTH CONDITIONS THAT HAVE LASTED, OR ARE LIKELY TO LAST, FOR SIX MONTHS OR MORE,)

DO YOU HAVE:

Yes No
1 2

PROBLEMS USING YOUR ARMS AND FINGERS? a

PROBLEMS USING YOUR LEGS AND FEET? b

PROBLEMS HOLDING THINGS OR PICKING THINGS UP? c

246. (I NOW HAVE SOME MORE QUESTIONS ABOUT HEALTH CONDITIONS LASTING FOR SIX MONTHS OR MORE.)

Yes No
1 2

DO YOU HAVE TROUBLE BREATHING THAT MAKES DOING THINGS DIFFICULT? a

DO YOU HAVE PAIN THAT MAKES DOING THINGS DIFFICULT? ... b

247. HAVE YOU EVER HAD A KNOCK TO THE HEAD OR A STROKE?

Yes 1

No 2

Go to Q.249

248. DO YOU HAVE ANY PROBLEMS DOING THINGS NOW BECAUSE OF THIS (KNOCK TO YOUR HEAD/STROKE)?

Yes 1

No 2

249. ARE YOU GOING TO THE (DOCTOR/CLINIC) OR TAKING ANY MEDICINE FOR ANY OTHER HEALTH PROBLEMS?

Yes 1

No 2 Go to Q.251

250. EVEN THOUGH YOU ARE (GOING TO THE DOCTOR/CLINIC/TAKING MEDICINE), ARE YOU STILL HAVING PROBLEMS BECAUSE OF (THESE/THIS) HEALTH CONDITION(S)?

Yes 1

No 2

251. Sequence Guide

. If any shaded box marked on pages 17 or 18 1 Go to Q.252

. Otherwise 2 Go to Q.260

252. I NOW HAVE SOME QUESTIONS ABOUT TIMES THAT YOU MAY NEED SOMEBODY TO HELP OR LOOK AFTER YOU BECAUSE OF THE CONDITION(S) YOU HAVE TOLD ME ABOUT.

DO YOU EVER NEED SOMEBODY TO HELP OR LOOK AFTER YOU WHEN:

	Yes 1	No 2
EATING, WASHING YOURSELF, DRESSING OR USING THE TOILET?	<input type="checkbox"/>	<input type="checkbox"/> a
MOVING ABOUT YOUR HOUSE?	<input type="checkbox"/>	<input type="checkbox"/> b
MOVING AROUND AWAY FROM YOUR HOUSE?	<input type="checkbox"/>	<input type="checkbox"/> c
GETTING IN OR OUT OF A BED OR CHAIR?	<input type="checkbox"/>	<input type="checkbox"/> d

253. Sequence Guide

. If 'No' to 'a', 'b', 'c' and 'd' in Q.252 1 Go to Q.255

. Otherwise 2 Go to Q.254

254. DO YOU ALWAYS NEED HELP WITH ANY OF THESE THINGS?

Yes 1

No 2

255. BECAUSE OF THE CONDITION(S) YOU HAVE TOLD ME ABOUT, DO YOU EVER NEED HELP UNDERSTANDING OR BEING UNDERSTOOD BY FRIENDS OR FAMILY?

Yes 1
No 2

► Go to Q.257

256. (BECAUSE OF THE CONDITION(S) YOU HAVE TOLD ME ABOUT), DO YOU EVER NEED HELP UNDERSTANDING OR BEING UNDERSTOOD BY OTHER PEOPLE?

Yes 1
No 2

► Go to Q.260

257. DO YOU ALWAYS NEED HELP UNDERSTANDING OR BEING UNDERSTOOD BY OTHER PEOPLE?

Yes 1
No 2

Sample Only

260. THE NEXT QUESTIONS ARE ABOUT SMOKING.

DO YOU SMOKE?

Yes 1

No 2

▶ Go to Q.262

261. DO YOU HAVE ONE SMOKE A DAY OR MORE?

Yes 1

▶ Go to Q.270

No 2

262. HAVE YOU EVER SMOKED REGULARLY, THAT IS, ONE SMOKE A DAY OR MORE?

Yes 1

No 2

Sample only

270. THE NEXT QUESTIONS ARE ABOUT DRINKING (ALCOHOL/GROG).

HAVE YOU HAD A DRINK OF (ALCOHOL/GROG) IN THE LAST YEAR?

Yes 1

No 2

▶ Go to Q.300

271. HOW OFTEN DO YOU DRINK (ALCOHOL/GROG)?

Every day 01

Six days a week 02

Five days a week 03

Four days a week 04

Three days a week 05

Two days a week 06

One day a week 07

Three days a fortnight 08

One day a fortnight or less 09

One day a month or less 10

One day a year or less 11

▶ Go to Q.300

272. WHEN YOU DRINK, WHAT DO YOU USUALLY DRINK IN A DAY?

*Interviewer: Record type of drink and volumes/quantities.
Record their share if drinks are shared.*

.....
.....
.....
.....
.....
.....

1

Can't recall 2

▶ Go to Q.274

273. *Interviewer: Calculate this at clerical editing.*

Number of standard drinks

274. HAVE YOU HAD A DRINK (OF ALCOHOL/GROG) IN THE LAST TWO WEEKS?

Yes 1

No 2

▶ Go to Q.300

275. I WOULD LIKE YOU TO THINK ABOUT THE DAY IN THE LAST TWO WEEKS WHEN YOU DRANK THE MOST.

WHAT DID YOU DRINK?

Interviewer: Record type of drink and volumes/quantities.
Record their share if drinks are shared.

.....
.....
.....
.....
.....
.....

1

Can't recall 2

▶ Go to Q.300

276. *Interviewer:* Calculate this at clerical editing.

Number of standard drinks

--	--

300. *Sequence Guide*

- . *If there are child(ren) aged 12 or younger in this household* 1 ► Go to Q.301
- . *Otherwise* 2 ► Go to Q.310

301. ARE YOU THE MAIN PERSON IN CHARGE OF LOOKING AFTER (ANY OF) THE (CHILD(REN)/KID(S)) IN THIS HOUSE?

- Yes 1
- No 2 ► Go to Q.310

302. IS THERE A CHILD CARE SERVICE IN THIS COMMUNITY?

- Yes 1 ► Go to Q.305
- No 2

303. IF THERE WAS A CHILD CARE SERVICE IN THIS COMMUNITY, WOULD YOU USE IT?

- Yes 1 ► Go to Q.309
- Depends 2
- No 3
- Don't know 4

304. WHAT IS THE MAIN REASON YOU WOULDN'T USE THIS SERVICE?

- Not working, Prefer/available to look after child 01
- Child too young/old 02
- Transport / Distance 03
- Cost / Too expensive 04
- Prefer other type of care 05
- Time/days available not suitable 06
- Child's preference 07
- Child has special needs (illness/disability) 08
- Parent(s) unhappy with service/carers 09
- Not flexible enough / Not available at short notice 10
- Other 11

► **Go to Q.309**

305. IN THE LAST FOUR WEEKS, DID YOU USE THIS CHILD CARE SERVICE?

- Yes 1
- No 2

306. IN THE LAST FOUR WEEKS, WAS THERE ANY TIME WHEN YOU WANTED TO USE THIS SERVICE (MORE)?

- Yes 1 ► Go to Q.308
- No 2

307. WHAT WAS THE MAIN REASON YOU DIDN'T WANT TO USE THIS SERVICE (MORE)?

- Not working, Prefer/available to look after child 01
- Child too young/old 02
- Transport / Distance 03
- Cost / Too expensive 04
- Prefer other type of care 05
- Time/days available not suitable 06
- Child's preference 07
- Child has special needs (illness/disability) 08
- Parent(s) unhappy with service/carers 09
- Not flexible enough / Not available at short notice 10
- Other 11

► **Go to Q.309**

308. WHAT WAS THE MAIN REASON YOU DIDN'T USE THIS SERVICE (MORE)?

- Child too young/old 01
- Transport / Distance 02
- Cost / Too expensive 03
- Booked out / No places 04
- Time/days available not suitable 05
- Child's preference 06
- Child has special needs (illness/disability) 07
- Parent(s) unhappy with service/carers 08
- Not flexible enough / Not available at short notice 09
- Had not yet applied 10
- Made other arrangements 11
- No need 12
- Other 13

309. IN THE LAST FOUR WEEKS, DID ANYBODY ELSE LOOK AFTER THE
(CHILD(REN)/KID(S)) FOR YOU?

Yes 1

No 2

310. Sequence Guide

. If female 1 ► Go to Q.311

. Otherwise 2 ► Go to Q.317

311. HAVE YOU EVER HAD ANY BABIES?

Yes 1

No 2 ► Go to Q.317

312. HOW MANY BABIES HAVE YOU EVER HAD?

Interviewer: Include only live births.

Number

313. Sequence Guide

. If the number in Q.312 is '01' 1 ► Go to Q.314A

. Otherwise 2 ► Go to Q.314B

314A. DOES THIS (CHILD/KID) LIVE WITH YOU IN THIS HOUSE?

*Interviewer: If 'Yes' in Q.314A, record '01' in number box.
If 'No' in Q314A, mark 'None'*

314B. OF THE (CHILDREN/KIDS) YOU HAD, HOW MANY LIVE WITH YOU
IN THIS HOUSE?

Number

None

315. Sequence Guide

. If number in Q.314A/B is the same as Q.312 1 ► Go to Q.317

. If number in Q.312 is '01' 2 ► Go to Q.316A

. Otherwise 3 ► Go to Q.316B

316A. DOES THIS (CHILD/KID) LIVE SOMEWHERE ELSE?

*Interviewer: If 'Yes' in Q.316A, record '01' in number box.
If 'No' in Q316A, mark 'None'*

316B. OF THE (CHILDREN/KIDS) YOU HAD, HOW MANY LIVE SOMEWHERE
ELSE?

Number

None

317. THE NEXT QUESTION IS ABOUT ASKING PEOPLE FOR HELP.

IF YOU WERE HAVING SERIOUS PROBLEMS, COULD YOU ASK
SOMEBODY WHO DOESN'T LIVE WITH YOU FOR HELP?

Yes 1

No 2

▶ Go to Q.319

318. WHO ARE ALL THE PEOPLE YOU COULD ASK?

Friend 1

 a

Neighbour 2

 b

Family member 3

 c

Somebody you work with 4

 d

Community, charity or religious organisation 5

 e

Local council or other government services 6

 f

Health, legal or financial professional 7

 g

Other 8

 h

Sample only

319. THE NEXT QUESTIONS ARE ABOUT WHAT YOU THINK ARE PROBLEMS IN THIS COMMUNITY.

ARE THERE ANY PROBLEMS WITH:

- STEALING? 01 *a*
- KIDS HAVING NOTHING TO DO? 02 *b*
- PEOPLE BREAKING WINDOWS AND THINGS LIKE THAT? 03 *c*
- DRINKING (ALCOHOL/GROG)? 04 *d*
- DRUGS? 05 *e*
- FAMILY VIOLENCE? 06 *f*
- FIGHTING OR PEOPLE BEING BEATEN UP? 07 *g*
- SEXUAL ASSAULT OR RAPE? 08 *h*
- PEOPLE NOT GETTING ALONG? 09 *i*
- ANYTHING ELSE? 10 *j*
- No / None of these 11 *k*

Sample

320. THE NEXT QUESTIONS ARE ABOUT THINGS THAT MAY HAVE BEEN A PROBLEM FOR YOU OR YOUR FAMILY OR FRIENDS DURING THE LAST YEAR.

HAVE ANY OF THESE THINGS BEEN A PROBLEM:

- SOMEBODY VERY SICK OR DISABLED? 1 *a*
- A BAD ACCIDENT? 2 *b*
- DEATH OF FAMILY MEMBER OR CLOSE FRIEND? 3 *c*
- MEMBER OF YOUR FAMILY SENT TO JAIL OR IN JAIL? 4 *d*
- TOO MANY PEOPLE LIVING IN ONE HOUSE? 5 *e*
- No / None of these 6 *f*

321. HAVE ANY OF THESE THINGS BEEN A PROBLEM FOR YOU OR YOUR FAMILY OR FRIENDS DURING THE LAST YEAR:

- DIVORCE OR SEPARATION? 01 *a*
- NOT ABLE TO GET A JOB? 02 *b*
- GOT THE SACK? 03 *c*
- (ALCOHOL/GROG) PROBLEMS? 04 *d*
- DRUG PROBLEMS? 05 *e*
- SEEING FIGHTS, OR SEEING PEOPLE BEATEN UP? 06 *f*
- ABUSE OR VIOLENT CRIME? 07 *g*
- TROUBLE WITH THE POLICE? 08 *h*
- GAMBLING PROBLEM? 09 *i*
- TREATED BADLY BECAUSE YOU ARE (ABORIGINAL/
TORRES STRAIT ISLANDER)? 10 *j*
- No / None of these 11 *k*

322. IN THE LAST YEAR, HAVE YOU DONE ANY UNPAID OR VOLUNTARY WORK?

Yes 1

No 2

▶ Go to Q.400

323. WAS THIS UNPAID OR VOLUNTARY WORK FOR AN ORGANISATION?

Yes 1

No 2

Sample only

400. THE NEXT QUESTIONS ARE ABOUT COMPUTERS.

IN THE LAST YEAR, DID YOU USE A COMPUTER?

- Yes 1
- No 2 ► Go to Q.500

401. WHERE DID YOU USE A COMPUTER?

- Home 1 *a*
- Work 2 *b*
- School 3 *c*
- Public library 4 *d*
- TAFE/Tertiary institution 5 *e*
- Government agency/department/shopfront 6 *f*
- Community or voluntary organisation 7 *g*
- Neighbour's/friend's/relative's house 8 *h*
- Other 9 *i*

402. IN THE LAST YEAR, DID YOU USE THE INTERNET?

- Yes 1
- No 2 ► Go to Q.500

403. WHERE DID YOU USE THE INTERNET?

- Home 1 *a*
- Work 2 *b*
- School 3 *c*
- Public library 4 *d*
- TAFE/Tertiary institution 5 *e*
- Government agency/department/shopfront 6 *f*
- Community or voluntary organisation 7 *g*
- Neighbour's/friend's/relative's house 8 *h*
- Other 9 *i*

404. HOW OFTEN DID YOU USE THE INTERNET AT (THAT PLACE/
THOSE PLACES) IN THE LAST YEAR?

- | | | |
|---------------------------------|---|--------------------------|
| Seven days a week | 1 | <input type="checkbox"/> |
| Two to six days a week | 2 | <input type="checkbox"/> |
| One day a week | 3 | <input type="checkbox"/> |
| One day a fortnight | 4 | <input type="checkbox"/> |
| One day a month | 5 | <input type="checkbox"/> |
| Less than one day a month | 6 | <input type="checkbox"/> |
| Don't know | 7 | <input type="checkbox"/> |

405. IN THE LAST YEAR, DID YOU MOSTLY USE THE INTERNET FOR:

- | | | |
|--------------------------------------|---|--------------------------|
| WORK OR BUSINESS? | 1 | <input type="checkbox"/> |
| EDUCATION OR STUDY? | 2 | <input type="checkbox"/> |
| VOLUNTEER OR COMMUNITY GROUPS? | 3 | <input type="checkbox"/> |
| PERSONAL OR PRIVATE REASONS? | 4 | <input type="checkbox"/> |
| OTHER REASONS? | 5 | <input type="checkbox"/> |
| Don't know | 6 | <input type="checkbox"/> |

500. THE NEXT QUESTIONS ARE ABOUT LANGUAGE AND TRADITIONAL CULTURE.

WHICH LANGUAGE DO YOU MAINLY SPEAK AT HOME?

- English 1
- An Aboriginal language 2 ► Go to Q.502
- A Torres Strait Islander language 3 ► Go to Q.502
- Other language 4

501. DO YOU SPEAK ANY (ABORIGINAL/TORRES STRAIT ISLANDER) LANGUAGES?

- Yes 1
- Yes, some words only 2
- No 3

502. WHEN YOU GO TO A SERVICE OR OFFICE WHERE ONLY ENGLISH IS SPOKEN, DO YOU HAVE PROBLEMS WITH:

- UNDERSTANDING PEOPLE THERE? 1 a
- PEOPLE THERE UNDERSTANDING YOU? 2 b
- Neither 3 c

503. *Sequence Guide*

- . If Code '1' and/or Code '2' in Q.502 1 ► Go to Q.505
- . Otherwise 2 ► Go to Q.504

504. IS THAT BECAUSE YOU TAKE SOMEBODY TO HELP YOU UNDERSTAND?

- Yes 1
- No 2

505. IN THE LAST YEAR, HAVE YOU GONE TO ANY (ABORIGINAL/TORRES STRAIT ISLANDER):

- FUNERALS? 1 a
- CEREMONIES? 2 b
- SPORTS CARNIVALS? 3 c
- FESTIVALS OR CARNIVALS INVOLVING ARTS, CRAFT, MUSIC OR DANCE? 4 d
- OR BEEN INVOLVED WITH ANY (ABORIGINAL/TORRES STRAIT ISLANDER) ORGANISATIONS? 5 e
- No / None of these 6 f

506. (INCLUDING ACTIVITIES DONE AS PART OF YOUR JOB,)

IN THE LAST YEAR, DID YOU:

- MAKE ANY (ABORIGINAL/TORRES STRAIT ISLANDER)
ARTS OR CRAFTS? 1 *a*
- PERFORM ANY (ABORIGINAL/TORRES STRAIT ISLANDER)
MUSIC OR DANCE? 2 *b*
- TELL OR WRITE ANY (ABORIGINAL/TORRES STRAIT
ISLANDER) STORIES? 3 *c*
- No /None of these 4 *d* ▶ Go to Q.509

507. DID YOU GET, OR ARE YOU GOING TO GET, ANY MONEY FOR DOING
(THIS/ANY OF THESE)?

- Yes 1
- No 2 ▶ Go to Q.509

508. WHICH ONE(S) (WERE YOU/WILL YOU BE) PAID FOR?

- Making arts or crafts 1 *a*
- Performing music, dance or theatre 2 *b*
- Telling or writing stories 3 *c*

509. IN THE LAST YEAR, DID YOU PLAY ANY SPORT OR DO ANY EXERCISE?

- Yes 1
- No 2

510. (IN THE LAST YEAR,) DID YOU COACH ANYBODY PLAYING SPORT?

- Yes 1
- No 2

511. (IN THE LAST YEAR,) DID YOU UMPIRE OR REFEREE ANY SPORTING
MATCHES?

- Yes 1
- No 2

512. (IN THE LAST YEAR,) DID YOU HELP TO ORGANISE ANY SPORT?

- Yes 1
- No 2

513. (IN THE LAST YEAR,) DID YOU DO ANYTHING ELSE TO HELP PEOPLE
PLAYING SPORT?

- Yes 1
- No 2

514. IN THE LAST 3 MONTHS, HAVE YOU DONE ANYTHING ELSE WITH OTHER PEOPLE SUCH AS:

- | | | | |
|--|----|--------------------------|----------|
| GOING TO CHURCH? | 01 | <input type="checkbox"/> | <i>a</i> |
| GOING TO FUNERALS, CEREMONIES OR FESTIVALS? | 02 | <input type="checkbox"/> | <i>b</i> |
| GOING FISHING OR HUNTING IN A GROUP? | 03 | <input type="checkbox"/> | <i>c</i> |
| CAMPING OR GOING FOR A PICNIC IN A GROUP? | 04 | <input type="checkbox"/> | <i>d</i> |
| GOING TO A HOTEL, PUB OR CANTEEN? | 05 | <input type="checkbox"/> | <i>e</i> |
| GOING TO ATSIK OR NATIVE TITLE MEETINGS? | 06 | <input type="checkbox"/> | <i>f</i> |
| GOING TO OTHER MEETINGS? | 07 | <input type="checkbox"/> | <i>g</i> |
| PLAYING SPORT OR EXERCISING? | 08 | <input type="checkbox"/> | <i>h</i> |
| GOING TO WATCH SPORTING MATCHES? | 09 | <input type="checkbox"/> | <i>i</i> |
| ANYTHING ELSE IN A GROUP? (<i>Specify</i>) | | | |
| | 10 | <input type="checkbox"/> | <i>j</i> |
| No / None of these | 11 | <input type="checkbox"/> | <i>k</i> |

515. DO YOU IDENTIFY WITH A TRIBAL GROUP, A LANGUAGE GROUP OR A CLAN?

- | | | |
|------------------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |
| Don't know | 3 | <input type="checkbox"/> |

516. DO YOU RECOGNISE AN AREA AS YOUR HOMELANDS OR TRADITIONAL COUNTRY?

- | | | | |
|-----------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | ▶ Go to Q.519 |

517. IS THAT HERE?

- | | | | |
|-----------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | ▶ Go to Q.519 |
| No | 2 | <input type="checkbox"/> | |

518. ARE YOU ALLOWED TO VISIT THERE?

- | | | |
|------------------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |
| Don't know | 3 | <input type="checkbox"/> |

519. THE NEXT QUESTIONS ARE ABOUT WHETHER YOU OR ANY OF YOUR RELATIVES WERE TAKEN AWAY FROM THEIR NATURAL FAMILY.

IS IT OKAY TO TALK ABOUT THIS?

Interviewer: Pause for response.

WERE YOU TAKEN AWAY FROM YOUR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE?

- | | | | |
|----------------------------|---|--------------------------|-------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | |
| Don't want to answer | 3 | <input type="checkbox"/> | Go to Q.600 |

520. WERE ANY OF YOUR RELATIVES TAKEN AWAY FROM THEIR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE?

- | | | | |
|----------------------------|---|--------------------------|-------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | Go to Q.600 |
| Don't know | 3 | <input type="checkbox"/> | Go to Q.600 |
| Don't want to answer | 4 | <input type="checkbox"/> | Go to Q.600 |

521. WHICH OF YOUR RELATIVES WERE TAKEN AWAY FROM THEIR NATURAL FAMILIES?

- | | | | |
|------------------------------------|----|--------------------------|----------|
| Your child(ren) | 01 | <input type="checkbox"/> | <i>a</i> |
| Your brothers and/or sisters | 02 | <input type="checkbox"/> | <i>b</i> |
| Your parents | 03 | <input type="checkbox"/> | <i>c</i> |
| Your (great-)grandparents | 04 | <input type="checkbox"/> | <i>d</i> |
| Your aunts and/or uncles | 05 | <input type="checkbox"/> | <i>e</i> |
| Your cousins | 06 | <input type="checkbox"/> | <i>f</i> |
| Your nieces and/or nephews | 07 | <input type="checkbox"/> | <i>g</i> |
| Other | 08 | <input type="checkbox"/> | <i>h</i> |
| Don't know who | 09 | <input type="checkbox"/> | <i>i</i> |
| Don't want to answer | 10 | <input type="checkbox"/> | <i>j</i> |

600. THE NEXT QUESTIONS ARE ABOUT LEGAL SERVICES INCLUDING THE ABORIGINAL LEGAL SERVICE (ALS), LEGAL AID AND PRIVATE SOLICITORS.

HAVE YOU USED LEGAL SERVICES IN THE LAST YEAR?

- Yes 1 ► Go to Q.602
- No 2

601. HAVE YOU NEEDED LEGAL SERVICES IN THE LAST YEAR?

- Yes 1
- No 2

► Go to Q.603

602. WHICH SERVICES DID YOU USE?

- Aboriginal Legal Service / Legal Aid 1 a
- Private legal service 2 b
- Other 3 c
- Don't know 4 d

603. THE NEXT QUESTIONS ARE ABOUT CONTACT YOU MAY HAVE HAD WITH THE POLICE. I WON'T ASK YOU ABOUT WHAT HAPPENED.

HAVE YOU EVER BEEN CHARGED BY THE POLICE?

- Yes 1
- No 2 ► Go to Q.605

604. HOW OLD WERE YOU THE FIRST TIME YOU WERE CHARGED?

Interviewer: Record age in single years.

- (a) Age
- Don't know

Interviewer: If respondent doesn't know age, probe for year.

- (b) Year

605. IN THE LAST FIVE YEARS, HAVE YOU BEEN ARRESTED BY THE POLICE?

- Yes 1
- No 2 ► Go to Q.607

606. HOW MANY TIMES?

- Number
- Don't know

607. IN THE LAST FIVE YEARS, HAVE YOU SPENT TIME IN JAIL?

Yes 1

No 2

608. THE NEXT QUESTIONS ARE ABOUT CRIMES THAT MAY HAVE HAPPENED TO YOU.

IN THE LAST YEAR, DID ANYBODY START A FIGHT WITH YOU OR BEAT YOU UP?

Yes 1

No 2

▶ Go to Q.700

609. IN THE LAST YEAR, DID ANYBODY TRY TO OR SAY THEY WERE GOING TO HIT YOU OR FIGHT WITH YOU?

Yes 1

No 2

Sample only

700. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT ANY MONEY YOU GET.

DO YOU GET MONEY FROM:

Interviewer: If 'Yes', ask 'How much was that before tax or anything else was taken out?' and 'How often do you get this?'.

701. CDEP (AND 'TOP UP')? \$ Weeks
 Refusal Don't know Months

702. WAGES OR SALARY? \$ Weeks
 Refusal Don't know Months

703. THE GOVERNMENT FAMILY PAYMENT? \$ Weeks
 Refusal Don't know Months

704. ANY OTHER GOVERNMENT PENSION OR ALLOWANCE? \$ Weeks
 Refusal Don't know Months

705. ANY OTHER REGULAR SOURCE? \$ Weeks
 (Specify)

 No income
 Don't know Months
 Refusal

706. Sequence Guide
 . If Q.704 answered 1 ► Go to Q.707
 . Otherwise 2 ► Go to Q.708

707. WHAT IS THE NAME OF THE GOVERNMENT PENSION OR ALLOWANCE YOU RECEIVE?

Interviewer: Prompt for more than one.

.....

708. IN THE LAST TWO YEARS, DID YOU GET MOST OF YOUR MONEY FROM A GOVERNMENT PENSION, BENEFIT OR ALLOWANCE?
 Yes 1
 No 2 ► Go to Q.710

709. IN THE LAST TWO YEARS, HOW LONG IN TOTAL WAS ANY GOVERNMENT BENEFIT, PENSION OR ALLOWANCE THE MOST MONEY YOU GOT?

Interviewer: Record number of months.

Months	<input type="text"/>	<input type="text"/>
Two years	<input type="text"/>	
Don't know	<input type="text"/>	

710. DO YOU HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?

Yes	1	<input type="checkbox"/>	
No	2	<input type="checkbox"/>	Go to Q.712

711. HOW DO YOU GET YOUR MONEY?

Over the counter at a bank or credit union	1	<input type="checkbox"/>	<i>a</i>
EFTPOS/ATM/keycard	2	<input type="checkbox"/>	<i>b</i>
Internet banking	3	<input type="checkbox"/>	<i>c</i>
Phone banking	4	<input type="checkbox"/>	<i>d</i>
Over the counter at a post office	5	<input type="checkbox"/>	<i>e</i>
Other	6	<input type="checkbox"/>	<i>f</i>

712. *Sequence Guide*

. <i>If Household Spokesperson</i>	1	<input type="checkbox"/>	Go to Q.800
. <i>Otherwise</i>	2	<input type="checkbox"/>	Go to Q.900

800. THE NEXT QUESTIONS ARE ABOUT YOUR HOUSE AND THE PEOPLE WHO LIVE HERE.

DOES THIS HOUSE HAVE A PHONE THAT YOU CAN (ALL) USE?

- Yes 1
- No 2

801. HOW MANY BEDROOMS ARE THERE IN THIS HOUSE?

Number

802. DOES THIS HOUSE HAVE A STOVE OR OVEN THAT WORKS?

- Yes 1
- No 2

803. (DOES THIS HOUSE HAVE) A KITCHEN SINK?

- Yes 1
- No 2

804. (DOES THIS HOUSE HAVE) ENOUGH KITCHEN CUPBOARD AND BENCH SPACE?

- Yes 1
- No 2

805. (DOES THIS HOUSE HAVE) A FRIDGE THAT WORKS?

- Yes 1
- No 2

806. (DOES THIS HOUSE HAVE) A TOILET THAT WORKS?

- Yes 1
- No 2

807. (DOES THIS HOUSE HAVE) A BATH OR SHOWER THAT WORKS?

- Yes 1
- No 2

808. (DOES THIS HOUSE HAVE) A LAUNDRY TUB?

- Yes 1
- No 2

809. (DOES THIS HOUSE HAVE) A WASHING MACHINE THAT WORKS?

- Yes 1
- No 2

810. I WOULD NOW LIKE TO ASK YOU ABOUT PEOPLE FIXING PARTS OF YOUR HOUSE.

IN THE LAST YEAR, HAS ANYBODY FIXED ANY PARTS OF YOUR HOUSE?

- | | | | |
|------------------|---|--------------------------|---------------|
| Yes | 1 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | ▶ Go to Q.812 |
| Don't know | 3 | <input type="checkbox"/> | ▶ Go to Q.812 |

811. WAS THIS:

- | | | | |
|--------------------------------------|---|--------------------------|----------|
| PAINTING? | 1 | <input type="checkbox"/> | <i>a</i> |
| FIXING THE ROOF? | 2 | <input type="checkbox"/> | <i>b</i> |
| FIXING ANY TILES? | 3 | <input type="checkbox"/> | <i>c</i> |
| ELECTRICAL WORK? | 4 | <input type="checkbox"/> | <i>d</i> |
| FIXING PIPES, TAPS, OR DRAINS? | 5 | <input type="checkbox"/> | <i>e</i> |
| OTHER TYPES OF FIXING UP? | 6 | <input type="checkbox"/> | <i>f</i> |

812. DOES YOUR HOUSE HAVE ANY OF THESE PROBLEMS THAT NEED TO BE FIXED:

- | | | | |
|--|----|--------------------------|----------|
| BIG CRACKS IN WALLS OR FLOORS? | 01 | <input type="checkbox"/> | <i>a</i> |
| BAD FOUNDATIONS? | 02 | <input type="checkbox"/> | <i>b</i> |
| SAGGING FLOORS? | 03 | <input type="checkbox"/> | <i>c</i> |
| WALLS OR WINDOWS THAT AREN'T STRAIGHT? | 04 | <input type="checkbox"/> | <i>d</i> |
| WOOD ROT, TERMITES OR ANTS? | 05 | <input type="checkbox"/> | <i>e</i> |
| BIG ELECTRICAL PROBLEMS? | 06 | <input type="checkbox"/> | <i>f</i> |
| BIG PLUMBING PROBLEMS? | 07 | <input type="checkbox"/> | <i>g</i> |
| BIG ROOF PROBLEMS? | 08 | <input type="checkbox"/> | <i>h</i> |
| ANY OTHER PROBLEMS? | 09 | <input type="checkbox"/> | <i>i</i> |
| None of the above | 10 | <input type="checkbox"/> | <i>j</i> |

813. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT OWNERSHIP OR RENTAL OF THIS HOUSE.

IS THIS HOUSE RENTED BY (YOU/ANYONE IN THIS HOUSEHOLD)?

- Yes 1 ► Go to Q.820
 No 2

814. IS THIS HOUSE OWNED OR PARTLY OWNED BY (YOU/ANYONE IN THIS HOUSEHOLD)?

- Yes 1 ► Go to Q.817
 No 2

815. (IS THIS HOUSE) OCCUPIED RENT FREE?

- Yes 1 ► Go to Q.823
 No 2

816. (IS THIS HOUSE) OCCUPIED UNDER A LIFE TENURE SCHEME?

- Yes 1
 No 2 ► Go to Q.823
 Don't know 3 ► Go to Q.823

817. (ARE YOU/IS ANYONE IN THIS HOUSEHOLD) CURRENTLY MAKING PAYMENTS ON ANY MORTGAGES OR SECURED LOANS ON THIS HOUSE?

- Yes 1
 No 2 ► Go to Q.823

818. WHAT IS (YOUR/THIS HOUSEHOLD'S) USUAL REPAYMENT ON (THIS LOAN/THESE LOANS)?

Interviewer: Record dollar amount.

- Don't know ► Go to Q.823
- \$

819. HOW MANY WEEKS IS THIS FOR?

Interviewer: Record the number of weeks covered. Record full weeks.

Weeks

► Go to Q.823

820. WHO DO (YOU/MEMBERS OF THIS HOUSEHOLD) PAY RENT TO FOR THIS HOUSE?

- Indigenous Housing Organisation / Community Housing 01
- Real Estate Agent 02
- State or Territory Housing Authority 03
- Person not in the same dwelling:
- Parent/Other relative 04
- Other person 05
- Person in the same dwelling:
- Parent/Other relative 06
- Other person 07
- Owner/Manager of caravan park 08
- Employer:
- Defence Housing Authority 09
- Government 10
- Other employer 11
- Housing Co-op or Church Group 12
- Other 13
- Don't know 14

821. WHAT IS (YOUR/THIS HOUSEHOLD'S) USUAL RENT PAYMENT FOR THIS HOUSE?

*Interviewer: Prompt for total amount paid by all members of the household.
Record dollar amount.*

\$

Don't know

► Go to Q.823

822. HOW MANY WEEKS IS THIS FOR?

Interviewer: Record the number of weeks covered. Record full weeks.

Weeks

823. THE NEXT QUESTIONS ARE ABOUT (YOUR/THIS HOUSEHOLD'S) FINANCIAL SITUATION.

IF (YOU/THE PEOPLE WHO LIVE IN THIS HOUSE) HAD TO GET \$2,000 FOR SOMETHING IMPORTANT, COULD YOU GET THE MONEY WITHIN A WEEK?

- Yes 1
- No 2
- Don't know 3

824. IN THE LAST TWO WEEKS, WERE THERE ANY DAYS WHEN (YOU/MEMBERS OF THIS HOUSEHOLD) RAN OUT OF MONEY FOR FOOD, CLOTHING OR BILLS?

- Yes 1 Go to Q.826
- No 2

825. IN THE LAST YEAR, WERE THERE ANY DAYS WHEN (YOU/MEMBERS OF THIS HOUSEHOLD) RAN OUT OF MONEY FOR FOOD, CLOTHING OR BILLS?

- Yes 1
- No 2

826. IN THE LAST YEAR, DID (YOU/MEMBERS OF THIS HOUSEHOLD) DO ANY OF THESE THINGS BECAUSE (ANY OF) YOU NEEDED MONEY FOR FOOD, CLOTHING OR BILLS SUCH AS:

- RUN UP A TAB (BOOK UP) AT THE LOCAL STORE? 01 *a*
- GIVE SOMEBODY ELSE ACCESS TO YOUR KEYCARD? 02 *b*
- USE SHORT TERM LOANS? 03 *c*
- PAWNED OR SOLD SOMETHING TO GET MONEY? 04 *d*
- DIDN'T HAVE MEALS? 05 *e*
- ASKED FOR HELP FROM WELFARE OR
COMMUNITY ORGANISATIONS? 06 *f*
- ASKED FOR MONEY FROM FRIENDS OR FAMILY? 07 *g*
- ANYTHING ELSE? 08 *h*
- None of these 09 *i*
- Don't know 10 *j*

827. Interviewer: From the HF, transcribe the 'Person No' and 'Name' of people marked '3' in Column J:ISS Selection into Q.828 - Q.831.
 Make sure you get all sources of income.
 Ask 'Was that before tax or anything else was taken out?'.
 Ask 'How often (do you/does) get this?'.
 When information has been completed about each person, go to Q.832.

828. Person No: _____ Name: _____ Refusal

HOW MUCH MONEY (DO YOU/DOES) GET EACH PAY DAY?

- . CDEP and top up.
 - . Wages and salary.
 - . Government Family Payment.
 - . Any other government pension or allowance.
 - . Any other regular source.
- \$
- No income
- Don't know
- Weeks
- Months

829. Person No: _____ Name: _____ Refusal

HOW MUCH MONEY (DO YOU/DOES) GET EACH PAY DAY?

- . CDEP and top up.
 - . Wages and salary.
 - . Government Family Payment.
 - . Any other government pension or allowance.
 - . Any other regular source.
- \$
- No income
- Don't know
- Weeks
- Months

830. Person No: _____ Name: _____ Refusal

HOW MUCH MONEY (DO YOU/DOES) GET EACH PAY DAY?

- . CDEP and top up.
 - . Wages and salary.
 - . Government Family Payment.
 - . Any other government pension or allowance.
 - . Any other regular source.
- \$
- No income
- Don't know
- Weeks
- Months

831. Person No: _____ Name: _____ Refusal

HOW MUCH MONEY (DO YOU/DOES) GET EACH PAY DAY?

- . CDEP and top up.
 - . Wages and salary.
 - . Government Family Payment.
 - . Any other government pension or allowance.
 - . Any other regular source.
- \$
- No income
- Don't know
- Weeks
- Months

832. Sequence Guide

- . If Household Spokesperson and not selected respondent 1 ➔ No more questions
- . Otherwise 2 ➔ Go to Q.900

900. THE NEXT QUESTIONS ARE ABOUT SUBSTANCES YOU MIGHT HAVE USED.

THE ANSWERS YOU GIVE ARE CONFIDENTIAL, JUST LIKE THE REST OF THE SURVEY. THIS MEANS THAT I WON'T TELL ANYBODY ELSE. LET ME KNOW IF YOU DON'T WANT TO ANSWER A QUESTION.

HAVE YOU EVER USED PAIN KILLERS?

Interviewer: Examples include Aspirin, Panadol, Disprin, Codeine.

Yes 1

No 2

Go to Q.903

901. HAVE YOU EVER USED PAIN KILLERS WHEN YOU WERE NOT SICK?

Yes 1

No 2

Go to Q.903

902. (HAVE YOU USED THEM) IN THE LAST YEAR WHEN YOU WERE NOT SICK?

Yes 1

No 2

903. HAVE YOU EVER USED TRANQUILLISERS OR SLEEPING PILLS?

Interviewer: Examples include Valium, Serapax, Rohypnol (Rowies), Temazepam, Tranks, Sleepers.

Yes 1

No 2

Go to Q.906

904. HAVE YOU EVER USED TRANQUILLISERS OR SLEEPING PILLS WHEN YOU WERE NOT SICK?

Yes 1

No 2

Go to Q.906

905. (HAVE YOU USED THEM) IN THE LAST YEAR WHEN YOU WERE NOT SICK?

Yes 1

No 2

906. HAVE YOU EVER USED MARIJUANA, HASHISH OR CANNABIS RESIN?

Yes 1



No 2

Go to Q.908

907. (HAVE YOU USED THEM) IN THE LAST YEAR?

Yes 1

No 2

908. HAVE YOU EVER SNIFFED PETROL?Yes 1 No 2  Go to Q.910**909. (HAVE YOU SNIFFED IT) IN THE LAST YEAR?**Yes 1 No 2 **910. HAVE YOU EVER SNIFFED GLUE, SOLVENTS, PAINT THINNERS, AEROSOLS OR ANYTHING ELSE?**Yes 1 No 2  Go to Q.912**911. (HAVE YOU SNIFFED THEM) IN THE LAST YEAR?**Yes 1 No 2 **912. HAVE YOU EVER USED KAVA?**Yes 1 No 2  Go to Q.914**913. (HAVE YOU USED IT) IN THE LAST YEAR?**Yes 1 No 2 **914. HAVE YOU EVER TRIED ANYTHING ELSE LIKE THESE THINGS I'VE JUST MENTIONED?**Yes 1 No 2  No more questions**915. WHAT ELSE HAVE YOU USED?**

*Interviewer: If other substance used, mark 'Ever used'.
Then ask 'Have you used it in the last year?'.*

	Ever used 1	Used in last year 2
Amphetamines or Speed	<input type="checkbox"/>	<input type="checkbox"/> a
Heroin	<input type="checkbox"/>	<input type="checkbox"/> b
Cocaine	<input type="checkbox"/>	<input type="checkbox"/> c
LSD or synthetic hallucinogens	<input type="checkbox"/>	<input type="checkbox"/> d
Naturally occurring hallucinogens	<input type="checkbox"/>	<input type="checkbox"/> e
Ecstasy or designer drugs	<input type="checkbox"/>	<input type="checkbox"/> f

No more questions

Sample only