



**Health and Wellbeing
Surveillance System
(HWSS) Questionnaire**

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

Hello. I'm calling from the University of Western Australia, Survey Research Centre on behalf of the Department of Health regarding the study we are conducting on the health and wellbeing of WA residents.

Additional information about silent numbers (if this issue is raised by the respondent). We obtained your number from the electronic version of the white pages. This probably means that prior to you getting the number, the number was not a silent one. If you are concerned about this, we suggest that you contact your telephone service provider.

LET1 We recently sent you a letter telling you about the survey. Did you receive the letter?

C Y A O

(Single Response)

0 No

1 Yes

999 Unsure/Don't know/Can't remember

[If No] The letter invited you to take part in an important health survey being conducted by the Department of Health. It was sent to your household to let you know that we would be contacting you by phone. Your responses will form part of a picture of your local community. The results of the survey will be used to help us keep track of the health of Western Australians. That way we can better plan and develop health services to meet local needs.

[All] I can assure you that information given will remain confidential. The answers from all people interviewed will be gathered together and no individual answers will be published or passed on. On average the survey takes 20 minutes. Participation in the survey is voluntary. You may withdraw from the survey at any time and may refuse to answer any questions as you wish.

DEM1 What was your age last birthday?

Y A O

(Single Response)

Enter age_____

DEM2 As some of the questions relate to certain groups of children only, we need to know how old your child is.

C

(Single Response)

1 Enter age in years _____

2 Enter age in months _____

3 Enter age in weeks _____

4 Enter age in days _____

DEM3 Because we are going to ask lots of questions about your child, would you mind telling me your child's first name so that we can use this during the interview?

C

(Single Response)

Enter name _____

USE FIRST NAME OF CHILD THROUGHOUT THE QUESTIONNAIRE WHERE "[CHILD]" appears

C

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<16	16-24	25-64	65+

RECORD THE SEX

DEM4 Sex (DO NOT ASK)

C	Y	A	O
	Y	A	O

DEM4 [CHILD]'s gender? (If unsure from name, ask: Is [CHILD] a boy or girl?)

C

0 Female

1 Male

DEM5 What is your relationship to [CHILD]?

C

(Single Response)

1 Mother

2 Father

3 Other relative

4 Other

GENERAL HEALTH (Module GEN)

These first few questions ask about your health.

Y	A	O
---	---	---

These first few questions ask about [CHILD]'s health.

C

GEN1 In general, how would you say your health is:

Y	A	O
---	---	---

GEN1 In general, how would you say [CHILD]'s health is:

C

(Read options. Single response)

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

997 Refused

(Interviewer Note: The next 8 questions are part of the SF8 which is a standardised instrument used throughout the world, and therefore the questions need to be asked specifically in this way – please explain this to respondents if they ask about the question wording)

NOTE: SF8 IS COPYRIGHTED – FEES NEED TO BE PAID PRIOR TO USE

GEN2 Overall, how would you rate your health during the past 4 weeks?

Y	A	O
---	---	---

(Read options. Single response)

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

6 Very poor

GEN3 During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Y	A	O
---	---	---

(Read Options. Single Response)

1 Not at all

2 Very little

3 Somewhat

4 Quite a lot

5 Could not do physical activities

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GEN4 During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 None at all
- 2 A little bit
- 3 Some
- 4 Quite a lot
- 5 Could not do daily work

GEN5 How much bodily pain have you had during the past 4 weeks?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 None
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Very severe

GEN6 During the past 4 weeks, how much energy did you have?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 Very much
- 2 Quite a lot
- 3 Some
- 4 A little
- 5 None

GEN7 During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 Not at all
- 2 Very little
- 3 Somewhat
- 4 Quite a lot
- 5 Could not do social activities

GEN8 During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a lot
- 5 Extremely

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GEN9 During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Y A O

(Read Options. Single Response)

- 1 Not at all
- 2 Very little
- 3 Somewhat
- 4 Quite a lot
- 5 Could not do daily activities

GEN10 Compared to one year ago, how would you rate your health in general now?

Y A O

(Read options. Single response)

- 1 Much better now than one year ago
- 2 Somewhat better now than one year ago
- 3 About the same as one year ago
- 4 Somewhat worse now than one year ago
- 5 Much worse now than one year ago

GEN11a Do you or does anyone in your family have any disability, long term illness or pain that puts a burden on you or the family as a whole?

Y A O

(Single Response)

- 0 No [Go to next module](#)
- 1 Yes, me [Go to GEN12](#)
- 2 Yes, other member of my family [Go to GEN12](#)
- 998 Unsure/Don't know/Can't remember [Go to next module](#)
- 999 Refused [Go to next module](#)

GEN11b Does [CHILD] have any disability, long term illness or pain that puts a burden on you or the family as a whole?

C

(Single Response)

- 0 No [Go to next module](#)
- 1 Yes [Go to GEN12](#)
- 998 Unsure/Don't know/Can't remember [Go to next module](#)
- 999 Refused [Go to next module](#)

GEN12 How much of a burden is this, would you say it's:

C Y A O

(Single Response. Read options)

- 1 Not much of a burden at all
- 2 A little burden
- 3 A fairly big burden
- 4 A big burden
- 5 A very big burden
- 998 Unsure/Don't know/Can't remember
- 999 Refused

GEN13 Are you the principal carer of this family member?

Y A O

GEN13 Are you the principal carer of [CHILD]?

C

- 0 No
- 1 Yes
- 997 Family member does not need a carer
- 998 Unsure/Don't know/Can't remember
- 999 Refused

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CO-MORBIDITY (Module COM)

Now I'm going to ask you about health conditions that some people have.

Now I'm going to ask you about health conditions that some children have.

C	Y	A	O
---	---	---	---

Has a doctor ever told you that you have:

Has a doctor ever told you that [CHILD] has:

(READ OPTIONS)

C	Y	A	O
---	---	---	---

COM1 Age 2+ years: Attention Deficit Hyperactivity Disorder

(Single Response)

C	Y		
---	---	--	--

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM2 A problem with coordination, clumsiness, deformity, stiffness or developmental delay

(Single Response)

C			
---	--	--	--

0 No

1 Yes

998 Unsure/Unsure/Don't know/Can't remember/Can't remember

999 Refused

COM3 Arthritis

(Single Response)

	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM4 Heart disease

(Single Response)

	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM5 Stroke

(Single Response)

	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM6 Osteoporosis

(Single Response)

	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

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COM7 Skin Cancer

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y A O

COM8 Excluding skin cancer, any other form of cancer

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y A O

COM9 When did you last have your cholesterol level measured?

(Single Response Record in days, weeks, months or years)

Days _____

Weeks _____

Months _____

Years _____

997 Never been measured [Go to COM13](#)

998 Unsure/Don't know/Can't remember

999 Refused

Y A O

COM10 Has a doctor ever told you that you had High Cholesterol?

(Single Response)

0 No [Go to COM13](#)

1 Yes

998 Unsure/Don't Know/Can't remember [Go to COM13](#)

999 Refused [Go to COM13](#)

Y A O

COM11 Do you still have high cholesterol?

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't remember

999 Refused

Y A O

COM12 Do you take any medication for high cholesterol?

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y A O

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COM13 When did you last have your blood pressure measured?

Y A O

(Single Response Record in days, weeks, months or years)

Days _____

Weeks _____

Months _____

Years _____

997 Never been measured [Go to COM17](#)

998 Unsure/Don't Know/Can't remember

999 Refused

COM14 Has a doctor ever told you that you had high blood pressure?

Y A O

(Single Response)

0 No [Go to COM17](#)

1 Yes

998 Unsure/Don't Know/Can't remember. [Go to COM17](#)

999 Refused [Go to COM17](#)

COM15 Do you still have high blood pressure?

Y A O

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't remember

999 Refused

COM16 Do you take any medication for high blood pressure?

Y A O

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't remember

999 Refused

COM17 Has a doctor ever told you that you had diabetes?

Y A O

COM17 Have you ever been told by a doctor that [CHILD] has diabetes?

C

(Single Response)

0 No [Go to COM21](#)

1 Yes [If Male or Age <16 Go to COM20](#)

998 Unsure/Don't Know/Can't remember. [Go to COM21](#)

999 Refused [Go to COM21](#)

COM18 Were you pregnant when you were first told you had diabetes?

Y A O

(Single Response)

0 No [Go to COM20](#)

1 Yes

998 Unsure/Don't Know/Can't remember. [Go to COM20](#)

999 Refused [Go to COM20](#)

COM19 Other than when you were pregnant, have you ever been told that you have diabetes?

Y A O

(Single Response)

0 No [Go to COM21](#)

1 Yes

998 Unsure/Don't Know/Can't remember. [Go to COM21](#)

999 Refused [Go to COM21](#)

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COM20 What type of diabetes were you told you had?

COM20 What type of diabetes were you told [CHILD] had?

(Single Response)

1. Type 1 – Insulin dependent, Juvenile onset

2. Type 2 – Non-insulin dependent, Mature onset

997. Other

998 Unsure/Don't Know/Can't remember

999 Refused

	Y	A	O
C			

COM21 Has a doctor ever told you that you have asthma?

COM21 Has a doctor ever told you that [CHILD]-has asthma

(Single Response)

0 No [Go to COM23](#)

1 Yes

998 Unsure/Don't Know/Can't remember. [Go to COM23](#)

999 Refused [Go to COM23](#)

	Y	A	O
C			

COM22 Have you had symptoms of asthma or taken treatment for asthma in the last 12 months?

COM22 Has [CHILD] had symptoms of asthma or taken treatment for asthma in the last 12 months?

(Single Response. Interviewer note: Symptoms include breathlessness, wheezing or a dry cough)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

	Y	A	O
C			

COM23 Other than asthma, has a doctor ever told you that you had a respiratory problem such as Chronic Bronchitis, Emphysema, Chronic Lung Disease (COPD) that has lasted 6 months or more?

COM23 Other than asthma, has a doctor ever told you that [Child's name] had a respiratory problem such as Chronic Bronchitis, Emphysema, Chronic Lung Disease (COPD) that has lasted 6 months or more?

0 No [Go to COM25 for adults and COM26 for children](#)

1 Yes

998 Unsure/Don't Know/Can't remember [Go to COM25 for adults and COM26 for children](#)

999 Refused [Go to COM25 for adults and COM26 for children](#)

	Y	A	O
C			

COM24 Do you still have this respiratory problem?

COM24 Does [CHILD] still have this respiratory problem?

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't remember

999 Refused

	Y	A	O
C			

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COM25 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?

Y A O

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM26 In the past 12 months how many injuries have you had that required treatment from a health professional? *(Interviewer Note: The Royal Flying Doctors is included as a health)*

Y A O

COM26a In the past 12 months, how many injuries did [CHILD] have that required treatment from a health professional?

C

(Single Response)

Enter number _____

If COM26 = 0, 998 or 999 Go to next module.

If COM26a = 0, 998 or 999 Go to next module.

Thinking about the past twelve months, has [CHILD] had:

C

(Read options)

COM27 Broken bones?

C

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM28 A head injury that made him/her unconscious?

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM29 A stay in hospital because of an accidental burn?

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

COM30 A stay in hospital because of an accidental poisoning?

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

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C Y A O
<16 16-24 25-64 65+

COM31 Any other injury serious enough to require treatment by a health professional

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

If COM28 or COM31=Yes, ask COM32, Else Go to next module

COM32 How many of these injuries were falls?

C Y A O

(Single Response)

Enter number _____

HEALTH SERVICE UTILISATION (Module SER)

How many times in the past 12 months, have you used these health services?

Y A O

How many times in the past 12 months, has [CHILD] used these health services?

C

SER1 Primary health services e.g. medical specialist, general practitioner, community health centre, community or district nurses

C Y A O

Enter number _____

SER2 Hospital based services e.g. overnight stay, accident & emergency department or outpatients

C Y A O

*Enter number _____

SER3 Allied health services e.g. optician, physiotherapist, chiropractor, podiatrist, dietitian, nutritionist, occupational therapist, diabetes/other health educator

C Y A O

Enter number _____

SER4 Dental services e.g. dentist, dental hygienist

C Y A O

Enter number _____

SER5 A mental health service e.g. psychiatrist, psychologist or counsellor

C Y A O

Enter number _____

SER6 Alternative health services e.g. acupuncturist, naturopath, homeopath or any other alternative health service

C Y A O

Enter number _____

SER7 Did you have a flu vaccination within the past twelve months?

O

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

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SER8 Have you had a pneumonia vaccination anytime within the past five years?

O

(Single Response)

0 No [Go to next module](#)

1 Yes

998 Unsure/Don't know/Can't remember [Go to next module](#)

999 Refused [Go to next module](#)

SER8a Was this pneumonia vaccination within the past twelve months?

O

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

CHILD DEVELOPMENT (Module DEV)

Now I would like to ask you some more general questions about [CHILD] development.

DEV1 How much did [CHILD] weigh when she/he was born?

C

(Single response. If Unsure/Don't know/Can't remember or Refused Go to DEV2)

___KG ___ grams [Go to DEV3](#)

DEV2 Can you remember if anyone said [CHILD] was a low birth weight baby?

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

DEV3 If [CHILD] was breastfed, how long was s/he breastfed for?

C

(Single response. If never breastfed, Go to SED2 if under 2 years, or Go to DEV7 if over 2 years)

___ days ___ weeks ___ months

DEV4 At what age did you first introduce water to [CHILD]?

C

(Single response)

___ days ___ months ___ months

DEV5 At what age did you first introduce liquids other than water to [CHILD]?

C

(Single response)

___ days ___ weeks ___ months

DEV6 At what age did you first introduce foods other than liquids to [CHILD]?

C

(Single response)

___ days ___ weeks ___ months

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DEV7 Ask age 2+ only Do you think [CHILD] was late in starting to talk?
(Single Response)

C

- 0 No
- 1 Yes
- 998 Unsure
- 999 Refused

DEV8 Ask age 2+ only Do you think [CHILD] needs professional help (speech therapy) with his/her speech?
(Single Response)

C

- 0 No
- 1 Yes
- 998 Unsure
- 999 Refused

KESSLER PSYCHOLOGICAL DISTRESS SCALE (Module KES)

The next questions are about how you have been feeling in the past 4 weeks.

Y	A	O

(Interviewer note: The following 10 questions are part of the K10, a standardised instrument that measures psychological distress. It is different from the SF8, which asks about physical as well as mental functioning. If asked, please use this explanation to let respondents know that even though some of the questions in the K10 and SF8 are similar, they are actually used to measure different things)

KES1 In the past four weeks, about how often did you feel tired out for no good reason?

Y	A	O

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES2 In the past four weeks, about how often did you feel nervous?

Y	A	O

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time [Go to KES4](#)

KES3 In the past four weeks, about how often did you feel so nervous that nothing could calm you down?

Y	A	O

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

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KES4 In the past four weeks, about how often did you feel hopeless?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES5 In the past four weeks, about how often did you feel restless or fidgety?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time [Go to KES7](#)

KES6 In the past four weeks, about how often did you feel so restless you could not sit still?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES7 In the past four weeks, about how often did you feel depressed?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES8 In the past four weeks, about how often did you feel everything was an effort?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES9 In the past four weeks, about how often did you feel so sad that nothing could cheer you up?

Y	A	O
---	---	---

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

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KES10 In the past four weeks, about how often did you feel worthless?

Y	A	O
---	---	---

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

KES11 In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?

Y	A	O
---	---	---

____ (Number of days)

KES12 [Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?

Y	A	O
---	---	---

____ (Number of days)

KES13 In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?

Y	A	O
---	---	---

____ (Number of consultations)

KES14 In the last 4 weeks, how often have physical health problems been the main cause of these feelings?

Y	A	O
---	---	---

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

LIFESTYLE – PHYSICAL ACTIVITY (Module PHY)

The next few questions are about your level of physical activity.

Now I would like to ask you some questions about [CHILD]'s lifestyle.

Y	A	O
---	---	---

C

PHY1 How would you rate your physical activity level?

Y	A	O
---	---	---

PHY1 Ask age 5+ only How would you rate [CHILD]'s physical activity level?

C

(Read Options. Single Response)

- 1 Very active
- 2 Active
- 3 Moderately active
- 4 Not very active
- 5 Not at all active
- 998 Unsure/Don't know/Can't remember
- 999 Refused

PHY2 Ask age 5+ only On how many of the past 7 days did [CHILD] exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard, such as basketball, soccer, football, running, swimming laps, fast bicycling or netball? ____

C

(Single response)

Number of Days ____

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PHY2a Ask age 5+ only What do you estimate was the total time that **[CHILD]** spent doing this vigorous physical activity in the past week?

C

(Single Response)

Hours __ __ Minutes __ __

PHY3 Ask age 5+ only On how many of the past 7 days did **[CHILD]** participate in physical activity for at least 30 minutes that did not make them sweat or breathe hard, such as fast walking, slow bicycling, rollerblading or skate boarding?

C

(Single response)

Number of days ____

PHY3a Ask age 5+ only What do you estimate was the total time that **[CHILD]** spent doing this moderate-intensity physical activity in the past week?

C

(Single Response)

Hours __ __ Minutes __ __

[Go to PHY12](#)

PHY4 In the past week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?

Y A O

(Single Response)

Number of times __ __

PHY5 What do you estimate was the total time that you spent walking in this way in the past week?

Y A O

(Single Response)

Hours __ __ Minutes __ __

PHY6 This question excludes household chores or gardening. In the past week, how many times did you do any vigorous physical activity that made you breathe harder or puff and pant? (e.g. tennis, jogging, cycling, keep fit exercises).

Y A

(Single Response)

Number of times __ __

PHY7 What do you estimate was the total time that you spent doing this vigorous physical activity in the past week?

Y A

(Single Response)

Hours __ __ Minutes __ __

PHY8 This question excludes household chores or gardening. In the past week how many times did you do any other more moderate physical activities that you have not already mentioned (e.g. lawn bowls, golf, gentle swimming, etc)?

Y A

(Single Response)

Number of times __ __

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

PHY9 What do you estimate was the total time that you spent doing these activities in the past week?

Y A

(Single Response)

Hours ____ Minutes ____

PHY10 This question excludes household chores or gardening. In the past week, how many times did you do any physical activity such as playing golf, swimming or bowls.

O

(Single Response)

Number of times ____ (If number of times=0 Go to Next module)

PHY11 What do you estimate was the total time that you spent doing this physical activity in the past week?

O

(Single Response)

Hours ____ Minutes ____

PHY12 What facilities or areas did you use for doing physical activity? (do not read out) (Multiple Responses allowed)

Y A O

PHY12 What facilities or areas did [CHILD] use for doing physical activity? (do not read out) (Multiple Responses allowed)

C

PHY12a Beach

PHY12b Cycle or walking paths, not a beach, river or park

PHY12c Golf course

PHY12d Gymnasium, health club or recreation centre

PHY12e Home

PHY12f Natural bushland

PHY12g Public park or oval

PHY12h Public swimming pool

PHY12i River

PHY12j Sailing or boating club

PHY12k Squash courts

PHY12l Streets/footpath

PHY12m Team sport facilities, e.g. basketball, netball, indoor cricket

PHY12n Tennis courts

PHY12o Signed trail and/or track e.g. Bibblumun track

PHY12p Other

PHY13 When do you usually do your physical activity

Y A O

PHY13 Ask age 5+ only When does [CHILD] usually do his/her physical activity

C

A In the morning before work/school

C Y A O

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

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CATI Health and Wellbeing Survey 2007

C Y A O
<16 16-24 25-64 65+

B During the day (Single Response)

C Y A O

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

C In the afternoon after work/school (Single Response)

C Y A O

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

D In the evening before it gets dark (Single Response)

C Y A O

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

LIFESTYLE – SEDENTARY ACTIVITY (Module SED)

SED1 How do you usually spend most of your day?

Y A O

(Read Options. Single Response. Interviewer Note: If asked, refer to a usual working day)

1 Mostly sitting

2 Mostly standing

3 Mostly walking

4 Mostly doing heavy labour or physically demanding work

998 Unsure/don't know/Can't remember

999 Refused

SED2 Excluding work time, how many hours per week do you spend watching TV or videos, or using the computer (for the internet, to play games etc)

Y A O

SED2 How many hours per week does [CHILD] spend watching TV or videos, or using the computer (for the internet, to play games etc)?

C

(Single response)

Hours _____ Minutes _____

LIFESTYLE - BODY MEASUREMENTS (Module BOD)

BOD1 What is your height without shoes?

Y A O

BOD1 Ask age 5+ only What is [CHILD]'s height without shoes?

C

(Single Response)

Centimetres ____

OR

Feet ____ Inches ____

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

BOD2 What is your weight?

BOD2 **Ask age 5+ only** What is [CHILD]'s weight?

(Single Response)

Kilograms (Kg) _____

OR

Stones _____ Pounds _____

	Y	A	O
C			

LIFESTYLE – SUN PROTECTION (Module SUN)

SUN1 How many times did [CHILD] get sunburned in the past 12 months (even just their nose or shoulders?)

C

SUN1 How many times did you get sunburned in the past 12 months (even just your nose or shoulders?)

Y

(Single Response)

Enter number of times _____

SUN2 Before going out into the sunlight, do you wear a hat, use sunscreen and keep covered? Would you say

Y

SUN2 Do you check to see if [CHILD] is adequately protected before going out into the sunlight? That is, does [CHILD] wear a hat, use sunscreen and keep covered? Would you say

C

(Single response)

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

998 Unsure/Can't Remember

999 Refused

LIFESTYLE – ALCOHOL (Module ALC)

Now we are going to ask some questions about your lifestyle.

C	Y	A	O
---	---	---	---

ALC1 How often do you usually drink alcohol?

	Y	A	O
--	---	---	---

(Single Response. If Do not drink Go to SMO1)

Number of days _____

ALC2 A Standard Drink is equivalent to a schooner or midi of full strength beer, a glass of wine or a nip of spirits. On a day when you drink alcohol, how many standard drinks do you usually have?

	Y	A	O
--	---	---	---

(Single Response)

Number of drinks _____

ALC3 In the past 4 weeks how often have you had (7-10 if MALE) (5-6 if FEMALE) drinks in a day?

	Y	A	O
--	---	---	---

(Single Response)

Number of times _____

ALC4 In the past 4 weeks how often have you had (5-6 if MALE) (3-4 if FEMALE) drinks in a day?

	Y	A	O
--	---	---	---

(Single Response)

Number of times _____

Note: The letters to the right indicate which age groups were asked each question.

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

ALC5 Does alcohol cause problems in [CHILD]'s household?

C

(Single Response)

0 No

1 Yes

998 Unsure

999 Refused

LIFESTYLE – TOBACCO SMOKING (Module SMO)

The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.

C	Y	A	O

SMO1 Which of the following best describes your home situation?

Y	A	O

SMO1 Which of the following best describes [CHILD]'s home situation?

C

(Single Response. Read options. Interviewer Note: If child spends time in two households and one has smoking, record the answer for that household)

1 The home is smoke free (includes smoking is allowed outside only)

2 People occasionally smoke in the house

3 People frequently smoke in the house

998. Unsure/Don't know/Can't remember

999 Refused

SMO2 Which of the following best describes your smoking status?

Y	A	O

(Single Response. Read options)

1 I smoke daily [Go to NUT1](#)

2 I smoke occasionally [Go to NUT1](#)

3 I don't smoke now but I used to

4 I've tried it a few times but never smoked regularly

5 I've never smoked [Go to NUT1](#)

998 Unsure/Don't know/Can't remember [Go to NUT1](#)

999 Refused [Go to NUT1](#)

SMO3 Over your lifetime, would you have smoked at least 100 cigarettes or a similar amount of tobacco?

Y	A	O

(Single Response. Read options)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

SMO4 When you/your partner were pregnant with [CHILD], did you/your partner smoke?

C

(Single response)

1 Neither smoked

2 Child's mother smoked only

3 Child's father smoked only

4 Both parents smoked

998 Unsure/Can't remember

999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

LIFESTYLE – NUTRITION (Module NUT)

Now to some questions about food.

NUT1 How many serves of vegetables do you usually eat each day? A serve of vegetables is equal to half a cup of cooked vegetables or 1 cup of salad.

C	Y	A	O
	Y	A	O

NUT1 **Ask age 1+ only:** How many serves of vegetables does [CHILD] usually eat each day? A serve of vegetables is equal to half cup of cooked vegetables or 1 cup of salad.

C

(Single Response)

Enter number of serves _____

NUT2 How many serves of fruit do you usually eat each day? A serve of fruit is equal to one medium piece, two small pieces of fruit or one cup of diced fruit.

Y	A	O
---	---	---

NUT2 **Ask age 1+ only:** How many serves of fruit does [CHILD] usually eat each day? A serve of fruit is equal to one medium piece, two small pieces of fruit or one cup of diced fruit.

C

(Single Response)

Enter number of serves _____

NUT3 What type of milk do you usually consume?

Y	A	O
---	---	---

NUT3 **Ask age 1+ only:** What type of milk does [CHILD] usually consume?

C

(Single Response. Prompt if necessary)

- 1 Full fat or whole milk of any kind, including soya
- 2 Low / reduced fat milk of any kind, including soya
- 3 Skim milk, that is milk with no fat content at all
- 4 Other
- 5 Don't use milk
- 998 Unsure/Don't Know/Can't remember
- 999 Refused

NUT4 How many times a week on average, do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut or Red Rooster?

Y	A	O
---	---	---

NUT4 **Ask age 1+ only:** How many times a week on average, does [CHILD] have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut or Red Rooster?

C

(Single Response)

Number of times _____

NUT5 How many meals do you eat each day?

O

(Single Response)

Enter number of meals ____

NUT6 Does the condition of your teeth or dentures affect the types of food you can eat?

O

(Single Response)

0 No

1 Yes

998 Can't Remember/Unsure/Don't Know

999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

PSYCHOSOCIAL AND MENTAL HEALTH

The next questions are about your life in general.

The next few questions are about **[CHILD]**'s social and emotional wellbeing

	Y	A	O
C			

PERCEIVED LACK OF CONTROL (Module LAC)

LAC1 During the past four weeks how much of the time did you feel a lack of control over your life in general:

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Unsure/Don't know/Can't remember
- 999 Refused

	Y	A	O
--	---	---	---

LAC2 During the past four weeks how much of the time did you feel a lack of control over your personal life:

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Unsure/Don't know/Can't remember
- 999 Refused

	Y	A	O
--	---	---	---

LAC3 During the past four weeks how much of the time did you feel a lack of control over your health:

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Unsure/Don't know/Can't remember
- 999 Refused

	Y	A	O
--	---	---	---

Note: The letters to the right indicate which age groups were asked each question.

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

PSYCHOSOCIAL EVENTS (Module PSE)

These questions relate to events that have either happened directly to the respondent or have happened to other people but have had an effect on the respondent		Y	A	O
In the past 12 months how many times have you personally been affected by any of the following?		Y	A	O
PSE1 Moved house	Number of times _____	Y	A	O
PSE2 Robbed or home burgled	Number of times _____	Y	A	O
PSE3 Death of somebody close to you	Number of times _____	Y	A	O
PSE4 Marriage/relationship breakdown	Number of times _____	Y	A	O
PSE5 Serious injury	Number of times _____	Y	A	O
PSE6 Serious illness	Number of times _____	Y	A	O
PSE7 Loss of driver's license	Number of times _____	Y	A	O
PSE8 Financial hardship	Number of times _____	Y	A	O
PSE9 Any other major event	Number of times _____	Y	A	O

MENTAL HEALTH CONDITIONS (Module MEN)

MEN1 In the last 12 months have you been told by a doctor that you had an anxiety problem? (Single Response)	Y	A	O
---	---	---	---

0 No

1 Yes

998 Unsure/Don't Know /Can't remember Skip

999 Refused

MEN2 In the last 12 months have you been told by a doctor that you are depressed? (Single Response)	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't Know /Can't remember

999 Refused

MEN3 In the last 12 months have you been told by a doctor that you had a stress-related problem (Single Response)	Y	A	O
--	---	---	---

0 No

1 Yes

998 Unsure/Don't Know /Can't remember

999 Refused

MEN4 In the last 12 months have you been told by a doctor that you had any other mental health problem (Single Response)	Y	A	O
---	---	---	---

0 No

1 Yes

998 Unsure/Don't Know /Can't remember

999 Refused

Sequence guide: If MEN1, MEN2, MEN3 or MEN4 = Yes (1 to any of these), continue, else Go to next module

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

MEN5 Are you currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem?

Y	A	O
---	---	---

(Single Response. Interviewer note: includes phone treatment)

0 No

1 Yes [Go to Next Module](#)

998 Unsure/Don't Know/Can't Remember

999 Refused

MEN6 Do you still have any of these conditions?

Y	A	O
---	---	---

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't Remember

999 Refused

MEN7 Ask 1+ only Overall, does [CHILD] have trouble with emotions, concentration, behaviour or getting on with people? Would you say

C

(Single response. Read options)

1 No [Go to MEN9](#)

2 Only a little

3 Quite a lot

4 Very much

998 Unsure/Can't remember [Go to MEN9](#)

999 Refused [Go to MEN9](#)

MEN8 Ask 1+ only Do you think [CHILD] needs special help for this?

C

(Single response)

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

MEN9 Ask 1+ only Has [CHILD] ever been treated for an emotional or mental health problem?

C

(Single response)

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

SOCIAL CAPITAL (Module CAP)

CAP1 How many groups/associations do you belong to? Include church groups, social groups, sporting groups, political groups, professional groups etc...

Y	A	O
---	---	---

CAP1 Ask age 5+ How many groups/associations does [CHILD] belong to? Include sporting groups, school groups, social groups etc...

C

Enter number _____

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

CAP2 Do you feel safe in your home?

Y A O

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 998 Unsure/Don't know/Can't remember
- 999 Refused

CAP3 Do you feel safe in your neighbourhood/ local area?

Y A O

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 998 Unsure/Don't know/Can't remember
- 999 Refused

SCHOOL CONNECTEDNESS (Module SCH)

SCH1 Ask 5+ only Thinking about the previous 12 months, not counting official school holidays, can you tell me about how many days [CHILD] has been away from school for any reason? _____ C

(Single response) (if don't attend school - Go to SCH4)

Enter number of days _____

SCH2 Ask 5+ only Based on your knowledge of [CHILD]'s school work, including school reports, how is [CHILD] doing in school overall? Would you say it was: C

(Single response. Read options)

- 1 Very Well
- 2 Well
- 3 Average
- 4 Poorly
- 5 Very Poorly
- 998 Unsure/Don't know/Can't remember
- 999 Refused

SCH3 Ask 5+ only Does [CHILD] look forward to going to school each day? Would you say C

(Single response. Read options)

- 1 Almost Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Almost Always
- 998 Unsure/Don't know/Can't remember
- 999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

The next questions are about bullying. Bullying is when someone is picked on, hit, kicked, threatened or ignored by other children.

C

SCH4 Ask 5+ only In the past 12 months has [CHILD] been bullied?

C

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

SCH5 Ask 5+ only In the past 12 months has [CHILD] bullied other kids?

C

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

SCH6 Ask 5+ only Does [CHILD] have a special friend or a really close mate?

C

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

SCH7 Ask 5+ only Does [CHILD] have a group of friends to play with or hang around with?

C

0 No

1 Yes

998 Unsure/Can't remember

999 Refused

FAMILY FUNCTIONING (Module FAM)

These questions are about your family. By having a better description of how families' function and the nature of their social circumstances, improvements can be made in a variety of health and community services. This information will also allow a better understanding of how families and communities change over time.

C

Here are statements about families and family relationships. Please rate how much you agree or disagree with the following statements.

C

FAM1 We usually don't get on well together.

C

(Single Response. Read options)

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

FAM2 Planning family activities is usually difficult. (Interviewer note: This can include either disagreements or disharmony)
(Single Response. Read options)

C

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 999 Refused

FAM3 We usually avoid discussing our fears and concerns openly with each other.

C

(Single Response. Read options)

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 999 Refused

FAM4 Making decisions is usually a problem in our family because we misunderstand each other.

C

(Single Response. Read options)

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 999 Refused

PARENTING DISCIPLINE STYLE (Module DIS)

Just about all children break the rules or do things that they are not supposed to. Also, parents react in different ways. Please tell me how often you do each of the following when [CHILD] breaks the rules or does things that s/he is not supposed to.

C

Using a scale from always, often, sometimes, rarely and never, how often do you:

C

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

999

DIS1 Tell him/her to stop?

C

DIS2 Ignore it, do nothing?

C

DIS3 Raise your voice, scold or yell at him/her?

C

DIS4 Calmly discuss the problem?

C

DIS5 Use physical punishment?

C

DIS6 Describe alternative ways of behaving that are acceptable?

C

DIS7 Take away privileges or put in room?

C

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

SOCIAL CHARACTERISTICS (Module CHA)

Now some more general questions.

Y	A	O
---	---	---

Now to finish off with some general questions. The first two questions are about your child.

C

CHA1 Were you born in Australia?

Y	A	O
---	---	---

CHA1 Was [CHILD] born in Australia?

C

(Single Response)

0 No [Go to CHA3](#)

1 Yes

998 Unsure/Don't know/Can't remember

CHA2 Are you of Aboriginal or Torres Strait Islander origin?

Y	A	O
---	---	---

CHA2 Is [CHILD] of Aboriginal or Torres Strait Islander origin?

C

(Single Response)

0 No

1 Yes, Aboriginal

2 Yes, TSI

3 Yes, both Aboriginal and TSI

998 Unsure/Don't know/Can't remember

999 Refused

CHA3 Which geographic area were you born in?

Y	A	O
---	---	---

CHA3 Which geographic area was [CHILD] born in?

C

(Single Response)

1 UK including Wales, Scotland and Eire

2 New Zealand

3 North America

4 Central and South America

5 Africa

6 Europe

7 Middle East

8 ASEAN Country (These include Burma, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam)

9 China

10 India

11 Other

998 Unsure/Don't know/Can't remember

999 Refused

CHA4 What is the highest level of primary or high school that you have completed?

Y	A	O
---	---	---

(Single Response. Interviewer note: Prompt if necessary)

1 Never attended school

2 Currently still at school

3 Year 8 or below

4 Year 9 or equivalent

5 Year 10 or equivalent

6 Year 11 or equivalent

7 Year 12 or equivalent (matriculation/leaving)

998 Unsure/Don't Know/Can't Remember

999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

CHA5 Have you completed any qualifications (since leaving school)?

Y A O

(Single Response. Interviewer note: Prompt if necessary)

0 No [Go to CHA7](#)

1 Yes [Go to CHA6](#)

998 Unsure/Don't know/Can't remember

999 Refused

CHA6 What is the highest qualification you have completed

Y A O

(Single Response. Interviewer note: Prompt if necessary)

1 Bachelor degree or higher

2 Diploma or certificate taking more than 12 months full time

3 Diploma or certificate taking less than 12 months full time

4 Trade / apprenticeship

998 Unsure/Don't know/Can't remember

999 Refused

CHA7 Which ONE of the following best describes your current employment status? Are you:

Y A

(Single Response. Read options. Interviewer note: This question relates to MAIN occupation. A full-time student who works part-time is coded as a student)

1 Self employed [Go to CHA9](#)

2 Employed for wages, salary or payment-in-kind [Go to CHA9](#)

3 Unemployed for less than one year [Go to CHA8](#)

4 Unemployed for more than one year [Go to CHA8](#)

5 Engaged in home duties [Go to CHA12](#)

6 Retired [Go to CHA12](#)

7 Unable to work [Go to CHA12](#)

8 A student [Go to CHA12](#)

9 Other [Go to CHA12](#)

998 Unsure/Don't Know/Can't Remember [Go to CHA12](#)

999 Refused [Go to CHA12](#)

CHA8 Are you looking for employment?

Y A

(Single Response)

0 No [Go to CHA12](#)

1 Yes [Go to CHA12](#)

998 Unsure/Don't know/Can't remember [Go to CHA12](#)

999 Refused [Go to CHA12](#)

CHA9 How many hours per week do you work in paid employment?

Y A

(If asked, it is the total number of hours put in rather than the hours paid for)

Hours per week _____

CHA10 Do you currently work in paid employment

O

(Single response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

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CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

CHA11 Do you currently work as a volunteer

O

(Single response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

CHA12 How would you best describe your family structure? Please listen to the options and then tell me which one is the closest to your family situation.

Y A

(Read Options. Single Response)

1 A family with a child or children living with both biological or adoptive parents

2 A step or blended family

3 A sole parent family

4 A couple with no dependent children

5 A single person with no dependent children

6 Other family structure

998 Unsure/Don't Know/Can't Remember

999 Refused

CHA12a How would you best describe [CHILD]'s family structure? Please listen to the options and then tell me which one is the closest to [CHILD]'s family situation.

C

(Read Options. Single Response)

1 A family with a child or children living with both biological or adoptive parents [Go to CHA14](#)

2 A step or blended family

3 A sole parent family

6 Other family structure [Go to CHA14](#)

998 Unsure/Don't Know/Can't Remember [Go to CHA14](#)

999 Refused [Go to CHA14](#)

CHA13 How often would child see their other biological parent during a usual month?

C

(Single response)

Enter number of times per month _____

CHA14 What best describes your current living arrangements?

Y A O

(Read Options. Single Response)

1 Living with my parent(s)

2 Living with other family members

3 Living with friends

4 Living with a partner and children

5 Living with a partner but no children

6 Living alone

7 Living in a nursing home

8 Living in a retirement village

9 Other living arrangements

998 Unsure/Don't Know/Can't Remember

999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

CHA15 What is your marital status?

Y	A	O

(Read Options. Single Response)

- 1 Married
- 2 Living with a partner/Defacto
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never Married
- 998 Unsure/Don't Know/Can't Remember
- 999 Refused

CHA16 Is the place where you are currently living:

Y	A	O

(Read Options. Single Response)

- 1 Rented from the government or from a public authority
- 2 Rented privately
- 3 Being paid off by you/your partner
- 4 Fully Owned/Outright owner
- 5 Other
- 998 Unsure/Don't Know/Can't Remember
- 999 Refused

CHA17 Which best describes your household money situation?

Y	A	O

CHA17 Which best describes the money situation of the household [CHILD] lives in?

C

(Read Options. Single Response)

- 1 I am / we are spending more money than I / we get
- 2 I / we have just enough money to get us through to the next pay day
- 3 There's some money left over but I / we just spend it
- 4 I / we can save a bit every now and then
- 5 I / we can save regularly
- 6 I / we can save a lot
- 998 Unsure/Don't know/Can't remember
- 999 Refused

CHA18 I would now like to ask you about your household's income. We are interested in how income relates to health, lifestyle and access to health services. Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the past 12 months?

C	Y	A	O

(Read Options. Single Response)

- 1 Under \$20,000
- 2 \$20,000 - \$40,000
- 3 \$40,000 - \$60,000
- 4 \$60,000 - \$80,000
- 5 \$80,000 - \$100,000
- 6 More than \$100,000
- 998 Unsure/Don't Know/Can't Remember
- 999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

CHA19 How much income do you personally receive each week, after tax? (includes wages, pensions, Austudy, pocket money, and any other sources of income)

Y A

Enter income in dollars (rounded to the nearest dollar) _____

CHA20 Do you receive a government pension?

Y A O

(Single Response. Interviewer Note: Includes old age pension, disability pension, carer allowance, family pension etc)

0 No

1 Yes

998 Unsure/Don't Know/Can't Remember

999 Refused

CHA21 Do you have a health care card, that is a card that entitles you to discounted prescriptions and bulk billing?

Y A O

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't Remember

999 Refused

CHA22 Do you have private health insurance?

Y A O

CHA22 Does [CHILD] have private health insurance?

C

(Interviewer note: This includes people who have ancillaries only)

(Single Response)

0 No

1 Yes

998 Unsure/Don't Know/Can't remember

999 Refused

CHILD RESPONDENT – SOCIAL & PSYCHOSOCIAL (Module RES)

Now some questions about you.

C

RES1 Were you born in Australia?

C

(Single Response)

0 No [Go To RES3](#)

1 Yes

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember [Go To RES4](#)

999 Refused [Go To RES4](#)

RES2 Are you of Aboriginal or Torres Strait Islander origin?

C

(Single Response)

0 No

1 Yes, Aboriginal

2 Yes, TSI

3 Yes, both Aboriginal and TSI

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember

999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

RES3 Which geographic area were you born in?

C

(Single Response)

- 1 UK including Wales, Scotland and Eire
- 2 New Zealand
- 3 North America
- 4 Central and South America
- 5 Africa
- 6 Europe
- 7 Middle East
- 8 ASEAN Country (These include Burma, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam)
- 9 China
- 10 India
- 11 Other
- 998 Unsure/Don't know/Can't remember
- 999 Refused

RES4 In general, how would you say your health is:

C

(Read options. Single response)

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

RES5 In the last 12 months have you been told by a doctor that you had depression, anxiety, stress or any other mental health problem?

C

(Single Response)

- 0 No [Go to RES8](#)
- 1 Yes
- 998 Unsure/Don't know/Can't remember [Go to RES8](#)
- 999 Refused [Go to RES8](#)

RES6 Are you currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem?

C

(Single Response. Interviewer note: includes phone treatment)

- 0 No
- 1 Yes [Go to RES8](#)
- 998 Unsure/don't know/Can't remember
- 999 Refused

RES7 Do you still have any of these conditions?

C

- 0 No
- 1 Yes
- 998 Can't Remember/Unsure/Unsure/Don't know/Can't remember
- 999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

RES8 During the past four weeks how much of the time did you feel a lack of control over your life in general:

C

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Not applicable
- 999 Refused

RES9 During the past four weeks how much of the time did you feel a lack of control over your personal life:

C

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Not applicable
- 999 Refused

RES10 During the past four weeks how much of the time did you feel a lack of control over your health:

C

[\(Read options. Single response\)](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
- 998 Not applicable
- 999 Refused

RES11 How many groups/associations do you belong to? Include church groups, social groups, sporting groups, political groups, professional groups etc...

C

RES12 Do you feel safe in your home?

C

[\(Read Options. Single Response\)](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 998 Unsure/Don't know/Can't remember
- 999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

RES13 Do you feel safe in your neighbourhood/ local area?

C

(Read Options. Single Response)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 998 Unsure/Don't know/Can't remember
- 999 Refused

RES14 What is the highest level of primary or high school that you have completed?

C

(Single Response. Interviewer note: Prompt if necessary)

- 1 Never attended school
- 2 Currently still at school
- 3 Year 8 or below
- 4 Year 9 or equivalent
- 5 Year 10 or equivalent
- 6 Year 11 or equivalent
- 7 Year 12 or equivalent (matriculation/leaving)
- 998 Unsure/Don't Know/Can't Remember
- 999 Refused

RES15 Have you completed any qualifications (since leaving school)?

C

(Single Response. Interviewer note: Prompt if necessary)

- 0 No **Go to RES17**
- 1 Yes
- 998 Unsure/Don't know/Can't remember **Go to RES17**
- 999 Refused **Go to RES17**

RES16 What is the highest qualification you have completed?

C

(Single Response. Interviewer note: Prompt if necessary)

- 1 Bachelor degree or higher
- 2 Diploma or certificate taking more than 12 months full time
- 3 Diploma or certificate taking less than 12 months full time
- 4 Trade / apprenticeship
- 998 Unsure/Don't know/Can't remember
- 999 Refused

RES17 Which ONE of the following best describes your current employment status? Are you:

C

(Single Response. Read options)

- 1 Self employed **Go to RES18**
- 2 Employed for wages, salary or payment in kind **Go to RES18**
- 3 Unemployed for less than one year **Go to RES19**
- 4 Unemployed for more than one year **Go to RES19**
- 5 Engaged in home duties **Go to RES20**
- 6 Retired **Go to RES20**
- 7 Unable to work **Go to RES20**
- 8 A student **Go to RES20**
- 9 Other **Go to RES20**
- 998 Unsure/Don't know/Can't remember **Go to RES20**
- 999 Refused **Go to RES20**

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

RES18 If you are in paid employment whether for yourself or others, how many hours per week do you work ?

C

(If asked, it is the total number of hours put in rather than the hours paid for)

Enter hours per week _____

RES19 Are you looking for employment?

C

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember

999 Refused

RES20 Do you have a health care card, that is a card which entitles you to discounted prescriptions and bulk billing?

C

(Single Response Prompt)

0 No

1 Yes

998 Can't Remember/Unsure/Unsure/Don't know/Can't remember

999 Refused

PARTNER OF CHILD RESPONDENT (Module PTR)

And now a few questions about your partner, if you have one.

C

PTR1 So, first of all, do you share your home with a partner?

C

(Single Response)

0 No [Go to next module](#)

1 Yes

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember [Go to next module](#)

999 Refused [Go to next module](#)

PTR2 Was your partner born in Australia?

C

(Single Response)

0 No [Go to PTR4](#)

1 Yes

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember [Go to PTR5](#)

999 Refused [Go to PTR5](#)

PTR3 Is your partner of Aboriginal or Torres Strait Islander origin?

C

(Single Response)

0 No

1 Yes, Aboriginal only

2 Yes, TSI only

3 Yes, both Aboriginal and TSI

998 Unsure/Don't know/Can't remember/Unsure/Can't Remember

999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

PTR4 Which geographic area was your partner born in?

C

(Single Response)

- 1 UK including Wales, Scotland and Eire
- 2 New Zealand
- 3 North America
- 4 Central and South America
- 5 Africa
- 6 Europe
- 7 Middle East
- 8 ASEAN Country (These include Burma, Brunei Darussalam, Cambodia,
- 9 China
- 10 India
- 11 Other
- 998 Unsure/Don't know/Can't remember/Unsure/Can't Remember
- 999 Refused

PTR5 Which one of the following best describes your partner's current employment status? Is your partner:

C

(Read options. Single response)

- 1 Self employed [Go to PTR6](#)
- 2 Employed for wages, salary or payment in kind [Go to PTR6](#)
- 3 Unemployed for less than one year [Go to PTR7](#)
- 4 Unemployed for more than one year [Go to PTR7](#)
- 5 Engaged in home duties [Go to PTR8](#)
- 6 Retired [Go to PTR8](#)
- 7 Unable to work [Go to PTR8](#)
- 8 A student [Go to PTR8](#)
- 9 Other [Go to PTR8](#)
- 998 Unsure/Don't know/Can't remember [Go to PTR8](#)
- 999 Refused [Go to PTR8](#)

PTR6 If your partner is in paid employment, either for themselves or others, how many hours per week does s/he work?

C

(Single response. If asked, it is the total number of hours worked rather than the hours paid for)

Enter hours per week _____

If answered PTR5, skip to PTR7

PTR7 Is your partner looking for employment?

C

(Single Response)

- 0 No
- 1 Yes
- 998 Unsure/Don't know/Can't remember/Unsure/Can't Remember
- 999 Refused

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

PTR8 What is the highest level of primary or high school that your partner has completed?

C

(Single Response. Interviewer note: Prompt if necessary)

- 1 Never attended school
- 2 Currently still at school
- 3 Year 8 or below
- 4 Year 9 or equivalent
- 5 Year 10 or equivalent
- 6 Year 11 or equivalent
- 7 Year 12 or equivalent (matriculation/leaving)
- 998 Unsure/Don't Know/Can't Remember
- 999 Refused

PRT9 Has your partner completed any qualifications (since leaving school)?

C

(Single Response. Interviewer note: Prompt if necessary)

- 0 No **Go to WEI1**
- 1 Yes
- 998 Unsure/Don't know/Can't remember
- 999 Refused

PRT10 What is the highest qualification your partner has completed?

C

(Single Response. Interviewer note: Prompt if necessary)

- 1 Bachelor degree or higher
- 2 Diploma or certificate taking more than 12 months full time
- 3 Diploma or certificate taking less than 12 months full time
- 4 Trade / apprenticeship
- 998 Unsure/Don't know/Can't remember
- 999 Refused

WEIGHTING (Module WEI)

Now I would like to ask you a few questions that we use to ensure that the information we collect is representative of the whole of WA.

C	Y	A	O
---	---	---	---

WEI1 Including [CHILD], how many people under 16 usually live in this household?

C

Enter number _____

WEI2 Including yourself, how many people between 16 and 24 usually live in this household?

Y

Enter number _____

WEI3 Including yourself, how many people between 25 and 64 usually live in this household?

A

Enter number _____

WEI4 Including yourself, how many people between 65 years and older usually live in this household?

O

Enter number _____

WEI5 What is the total number of people who usually live in this household?

C	Y	A	O
---	---	---	---

Enter number _____

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

WEI6 What is your postcode?

(Single Response)

Enter postcode _____

C	Y	A	O
---	---	---	---

WEI7 What is your suburb, town or community?

(Single Response. Leave Blank if refused)

Enter town /suburb _____

C	Y	A	O
---	---	---	---

WEI8 How many listings do you have in the White Pages telephone book?

(Single Response Code)

Enter number __

C	Y	A	O
---	---	---	---

And finally, we have some personal questions. These may seem a little intrusive, but as they relate to problem areas in Australia we would like to ask you these questions. As with the rest of the survey, you may refuse to answer these questions if you wish.

Y	A	O
---	---	---

SUICIDE (Module SUI)

SUI1 Sometimes, people feel really down and so depressed they feel they can't cope anymore. Sometimes they might think about hurting themselves or even killing themselves. During the past 12 months have you ever seriously thought about ending your own life?

(Single Response)

0 No [Go to SUI3](#)

1 Yes

998 Unsure/Don't Know/Can't Remember [Go to SUI3](#)

999 Refused [Go to SUI3](#)

Y	A	O
---	---	---

SUI2 In the past 12 months have you tried to end your own life?

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y	A	O
---	---	---

SUI3 Have any of your friends tried to end their own lives in the past 12 months?

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y	A	O
---	---	---

SUI4 In the past 12 months, have any of your family tried to end their own lives?

(Single Response)

0 No

1 Yes

998 Unsure/Don't know/Can't remember

999 Refused

Y	A	O
---	---	---

Note: The letters to the right indicate which age groups were asked each question.

C=Child 0-15 year years, Y=Young adult 16-24 years, A=Adult 25-64 years and O=Older adult 65+ years

CATI Health and Wellbeing Survey 2007

C	Y	A	O
<16	16-24	25-64	65+

Thank you for answering those questions, If you found them unsettling and would like to discuss your feelings with anyone, you can call Mental Health Direct on 1800 220 400.