



# Frequently Asked Questions

Census night is Tuesday 11 August 2026



## What is the Census?

The Census is a snapshot of Australia's people and housing, and tells the story of how we are changing. It is used to estimate Australia's population, distribute government funds, and plan services for communities around Australia.

This form asks questions about health, education, cultural background, employment and living situations. This information helps ensure the right services are available to individuals, families and communities, where and when they are needed.

Census information may be combined with other data sources, to create new statistics without asking more questions.

Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) to find out more about why each question is asked in the Census.



## Who do I include on the form?

Make sure every person who stayed at this address on Census night is included on this form, including visitors and babies. We collect information based on a specific date to give us the most accurate snapshot.

The Census collects information about everyone in Australia. This includes non-Australian citizens and international visitors. The only people not included are foreign diplomats.



## What if I want a separate form for privacy reasons?

To request an extra form or another Census number to complete the form online, call us on **1800 181 227**.



## Do I have to complete the Census?

Yes, the Census is compulsory. Everyone in Australia on Tuesday 11 August 2026 must be included on a Census form. This information is collected under the authority of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about why the Census is compulsory.



## Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that is likely to identify an individual. Your data is protected by the *Privacy Act 1988* and the secrecy provisions of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about how we keep your information secure.



## What if there are more than six people staying on Census night?

If there are more than six people at this address on Census night, the easiest way to complete your Census is online.

Alternatively, to request an extra paper form go to [www.census.abs.gov.au/paper-form](http://www.census.abs.gov.au/paper-form) or call our 24-hour automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.



## What if no one is home on Census night?

If this address is unoccupied on Census night, please go to [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help) or call us on **1800 181 227** to let us know.



## Need more help?

There is a range of information and self-service options to help you complete your Census at [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help)

If you would prefer to speak to someone, call us on **1800 181 227**.

## All people must complete their Census where they spent Census night

<p><b>2 Who spent the night of Tuesday 11 August 2026 in this dwelling?</b></p> <ul style="list-style-type: none"> <li>Count everyone who spent the night, including yourself.</li> <li>Include anyone who lives at this address who returned the next day <b>without being included on another form</b> (for example, shift workers at work on Census night and returning the following day).</li> <li>If no one is home on Census night, please go to <a href="http://www.census.abs.gov.au/help">www.census.abs.gov.au/help</a> to let us know.</li> <li>Mark <b>all</b> that apply, like this: <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Me</li> <li><input type="checkbox"/> Spouse/partner</li> <li><input type="checkbox"/> Babies, children and teenagers</li> <li><input type="checkbox"/> Other adult family members (including adult children, parents, siblings and extended family members)</li> <li><input type="checkbox"/> Unrelated housemates, flatmates or boarders</li> <li><input type="checkbox"/> Visitors or friends who spent the night of Tuesday 11 August 2026 in this dwelling</li> </ul>
<p><b>3 In total, how many people spent the night of Tuesday 11 August 2026 in this dwelling?</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> Number of people present</p> <p><b>i</b> If there are more than six people present, please complete your form online or call our automated paper form request service on <b>1800 130 250</b>. You will need the Census number from the front of this form.</p>
<p><b>4 Who was away on the night of Tuesday 11 August 2026, but usually lives in this dwelling?</b></p> <ul style="list-style-type: none"> <li>Include anyone who was away for the night <b>and</b> was included on a form elsewhere.</li> <li>'Usually lives' means the person has lived, or intends to live, at this address for a total of six months or more in 2026.</li> <li>Mark <b>all</b> that apply, like this: <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No one away</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> People on holiday, including people who are overseas</li> <li><input type="checkbox"/> People travelling overnight or longer for work</li> <li><input type="checkbox"/> People staying with relatives or friends overnight</li> <li><input type="checkbox"/> Children in shared care arrangements staying elsewhere on Tuesday 11 August 2026</li> <li><input type="checkbox"/> Students away at boarding school</li> <li><input type="checkbox"/> People away for any other reason overnight or longer (such as in hospital)</li> </ul>
<p><b>5 In total, how many people were away on the night of Tuesday 11 August 2026, but usually live in this dwelling?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No one away</li> </ul> <p><b>OR</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Number of people away</p> <p><b>i</b> For each person away, please complete Questions 58 and 59 only. Each person away will also need to complete a Census form for where they were in Australia on Census night.</p>

### Please read this before continuing

The next section asks about people who were present on Census night (people included in Questions 2 and 3). The order people are listed in helps us work out household and family relationships for the people who were present on Census night. To make it easier for you to answer later questions, please ensure that:

**Person 1** is the *householder* if present, otherwise any **adult** member of the household.

**People 2–6** can be **any other person present** including spouses, partners, adult family members, teenagers, children, babies, housemates or visitors.

Please use CAPITAL letters only.

**6 Name of each person including visitors who spent the night of Tuesday 11 August 2026 in this dwelling:**

- Include all adults, children, babies and *visitors*.
- Include any person who usually lives in this dwelling who returned on Wednesday 12 August 2026 without being included on a form elsewhere.
- **For all other cases of people away, please include them in Questions 58 and 59 only.**

**Person 1**

The *householder* if present, otherwise any **adult** member of the household.

First or given name


Surname or family name


**Person 2**

The *spouse or partner* of 'Person 1' if applicable, otherwise any *other person present*.

First or given name


Surname or family name


**7 What is the person's date of birth and age?**

- If date of birth is not known, please give age.

- Example:

Day    Month    Year                      Age  
 1 8    0 3    1 9 9 3    AND    3 3    Years

Day    Month    Year


Age

AND    3 3    Years

Day    Month    Year


Age

AND    3 3    Years

**8 What was the person's sex recorded at birth?**

- Mark 'Another term' when the person was registered as something other than male or female at birth.
- Mark one box, like this:

- Male  
 Female  
 Another term

- Male  
 Female  
 Another term

**9 What is the person's gender?**

- Answer for people **aged 16 years and older**.
- This question refers to how the person currently identifies or expresses their gender, which may be different to sex at birth.
- Mark one box, like this:

- i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- Man  
 Woman  
 Non-binary  
 Uses another term (specify)

- Man  
 Woman  
 Non-binary  
 Uses another term (specify)


Prefer not to answer


Prefer not to answer

**10 What is the person's relationship to Person 1/Person 2?**

- Examples of other relationships: SON-IN-LAW, GRANDCHILD, AUNT, BOARDER.
- Mark one box, like this:

**No answer required for Person 1**

- Husband or wife or spouse of Person 1  
 De facto partner of Person 1  
 Child of Person 1  
 Stepchild of Person 1  
 Brother or sister or sibling of Person 1  
 Unrelated flatmate or co-tenant of Person 1

Other relationship to Person 1 (specify)


**11 What is the person's current marital status?**

- 'Married' refers to registered marriages.
- Mark one box, like this:

- Never married  
 Widowed  
 Divorced  
 Separated but not divorced  
 Married

- Never married  
 Widowed  
 Divorced  
 Separated but not divorced  
 Married

**12 Is the person of Aboriginal or Torres Strait Islander origin?**

- For people of **both** Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander



**13 Where does the person usually live?**

- For people who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'.
- For other people, 'usually live' means the address at which the person has lived, or intends to live, for a total of six months or more in 2026.
- For people who have no fixed or return address (for example, due to family conflict or eviction), write 'NONE' in the 'Suburb/Locality' box.
- For boarders at boarding school, write the address of the boarding school or college.
- Mark box, like this:

Same as in Question 1

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**

Same as in Question 1

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**

**14 Where did the person usually live one year ago (at 11 August 2025)?**

- If the person is less than one year old, leave blank.
- For people who had no usual address on 11 August 2025, write the address at which they were then living.
- Mark box, like this:

Same as in Question 13

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**

Same as in Question 13

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**

**15 Where did the person usually live five years ago (at 11 August 2021)?**

- If the person is less than five years old, leave blank.
- For people who had no usual address on 11 August 2021, write the address at which they were then living.
- Mark box, like this:

Same as in Question 13

Same as in Question 14

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**

Same as in Question 13

Same as in Question 14

Elsewhere in Australia (specify address)

Apartment/Flat/Unit number  
    (if any)

Street number

Street name

Suburb/Locality

State/Territory    Postcode  
    

**Other country**



Person 3

Person 4

07

Person 5

Person 6

Same as in Question 1  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 1  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

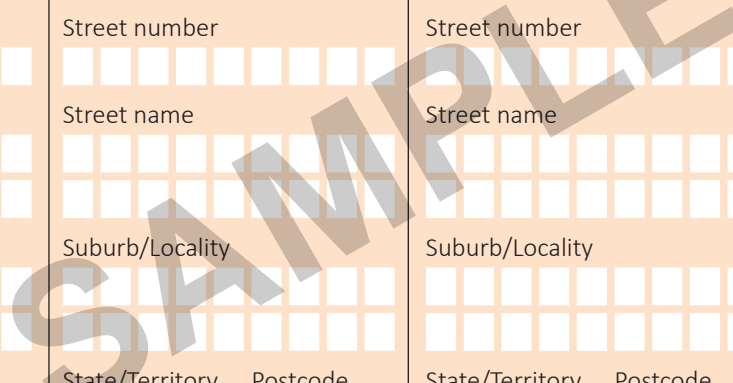
Same as in Question 13  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Same as in Question 14  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Same as in Question 14  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Same as in Question 14  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**

Same as in Question 13  
 Same as in Question 14  
 Elsewhere in Australia (specify address)  
 Apartment/Flat/Unit number  
    (if any)  
 Street number  
     
 Street name  
       
 Suburb/Locality  
         
 State/Territory Postcode  
       
 **Other country**



**16 Is the person an Australian citizen?**

• Mark one box, like this:

- Yes, Australian citizen
- No

- Yes, Australian citizen
- No

**17 In which country was the person born?**

• Mark one box, like this:

- Australia ► **Go to 19**
- England
- India
- New Zealand
- Philippines
- Vietnam
- South Africa

Other (specify)


- Australia ► **Go to 19**
- England
- India
- New Zealand
- Philippines
- Vietnam
- South Africa

Other (specify)


**18 In what year did the person first arrive in Australia to live for one year or more?**

• For example, for arrival in 1987 write: **1 9 8 7**

--	--	--	--	--

Year

Will be in Australia for less than one year

--	--	--	--	--

Year

Will be in Australia for less than one year

**19 In which country was the person's mother born?**

- Provide the country of birth for one of the person's parents, this could be a mother or a parent of any gender.
- This could be a step-parent or adoptive parent.
- If unable to answer this question, leave blank.

- Australia
- Other (specify)


- Australia
- Other (specify)


**20 In which country was the person's father born?**

- Provide the country of birth for one of the person's parents, this could be a father or a parent of any gender.
- This could be a step-parent or adoptive parent.
- If unable to answer this question, leave blank.

- Australia
- Other (specify)


- Australia
- Other (specify)


**21 Does the person use a language other than English at home?**

- If more than one language other than English, write the one that is used most often.
- Include use of sign languages in the 'Yes, other language (specify)' box. For example: AUSLAN.
- Include use of Aboriginal or Torres Strait Islander languages in the 'Yes, other language (specify)' box.
- Mark one box, like this:

- No, English only ► **Go to 23**
- Yes, Mandarin
- Yes, Arabic
- Yes, Vietnamese
- Yes, Cantonese
- Yes, Punjabi
- Yes, Greek

Yes, other language (specify)


- No, English only ► **Go to 23**
- Yes, Mandarin
- Yes, Arabic
- Yes, Vietnamese
- Yes, Cantonese
- Yes, Punjabi
- Yes, Greek

Yes, other language (specify)


**22 How well does the person speak English?**

• Mark one box, like this:

- Very well
- Well
- Not well
- Not at all

- Very well
- Well
- Not well
- Not at all

Person 3

Person 4

09

Person 5

Person 6

<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No																																																																																																																								
<input type="checkbox"/> Australia ► <b>Go to 19</b> <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 19</b> <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 19</b> <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> Australia ► <b>Go to 19</b> <input type="checkbox"/> England <input type="checkbox"/> India <input type="checkbox"/> New Zealand <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> South Africa Other (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
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<input type="checkbox"/> No, English only ► <b>Go to 23</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 23</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 23</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<input type="checkbox"/> No, English only ► <b>Go to 23</b> <input type="checkbox"/> Yes, Mandarin <input type="checkbox"/> Yes, Arabic <input type="checkbox"/> Yes, Vietnamese <input type="checkbox"/> Yes, Cantonese <input type="checkbox"/> Yes, Punjabi <input type="checkbox"/> Yes, Greek Yes, other language (specify) <table border="1" style="width:100%; height:40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all																																																																																																																								

SAMPLE





Person 3

Person 4

11

Person 5

Person 6

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)


Other ancestry 2 (specify)


Other ancestry 3 (specify)


Other ancestry 4 (specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)


Other ancestry 2 (specify)


Other ancestry 3 (specify)


Other ancestry 4 (specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)


Other ancestry 2 (specify)


Other ancestry 3 (specify)


Other ancestry 4 (specify)


- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (specify)


Other ancestry 2 (specify)


Other ancestry 3 (specify)


Other ancestry 4 (specify)


- No religion
- Catholic
- Anglican (Church of England)
- Islam
- Hinduism
- Uniting Church
- Buddhism
- Presbyterian
- Greek Orthodox
- Baptist

Other (specify)


- No religion
- Catholic
- Anglican (Church of England)
- Islam
- Hinduism
- Uniting Church
- Buddhism
- Presbyterian
- Greek Orthodox
- Baptist

Other (specify)


- No religion
- Catholic
- Anglican (Church of England)
- Islam
- Hinduism
- Uniting Church
- Buddhism
- Presbyterian
- Greek Orthodox
- Baptist

Other (specify)


- No religion
- Catholic
- Anglican (Church of England)
- Islam
- Hinduism
- Uniting Church
- Buddhism
- Presbyterian
- Greek Orthodox
- Baptist

Other (specify)


SAMPLE



<p><b>25 Does the person ever need someone to help with, or be with them for, self-care activities?</b></p> <ul style="list-style-type: none"> <li>For example: doing everyday activities such as eating, showering, dressing or toileting.</li> </ul>	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p><b>26 Does the person ever need someone to help with, or be with them for, body movement activities?</b></p> <ul style="list-style-type: none"> <li>For example: getting out of bed, moving around at home or at places away from home.</li> </ul>	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p><b>27 Does the person ever need someone to help with, or be with them for, communication activities?</b></p> <ul style="list-style-type: none"> <li>For example: understanding, or being understood by, others.</li> </ul>	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<p><b>28 What are the reasons for the need for assistance or supervision shown in Questions 25, 26 and 27?</b></p> <ul style="list-style-type: none"> <li>Mark all that apply, like this: <input type="checkbox"/></li> </ul>	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason
<p><b>29 Has the person been told by a doctor or nurse that they have any of these long-term health conditions?</b></p> <ul style="list-style-type: none"> <li>Include health conditions that have lasted or are expected to last for six months or more.</li> <li>Include health conditions that:             <ul style="list-style-type: none"> <li>- may recur from time-to-time, or</li> <li>- are controlled by medication, therapy or treatment, or</li> <li>- are in remission.</li> </ul> </li> <li>'Mental health condition' refers to a wide range of conditions that can affect a person's mood, thinking and behaviour.</li> <li>Mark all that apply, like this: <input type="checkbox"/></li> </ul> <p><b>i</b> Go to <a href="http://www.census.abs.gov.au/questions">www.census.abs.gov.au/questions</a> for more information.</p>	<input type="checkbox"/> Arthritis <input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>

Person 3	Person 4	13	Person 5	Person 6
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason
<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input checked="" type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> <b>No long-term health condition</b>

**30 Is the person attending a school or other education institution?**  
 • Include preschool, online, external or correspondence study.

- No ► **Go to 32**
- Yes, full-time student
- Yes, part-time student

- No ► **Go to 32**
- Yes, full-time student
- Yes, part-time student

**31 What type of education institution is the person attending?**  
 • Include preschool, early childhood education and centre-based day care providers. This should be marked as 'Preschool'.  
 • Include secondary colleges and senior high schools under the 'Secondary school' category.  
 • For external, online or correspondence students, mark the type of institution in which they are enrolled.  
 • Mark one box, like this:

- Preschool**
- Primary school**
  - Government
  - Catholic
  - Other non-government
- Secondary school**
  - Government
  - Catholic
  - Other non-government
- Tertiary**
  - Vocational education (including TAFE and private training providers)
  - University or other higher education
- Other education institution**

- Preschool**
- Primary school**
  - Government
  - Catholic
  - Other non-government
- Secondary school**
  - Government
  - Catholic
  - Other non-government
- Tertiary**
  - Vocational education (including TAFE and private training providers)
  - University or other higher education
- Other education institution**

**32 Only continue for people aged 15 years or more**

**33 What is the highest year of primary or secondary school the person has completed?**  
 • For people currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.  
 • Mark one box, like this:

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

**34 Has the person completed any educational qualification?**  
 • Include certificate, diploma or degree in 'Yes, other qualification'.  
 • Mark one box, like this:

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

**35 What is the level of the highest qualification the person has completed?**  
 • For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE II, ADVANCED DIPLOMA.

Level of qualification


Level of qualification


**36 What is the main field of study for the person's highest qualification completed?**  
 • For example: PLUMBING, PRIMARY SCHOOL TEACHING, ACCOUNTING, HAIRDRESSING, PSYCHOLOGY, HOSPITALITY.  
 • If the person has two qualifications of the same level, completed at the same time (for example, double degrees), select the qualification considered the most important to them.

Field of study


Field of study


Person 3	Person 4	15	Person 5	Person 6
<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► <b>Go to 32</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	
<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	<input type="checkbox"/> <b>Preschool</b>  <b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government  <b>Tertiary</b> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> <b>Other education institution</b>	

## Only continue for people aged 15 years or more

<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input checked="" type="checkbox"/> Year 8 or below <input checked="" type="checkbox"/> Did not go to school	<input checked="" type="checkbox"/> Year 12 or equivalent <input checked="" type="checkbox"/> Year 11 or equivalent <input checked="" type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school																																																																																																																																																																																																								
<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input checked="" type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification	<input type="checkbox"/> No ► <b>Go to 37</b> <input type="checkbox"/> No, still studying for first qualification ► <b>Go to 37</b> <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification																																																																																																																																																																																																								
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**37 What is the total of all income the person usually receives?**

- **Do not deduct:** tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions.

- **Include:**

**Wages and salaries**

- Regular overtime
- Commissions and bonuses

**Government pensions, benefits and allowances**

- Age Pension
- Family Tax Benefit
- Parenting Payment
- Disability Support Pension
- JobSeeker Payment
- Youth and student allowances
- Carer Allowance
- Any other government pension, benefit or allowance

**Profit or loss from**

- Unincorporated business/farm (for example, sole traders, partnerships)
- Rental properties

**Other income from**

- Superannuation
- Child support
- Dividends from shares
- Interest
- Workers' compensation
- Any other income sources

- Mark one box, like this:

- Information from this question provides an indication of living standards in different areas.

- |   |   |
|---|---|
| <input type="checkbox"/> \$3,500 or more per week<br>\$182,000 or more per year   | <input type="checkbox"/> \$3,500 or more per week<br>\$182,000 or more per year   |
| <input type="checkbox"/> \$3,000-\$3,499 per week<br>\$156,000-\$181,999 per year | <input type="checkbox"/> \$3,000-\$3,499 per week<br>\$156,000-\$181,999 per year |
| <input type="checkbox"/> \$2,500-\$2,999 per week<br>\$130,000-\$155,999 per year | <input type="checkbox"/> \$2,500-\$2,999 per week<br>\$130,000-\$155,999 per year |
| <input type="checkbox"/> \$2,000-\$2,499 per week<br>\$104,000-\$129,999 per year | <input type="checkbox"/> \$2,000-\$2,499 per week<br>\$104,000-\$129,999 per year |
| <input type="checkbox"/> \$1,500-\$1,999 per week<br>\$78,000-\$103,999 per year  | <input type="checkbox"/> \$1,500-\$1,999 per week<br>\$78,000-\$103,999 per year  |
| <input type="checkbox"/> \$1,250-\$1,499 per week<br>\$65,000-\$77,999 per year   | <input type="checkbox"/> \$1,250-\$1,499 per week<br>\$65,000-\$77,999 per year   |
| <input type="checkbox"/> \$1,000-\$1,249 per week<br>\$52,000-\$64,999 per year   | <input type="checkbox"/> \$1,000-\$1,249 per week<br>\$52,000-\$64,999 per year   |
| <input type="checkbox"/> \$800-\$999 per week<br>\$41,600-\$51,999 per year       | <input type="checkbox"/> \$800-\$999 per week<br>\$41,600-\$51,999 per year       |
| <input type="checkbox"/> \$650-\$799 per week<br>\$33,800-\$41,599 per year       | <input type="checkbox"/> \$650-\$799 per week<br>\$33,800-\$41,599 per year       |
| <input type="checkbox"/> \$500-\$649 per week<br>\$26,000-\$33,799 per year       | <input type="checkbox"/> \$500-\$649 per week<br>\$26,000-\$33,799 per year       |
| <input type="checkbox"/> \$400-\$499 per week<br>\$20,800-\$25,999 per year       | <input type="checkbox"/> \$400-\$499 per week<br>\$20,800-\$25,999 per year       |
| <input type="checkbox"/> \$300-\$399 per week<br>\$15,600-\$20,799 per year       | <input type="checkbox"/> \$300-\$399 per week<br>\$15,600-\$20,799 per year       |
| <input type="checkbox"/> \$150-\$299 per week<br>\$7,800-\$15,599 per year        | <input type="checkbox"/> \$150-\$299 per week<br>\$7,800-\$15,599 per year        |
| <input type="checkbox"/> \$1-\$149 per week<br>\$1-\$7,799 per year               | <input type="checkbox"/> \$1-\$149 per week<br>\$1-\$7,799 per year               |
| <input type="checkbox"/> \$0 or nil income  | <input type="checkbox"/> \$0 or nil income  |
| <input type="checkbox"/> Negative income  | <input type="checkbox"/> Negative income  |

**38 Last week, did the person have a job of any kind?**

- A 'job' means any type of work including casual, temporary, part-time or full-time work, if it was for one hour or more.

- Mark one box, like this:

- **i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, worked for payment or profit <b>▶ Go to 39</b>  | <input type="checkbox"/> Yes, worked for payment or profit <b>▶ Go to 39</b>  |
| <input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason <b>▶ Go to 39</b> | <input type="checkbox"/> Yes, but absent on holidays, on leave, no rostered shifts, or any other reason <b>▶ Go to 39</b> |
| <input type="checkbox"/> Yes, unpaid work in a family business <b>▶ Go to 42</b>  | <input type="checkbox"/> Yes, unpaid work in a family business <b>▶ Go to 42</b>  |
| <input type="checkbox"/> Yes, other unpaid work <b>▶ Go to 50</b>   | <input type="checkbox"/> Yes, other unpaid work <b>▶ Go to 50</b>   |
| <input type="checkbox"/> No, did not have a job <b>▶ Go to 50</b>   | <input type="checkbox"/> No, did not have a job <b>▶ Go to 50</b>   |

**39 In the main job held last week, was the person:**

- If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.
- For all people conducting their own business, including those with their own incorporated (for example, Pty Ltd) company, as well as sole traders, partnerships and independent contractors, mark 'Working in own business'.
- Mark one box, like this:

- |  |  |
|--|--|
| <input type="checkbox"/> Working for an employer <b>▶ Go to 42</b> | <input type="checkbox"/> Working for an employer <b>▶ Go to 42</b> |
| <input type="checkbox"/> Working in own business                   | <input type="checkbox"/> Working in own business                   |



<p><b>40 Was the person's business:</b></p> <ul style="list-style-type: none"> <li>Incorporated means a limited liability company.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)																																																																																																																																																																																																								
<p><b>41 Does the person's business employ people?</b></p> <ul style="list-style-type: none"> <li>Exclude owner/s of the business.</li> <li>Mark one box, like this: <input type="checkbox"/></li> </ul>	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1-19 employees <input type="checkbox"/> Yes, 20 or more employees																																																																																																																																																																																																								
<p><b>42 In the main job held last week, what was the person's occupation?</b></p> <ul style="list-style-type: none"> <li>Give full title.</li> <li>For example: REGISTERED AGED CARE NURSE, HOUSE CLEANER, RETAIL SALES ASSISTANT, ORE CRUSHING MACHINE OPERATOR.</li> <li>For public servants, write occupation title and level. For example: CUSTOMER SERVICE OFFICER APS5.</li> <li>For armed services personnel, write rank and occupation.</li> </ul>	Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p><b>43 What are the main tasks that the person usually performs in that occupation?</b></p> <ul style="list-style-type: none"> <li>Give full details.</li> <li>For example: NURSING THE AGED, CLEANING HOUSES, SELLING CLOTHING IN A DEPARTMENT STORE, OPERATING AN ORE CRUSHER IN A PROCESSING FACILITY.</li> <li>For managers, write the function managed. For example: MANAGING CONSTRUCTION PROJECTS, MANAGING A HOTEL, MANAGING HUMAN RESOURCES.</li> </ul>	Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p><b>44 For the main job held last week, what was the employer's business name?</b></p> <ul style="list-style-type: none"> <li>For people operating their own business (for example, self-employed), write the name of the person's business.</li> <li>For teachers, write the name of the school.</li> </ul>	Business name <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Business name <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p><b>45 What best describes the industry or business of the employer where the person works?</b></p> <ul style="list-style-type: none"> <li>Examples for industry or business of the employer: SECONDARY SCHOOL EDUCATION, GOLD MINING, IT CONSULTING SERVICE, DOMESTIC CLEANING SERVICE, APARTMENT CONSTRUCTION.</li> </ul>	Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p><b>46 What are the main goods produced or main services provided by the employer's business?</b></p> <ul style="list-style-type: none"> <li>Describe as fully as possible, using two words or more.</li> <li>For example: PROVIDING EDUCATION TO SECONDARY SCHOOL STUDENTS, MINING GOLD ORE, PROVIDING INFORMATION TECHNOLOGY ADVICE, HOUSE CLEANING, CONSTRUCTION OF RESIDENTIAL BUILDINGS.</li> </ul>	Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

**Person 3**

**Person 4**

**19**

**Person 5**

**Person 6**

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SAMPLE



**47 For the main job held *last week*, what was the person's workplace address?**

- For people who work for an employer, but work from home some of the time, write the employer's workplace address.
- For people who work from home only (that is, do not have another location to work from), write the home address.
- For people with no fixed place of work (for example, a delivery driver or an in-home carer):
  - if the person travels to visit clients, write the address of the employer
  - if the person usually travels to a depot to start work, write the depot address
  - otherwise, write 'NONE' in the 'Suburb/Locality' box.

Street number

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Street name

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Suburb/Locality

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State/Territory    Postcode

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Property/Building name (if any)

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Street number

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Street name

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Suburb/Locality

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State/Territory    Postcode

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Property/Building name (if any)

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**48 How did the person get to work on Tuesday 11 August 2026?**

- If the person used more than one method of travel to work, mark all that apply, like this:

 Train Bus Ferry Tram (including light rail) Taxi or ride-share service Car – as a driver Car – as a passenger Truck Motorbike or motor scooter Bicycle (including e-bike) Walked only Other Worked at home **Did not go to work** Train Bus Ferry Tram (including light rail) Taxi or ride-share service Car – as a driver Car – as a passenger Truck Motorbike or motor scooter Bicycle (including e-bike) Walked only Other Worked at home **Did not go to work****49 *Last week*, how many hours did the person work in all jobs?**

- Add any overtime or extra time worked and subtract any time off.

  Hours worked  
 **Go to 52**
 None  **Go to 52**
  Hours worked  
 **Go to 52**
 None  **Go to 52****50 Did the person *actively* look for work at any time in the *last four weeks*?**

- Full-time work means 35 hours or more per week.
- Examples of *actively* looking for work include:
  - contacting employers directly
  - contacting employers through an employment agency
  - answering an advertisement for a job
  - having a job interview
  - taking steps to purchase or start a business
  - advertising or tendering for work.
- Mark one box, like this:

 No, did not look for work  **Go to 52** Yes, looked for both full-time and part-time work Yes, looked for full-time work Yes, looked for part-time work No, did not look for work  **Go to 52** Yes, looked for both full-time and part-time work Yes, looked for full-time work Yes, looked for part-time work**51 If the person had found a job, could the person have started work *last week*?**

- Mark one box, like this:

 Yes, could have started work last week No, already had a job to go to No, temporarily ill or injured No, other reason Yes, could have started work last week No, already had a job to go to No, temporarily ill or injured No, other reason

Person 3

Person 4

21

Person 5

Person 6

<p>Street number</p> <input type="text"/>	<p>Street number</p> <input type="text"/>	<p>Street number</p> <input type="text"/>	<p>Street number</p> <input type="text"/>
<p>Street name</p> <input type="text"/>	<p>Street name</p> <input type="text"/>	<p>Street name</p> <input type="text"/>	<p>Street name</p> <input type="text"/>
<p>Suburb/Locality</p> <input type="text"/>	<p>Suburb/Locality</p> <input type="text"/>	<p>Suburb/Locality</p> <input type="text"/>	<p>Suburb/Locality</p> <input type="text"/>
<p>State/Territory    Postcode</p> <input type="text"/>	<p>State/Territory    Postcode</p> <input type="text"/>	<p>State/Territory    Postcode</p> <input type="text"/>	<p>State/Territory    Postcode</p> <input type="text"/>
<p>Property/Building name (if any)</p> <input type="text"/>	<p>Property/Building name (if any)</p> <input type="text"/>	<p>Property/Building name (if any)</p> <input type="text"/>	<p>Property/Building name (if any)</p> <input type="text"/>
<p> <input type="checkbox"/> Train  <input type="checkbox"/> Bus  <input type="checkbox"/> Ferry  <input type="checkbox"/> Tram (including light rail)  <input type="checkbox"/> Taxi or ride-share service  <input type="checkbox"/> Car – as a driver  <input type="checkbox"/> Car – as a passenger  <input type="checkbox"/> Truck  <input type="checkbox"/> Motorbike or motor scooter  <input type="checkbox"/> Bicycle (including e-bike)  <input type="checkbox"/> Walked only  <input type="checkbox"/> Other  <input type="checkbox"/> Worked at home  <input type="checkbox"/> <b>Did not go to work</b> </p>	<p> <input type="checkbox"/> Train  <input type="checkbox"/> Bus  <input type="checkbox"/> Ferry  <input type="checkbox"/> Tram (including light rail)  <input type="checkbox"/> Taxi or ride-share service  <input type="checkbox"/> Car – as a driver  <input type="checkbox"/> Car – as a passenger  <input type="checkbox"/> Truck  <input type="checkbox"/> Motorbike or motor scooter  <input type="checkbox"/> Bicycle (including e-bike)  <input type="checkbox"/> Walked only  <input type="checkbox"/> Other  <input type="checkbox"/> Worked at home  <input type="checkbox"/> <b>Did not go to work</b> </p>	<p> <input type="checkbox"/> Train  <input type="checkbox"/> Bus  <input type="checkbox"/> Ferry  <input type="checkbox"/> Tram (including light rail)  <input type="checkbox"/> Taxi or ride-share service  <input type="checkbox"/> Car – as a driver  <input type="checkbox"/> Car – as a passenger  <input type="checkbox"/> Truck  <input type="checkbox"/> Motorbike or motor scooter  <input type="checkbox"/> Bicycle (including e-bike)  <input type="checkbox"/> Walked only  <input type="checkbox"/> Other  <input type="checkbox"/> Worked at home  <input type="checkbox"/> <b>Did not go to work</b> </p>	<p> <input type="checkbox"/> Train  <input type="checkbox"/> Bus  <input type="checkbox"/> Ferry  <input type="checkbox"/> Tram (including light rail)  <input type="checkbox"/> Taxi or ride-share service  <input type="checkbox"/> Car – as a driver  <input type="checkbox"/> Car – as a passenger  <input type="checkbox"/> Truck  <input type="checkbox"/> Motorbike or motor scooter  <input type="checkbox"/> Bicycle (including e-bike)  <input type="checkbox"/> Walked only  <input type="checkbox"/> Other  <input type="checkbox"/> Worked at home  <input type="checkbox"/> <b>Did not go to work</b> </p>
<p> <input type="text"/> Hours worked  <input type="checkbox"/> None    ▶ <b>Go to 52</b> </p>	<p> <input type="text"/> Hours worked  <input type="checkbox"/> None    ▶ <b>Go to 52</b> </p>	<p> <input type="text"/> Hours worked  <input type="checkbox"/> None    ▶ <b>Go to 52</b> </p>	<p> <input type="text"/> Hours worked  <input type="checkbox"/> None    ▶ <b>Go to 52</b> </p>
<p> <input type="checkbox"/> No, did not look for work    ▶ <b>Go to 52</b>  <input type="checkbox"/> Yes, looked for both full-time and part-time work  <input type="checkbox"/> Yes, looked for full-time work  <input type="checkbox"/> Yes, looked for part-time work                 </p>	<p> <input type="checkbox"/> No, did not look for work    ▶ <b>Go to 52</b>  <input type="checkbox"/> Yes, looked for both full-time and part-time work  <input type="checkbox"/> Yes, looked for full-time work  <input type="checkbox"/> Yes, looked for part-time work                 </p>	<p> <input type="checkbox"/> No, did not look for work    ▶ <b>Go to 52</b>  <input type="checkbox"/> Yes, looked for both full-time and part-time work  <input type="checkbox"/> Yes, looked for full-time work  <input type="checkbox"/> Yes, looked for part-time work                 </p>	<p> <input type="checkbox"/> No, did not look for work    ▶ <b>Go to 52</b>  <input type="checkbox"/> Yes, looked for both full-time and part-time work  <input type="checkbox"/> Yes, looked for full-time work  <input type="checkbox"/> Yes, looked for part-time work                 </p>
<p> <input type="checkbox"/> Yes, could have started work last week  <input type="checkbox"/> No, already had a job to go to  <input type="checkbox"/> No, temporarily ill or injured  <input type="checkbox"/> No, other reason                 </p>	<p> <input type="checkbox"/> Yes, could have started work last week  <input type="checkbox"/> No, already had a job to go to  <input type="checkbox"/> No, temporarily ill or injured  <input type="checkbox"/> No, other reason                 </p>	<p> <input type="checkbox"/> Yes, could have started work last week  <input type="checkbox"/> No, already had a job to go to  <input type="checkbox"/> No, temporarily ill or injured  <input type="checkbox"/> No, other reason                 </p>	<p> <input type="checkbox"/> Yes, could have started work last week  <input type="checkbox"/> No, already had a job to go to  <input type="checkbox"/> No, temporarily ill or injured  <input type="checkbox"/> No, other reason                 </p>

**52 Has the person ever served in the Australian Defence Force?**

- Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE.
- Exclude service for non-Australian defence forces.
- Mark all that apply, like this:

**i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

 No**Regular Service**

- Yes, current service
- Yes, previous service

**Reserves Service**

- Yes, current service
- Yes, previous service

 No**Regular Service**

- Yes, current service
- Yes, previous service

**Reserves Service**

- Yes, current service
- Yes, previous service

**53 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?**

- Include unpaid voluntary work for sporting teams, youth groups, charities, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order.
- Mark one box, like this:

 No, did not do unpaid voluntary work Yes, did unpaid voluntary work No, did not do unpaid voluntary work Yes, did unpaid voluntary work**54 In the last week did the person spend time doing unpaid domestic work for their household?**

- Include all housework, food/drink preparation and clean-up, laundry, gardening, home maintenance and repairs, household shopping, finance management, pet and animal care, and travel associated with unpaid domestic work.
- Mark one box, like this:

 No, did not do any unpaid domestic work in the last week Yes, less than 5 hours Yes, 5-14 hours Yes, 15-29 hours Yes, 30 hours or more No, did not do any unpaid domestic work in the last week Yes, less than 5 hours Yes, 5-14 hours Yes, 15-29 hours Yes, 30 hours or more**55 In the last two weeks did the person spend time looking after a child, without pay?**

- Only include children who were less than 15 years of age.
- Mark all that apply, like this:

 No Yes, looked after own child Yes, looked after a child other than own child No Yes, looked after own child Yes, looked after a child other than own child**56 In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?**

- People who receive Carer Allowance or Carer Payment should mark 'Yes, provided unpaid care, help or assistance'.
- Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition.
- Do not include work done through a voluntary organisation or group.
- Mark one box, like this:

 No, did not provide unpaid care, help or assistance Yes, provided unpaid care, help or assistance No, did not provide unpaid care, help or assistance Yes, provided unpaid care, help or assistance**57 How does the person describe their sexual orientation?**

- Answer for people aged 16 years and older.
- Data from this question will help plan health and social programs and services.
- Mark one box, like this:

**i** Go to [www.census.abs.gov.au/questions](http://www.census.abs.gov.au/questions) for more information.

 Straight Gay or Lesbian Bisexual Uses another term (specify)


 Don't know Prefer not to answer Straight Gay or Lesbian Bisexual Uses another term (specify)


 Don't know Prefer not to answer







# Thank you for taking part.



## Need help to complete your Census?

We are here to help. Go to [www.census.abs.gov.au/help](http://www.census.abs.gov.au/help) for frequently asked questions, self-service options and information about getting help in person. You can also call us on **1800 181 227**.



## National Relay Service

If you are deaf, hard of hearing and/or have a speech or communication difficulty, you can contact us through the National Relay Service.



## Language support

To access in-language support, you can contact the Translating and Interpreting Service (TIS National) on **131 450**.



If you complete the Census online, please recycle this paper form.

## We want your feedback

Please provide comments on your experience filling out this form, including any questions that caused you problems or any other issues completing the Census.

(Please use CAPITAL letters).

SAMPLE

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### FIELD STAFF USE ONLY

#### RAS

CCF   
QA

#### ASC

FOM   
INC

#### HOM

RGH

DFA number







Record number




### OFFICE USE ONLY

#### DCC

TRN   
U15   
NAH   
UNO   
PFR   
COM   
REF

#### RAS

CCF   
QA

#### HOM

QA

