

2022 ACT General Health Survey

Contents

*INTRODUCTION – MAIN SURVEY	2
*DEMOGRAPHICS (AGE AND SEX)	3
*SELF-RATED HEALTH STATUS.....	4
*DISABILITY	5
*WELLBEING	5
*HEIGHT AND WEIGHT (BMI).....	7
*NUTRITION.....	7
*ALCOHOL FREQUENCY AND CONSUMPTION.....	8
*SMOKING	8
*ELECTRONIC CIGARETTES	9
*PHYSICAL ACTIVITY - ADULT	9
*SEDENTARY BEHAVIOUR - ADULTS	10
*SLEEP	10
*KESSLER PSYCHOLOGICAL DISTRESS SCALE	10
*MENTAL HEALTH.....	12
*PSYCHOSOCIAL EVENTS	13
*DISCRIMINATION AND GENDER EQUITY	13
*FINANCIAL RISK	15
*CONCLUDING DEMOGRAPHICS.....	16

*INTRODUCTION – MAIN SURVEY

*(TIMESTAMP1)

*(ALL)

INTRODUCTION

Good afternoon/evening my name is <SAY NAME> and I'm calling from the Social Research Centre on behalf of ACT Health regarding a health survey.

IF NECESSARY: We are conducting an important study on the health and wellbeing of people in the ACT and we would like to interview you.

IF NECESSARY: A project being conducted by the University of Canberra measuring health and wellbeing is also in the field at the moment. You may have received a letter inviting you to participate in their online survey. We encourage you to take part in the University of Canberra Living Well in the ACT region survey, as it is independent from the study being conducted by the Social Research Centre.

*(ALL)

IN1 (REINTRODUCE IF NECESSARY) Good afternoon/evening my name is <SAY NAME> and I'm calling on behalf of ACT Health from the Social Research Centre.

We are conducting an important study on the health and wellbeing of people in the ACT and we would like to interview you.

The survey is used to help ACT Health plan the provision of healthcare services such as hospitals and clinics in your area and to let us know about current health issues.

IF NECESSARY: This year, the survey has a strong focus on wellbeing, so the topic areas include mental wellbeing, resilience and social support.

*IF NECESSARY: There's more information about the survey available on our website. The website address is www.srcentre.com.au/2022actghs.

*IF NECESSARY: You should have received an SMS about the survey?

*(IN1=1)

IN10 Firstly can I just confirm that you live in ACT?

1. Yes (MOBILE SAMPLE GO TO MOB1 THEN INT5.)
2. No
- X Don't know (GO TO TERM1)
- R Refused (GO TO TERM1)

*(IN10=2 OR IN1=5)

IN10a In which state or territory do you live?

1. NSW (GO TO TERM1)
2. Victoria (GO TO TERM1)
3. Queensland (GO TO TERM1)
4. South Australia (GO TO TERM1)
5. Western Australia (GO TO TERM1)
6. Tasmania (GO TO TERM1)
7. Northern Territory (GO TO TERM1)
8. Overseas locality (GO TO TERM1)
- X Don't know (GO TO TERM1)
- R Refused (GO TO TERM1)

*(MOBILE=1) (MOBILE SAMPLE)

MOB1 May I just check whether or not it is safe for you to take this call at the moment? If not, I am happy to call you back when it is more convenient.

1. Safe to take call (GO TO MOB3)

2. Not safe to take call
- R Refusal (GO TO RR1)

*(MOB1=2) (NOT SAFE TO TAKE CALL)

MOB2 Would you like me to call you back on this number or would you prefer I call back on your home phone?

1. This number (MAKE APPOINTMENT)
2. Home phone (MAKE APPOINTMENT, RECORD HOME PHONE NUMBER)
- R. Refusal (GO TO RR1)

*(MOBILE=1) (MOBILE SAMPLE)

MOB3 May I please confirm that you are at least 18 years old?

1. Yes – 18 years or over (GO TO INT5)
2. No – under 18 years (GO TO TERM8)

*(ALL)

INT5 Your help with this survey would be voluntary.

All that is involved is answering some questions about your health and wellbeing. The interview takes around 15 to 20 minutes.

You do not have to answer any question if you do not feel comfortable doing so, and you can stop the interview at any time.

During the interview, my supervisor may listen in for quality control purposes only. Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law.

The information from this survey will be used to help improve health services for people in your area and across the Territory, so your help is very important for us. This year the survey is focussed on wellbeing, so will cover topics including mental wellbeing, resilience and social support.

1. Start survey
2. Not a convenient time (MAKE APPOINTMENT)
- R Refused (GO TO RR1)

*(TIMESTAMP2)

***DEMOGRAPHICS (AGE AND SEX)**

*(ALL)

DEM2d Could you please tell me how old you are today?

(INTERVIEWER NOTE: If respondent does not give age, survey will terminate.)

(IF ASKED: We summarise all the information we collect according to people's age groups, so it is important that we have information about the age of people we are interviewing. We will not be able to conduct the survey unless we know your age.)

(INTERVIEWER NOTE: Answer in whole numbers only - do not round up.)

SPECIFY YEARS (RANGE 18 TO 120)

99999 Refused (GO TO TERM10)

*(ALL)

DEM4 What is your gender?

IF NECESSARY: This is a question we do ask of everyone.

1. Male
2. Female

- 4. Non-binary
- 3. Something different (please specify)
- R. Refused

*(MOBILE=1) (MOBILE SAMPLE)

DEM16m Could you please tell me your postcode?

INTERVIEWER NOTE: In order to use this data to inform local health service planning, we need to ask where people live.

2. Postcode given (USE POSTCODE LOOK UP LIST)

88888 Don't know

99999 Refused

*IF POSTCODE ASSOCIATED WITH PO BOX, DISPLAY:

That postcode seems to be associated with a PO Box or non-residential address – could you please tell me the postcode of your usual place of residence?

IF REFUSED OR DK, ACCEPT POSTCODE ASSOCIATED WITH PO BOX

*(MOBILE=1) (MOBILE SAMPLE)

DEM17m What is the name of the suburb or town where you live?

INTERVIEWER NOTE: In order to use this data to inform local health service planning, we need to ask where people live

SELECT LOCALITY FROM LOCALITIES SPECIFIC TO SELECTED POSTCODE

INCLUDE SPECIFIED OTHER OPTION

88888 Don't know

99999 Refused

*PROGRAMMER NOTE: IF DEM17m IS DK OR REF GO TO TERM 13

*(TIMESTAMP3)

***SELF-RATED HEALTH STATUS**

*(ALL)

HSDZ Now I am going to ask a few general questions about health...

1. Continue

*(ALL)

HSD4 Overall, how would you rate your health during the past 4 weeks?

READ OUT

1. Excellent

2. Very good

3. Good

4. Fair

5. Poor

X (Don't know)

R (Refused)

*(ALL)

HMH1 Overall, how would you rate your mental health during the past 4 weeks?

READ OUT

1. Excellent

2. Very good

3. Good

- 4. Fair
- 5. Poor
- X (Don't know)
- R (Refused)

*(TIMESTAMP4)

***DISABILITY**

*(ALL)

G16 And do you have a disability, health condition or injury that has lasted, or is likely to last, 6 months or more which restricts your everyday activities?

[INTERVIEWER NOTE: Mental health conditions are captured separately later in the survey.]

- 1. Yes
- 2. No
- X. (Don't know)
- R. (Refused)

*(TIMESTAMP5)

***WELLBEING**

*(ALL)

BINT The next questions are about social and emotional wellbeing.

- 1. Continue

*(ALL)

B1 Using a scale of 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied, thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole?

- 1. Record number (Allowable range = 0 to 10)
- 88888. (Don't know)
- 99999. (Refused)

*(ALL)

B2 Turning now to various areas of your life. Please answer use a scale from 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied

STEM: How satisfied are you with <INSERT STATEMENT>?

INTERVIEWER NOTE: REPEAT SCALE AS NECESSARY

INTERVIEWER NOTE: Standard of living refers to the degree of wealth and material comfort available to a person.

INTERVIEWER NOTE: Security refers to the respondent's economic security.

INTERVIEWER NOTE: Local environment refers to the parks, green spaces, footpaths in and around the respondent's suburb.

*(STATEMENTS)

*(DISPLAY SCALE ON EACH SCREEN)

- a. ... your standard of living?
- b. ... your health?
- c. ... what you are currently achieving in life?
- d. ... your personal relationships?
- e. ... how safe you feel?

- f. ... feeling part of your community?
- g. ... your future security?
- h. ... the amount of time you have to do things you like doing?
- i. ... the quality of your local environment?
- j. ... your job?

*(RESPONSE FRAME)

- 1. Record number (Allowable range = 0 to 10)
- 77777. Not applicable (PROGRAMMER: SUPPRESS FOR ALL EXCEPT B2_j)
- 88888. (Don't know)
- 99999. (Refused)

*(ALL)

B3

How true are the following statements? If a particular situation has not occurred, answer how you think you would have felt.

First, **I am able to adapt when changes occur.** Is that...?

(READ OUT)

- 1. Not true at all
- 2. Rarely true
- 3. Sometimes true
- 4. Often true
- 5. True nearly all the time
- X. (Don't know)
- R. (Refused)

*(ALL)

B4

And, **I tend to recover well after illness, injury or other hardships.** Is that ...?

(READ OUT)

- 1. Not true at all
- 2. Rarely true
- 3. Sometimes true
- 4. Often true
- 5. True nearly all the time
- X. (Don't know)
- R. (Refused)

*(ALL)

B5

If you needed to, could you ask someone for any of these types of support in a time of crisis?

STEM: Could you ask someone <STATEMENT> in time of crisis?

PROGRAMMER NOTE: DISPLAY STEM ON EACH SUBSEQUENT SCREEN ONLY

(STATEMENTS)(ROTATE)

- a. For advice on what to do
- b. For emotional support
- c. To help out when you have a serious illness or injury
- d. For help to maintain family or work responsibilities
- e. To provide emergency money, accommodation or food.

(RESPONSE FRAME)

(READ OUT)

INTERVIEWER NOTE: REPEAT IF NECESSARY

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
5. (DON'T EVER NEED THIS KIND OF SUPPORT)
- X. (Don't know)
- R. (Refused)

*(ALL)

B6 And how safe or unsafe do you feel walking in your local area alone after dark?

INTERVIEWER NOTE: Local area = in and around local public transport, local shops and their street.

(READ OUT)

1. Very safe
2. Safe
3. Neither safe nor unsafe
4. Unsafe
5. Very unsafe
6. (Never alone in this situation)
- X. (Don't know)
- R. (Refused)

*(TIMESTAMP6)

***HEIGHT AND WEIGHT (BMI)**

*(ALL)

LIFEINT The next section of the survey asks about a variety of lifestyle factors.

*(ALL)

HWT3x How would you describe your weight?

IF NEEDED: Which one of these options best describes your weight?

[READ OUT]

- 1 Underweight
- 2 Healthy weight
- 3 Overweight
- 4 Very overweight
- X (Don't know)
- R (Refused)

*(TIMESTAMP7)

***NUTRITION**

*(ALL)

NUT13 How often do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

IF NEEDED: You can answer in times per day, week or month.

INTERVIEWER NOTE: IF RESPONDENT VOLUNTEERS 'RARELY/NEVER' CONFIRM IF ACTUALLY A NUMBER OF TIMES PER MONTH. CODE TO 'RARELY OR NEVER' IF LESS THAN ONCE A MONTH.

1. Times per day (SPECIFY) (RANGE 1 TO 25) *(DISPLAY "UNLIKELY RESPONSE" IF >10)
 2. Times per week (SPECIFY) (RANGE 1 TO 100) *(DISPLAY "UNLIKELY RESPONSE" IF >35)
 3. Times per month (SPECIFY) (RANGE 1 TO 100) *(DISPLAY "UNLIKELY RESPONSE" IF >20)
 4. Rarely/Never
- X (Don't know)
R (Refused)

*NUT13c (TIMES PER DAY), NUT13a (TIMES PER WEEK), NUT13b (TIMES PER MONTH)
CREATED FROM RESPONSES

*(TIMESTAMP8)

*ALCOHOL FREQUENCY AND CONSUMPTION

*(ALL)

ALC1x How often do you usually drink alcohol?

PROMPT IF NECESSARY

1. Record in days per week (RANGE 1 TO 7)
 4. Record in days per month (RANGE 1 TO 31)
 2. Less than once per month
 3. Don't drink alcohol
- X Don't know
R Refused

*ALC1a (DAYS PER WEEK), ALC1b (DAYS PER MONTH) CREATED FROM RESPONSES

*(ALL EXCEPT ALC1x= 3) (ALL ADULTS EXCEPT 'DON'T DRINK ALCOHOL – I.E. INCLUDE DK / REF FROM ALC1x)

ALC3ax In the past four weeks have you had more than 4 standard drinks on one occasion?

[INTERVIEWER NOTE: Alcoholic drinks are measured in terms of a "standard drink". A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine or 1 pub-sized nip of spirits.]

1. Yes
 2. No
- X Don't know
R Refused

*(TIMESTAMP9)

*SMOKING

*(ALL)

SMK The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes. Please note that this does not include electronic cigarettes.

1. Continue

*(ALL)

SMK1 Which of the following best describes your smoking status?

READ OUT

1. Smoke daily

2. Smoke occasionally
 3. Don't smoke now, but used to
 4. Tried it a few times but never smoked regularly
 5. Never smoked
- X (Don't know)
R (Refused)

*(SMK1=1 OR 2) (SMOKER)

SMO3 On average how many cigarettes do you smoke per day or each week?

1. Answer in cigarettes per day
 2. Answer in cigarettes per week
 3. Answer in cigarettes per month
- X Don't know
R Refused

SMO3a (CIGARETTES PER DAY), SMO3b (CIGARETTES PER WEEK), SMO3c (CIGARETTES PER MONTH) CREATED FROM RESPONSES

*(TIMESTAMP10)

*ELECTRONIC CIGARETTES

*(ALL)

ECIGZ1 We are now going to ask some questions about vaping. Which of the following best describes how often you use vapes?

IF ASKED: Vaping means using an electronic cigarette (e-cigarette) or other vaping device.

If still not understood: Electronic cigarettes are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens.

(READ OUT)

1. Never vaped
 2. Tried vaping a few times but never vaped regularly
 3. Don't vape now, but used to
 4. Vape occasionally
 5. Vape daily
- X (Don't know)
R (Refused)

*(ECIGZ1=4 OR 5, VAPES OCCASIONALLY OR DAILY)

ECIGZ2 How often do you vape?

1. Answer in times per day
 2. Answer in times per week
 3. Answer in times per month
- X Don't know
R Refused

ECIGZ2a (CIGARETTES PER DAY), SMO3b (CIGARETTES PER WEEK), SMO3c (CIGARETTES PER MONTH) CREATED FROM RESPONSES

*(TIMESTAMP11)

*PHYSICAL ACTIVITY - ADULT

*(ALL)

PHY1 How would you rate your physical activity?

[READ OUT]

- 1 Very active
- 2 Active
- 3 Moderately active
- 4 Not very active
- 5 Not at all active
- X (Don't know)
- R (Refused)

*(TIMESTAMP12)

*SEDENTARY BEHAVIOUR - ADULTS

*(ALL)

SED1 How do you usually spend most of your day?

INTERVIEWER NOTE: If asked, refer to a usual working day. For retirees etc, this refers to what they consider a usual day.

INTERVIEWER NOTE: If person is currently injured and out of work, refer to normal routine, not their current situation.

(READ OUT)

- 1 Mostly sitting
- 2 Mostly standing
- 3 Mostly walking
- 4 Mostly doing heavy labour or physically demanding work
- X (Don't know)
- R (Refused)

*(TIMESTAMP13)

*SLEEP

*(ALL)

TSTHRS On a usual night, how many hours sleep do you get?

INTERVIEWER NOTE: Question is about sleep at night. Do not include naps during the day.

INTERVIEWER NOTE: If respondent works night shifts, capture time spent sleeping during the day.

Time given in hours (SPECIFY) (RANGE 0-24)*(DISPLAY *UNLIKELY RESPONSE* IF >12)

Time given in minutes (SPECIFY) (RANGE 0 -60)

88888 Don't know

99999 Refused

*(TIMESTAMP14)

*KESSLER PSYCHOLOGICAL DISTRESS SCALE

*(ALL)

AMHINT

The next questions are about how you have been feeling in the past 4 weeks, that is, since about this time last month. If you feel uncomfortable with any question, just tell me and I will move onto the next question.

*(ALL)

AMH2 In the past 4 weeks, about how often did you feel **nervous**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

AMH4 In the past 4 weeks, about how often did you feel **hopeless**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

AMH5 In the past 4 weeks, about how often did you feel **restless or fidgety**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

AMH8 In the past 4 weeks, about how often did you feel that **everything was an effort**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

AMH9 In the past 4 weeks, about how often did you feel **so sad that nothing could cheer you up**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

AMH10 In the past 4 weeks, about how often did you feel **worthless**?

[READ OUT]

- 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
- X (Don't know)
- R (Refused)

*(ALL)

KESSLERDUM.

1. High score (IF 1 OR 2 RECORDED ON 2 OR MORE OF THE SIX STATEMENTS AMH1-AMH10)
2. All other

*(HIGH SCORE ON KESSLER6, KESSLERDUM=1)

AMHSUPPORT. I have phone numbers I can provide to you if you'd like to receive some help with how you have been feeling?

Lifeline: 13 11 14
Beyond blue: 1300 22 4636
Nurse on call: 1300 606 024

*(TIMESTAMP15)

*MENTAL HEALTH

*(ALL)

MTL20 In the past 12 months have you been told by a doctor that you have any of the following conditions?

INTERVIEWER NOTE: Can be diagnosed for the first time or be in consultation regarding an ongoing condition.

(READ OUT)(MULTIPLE RESPONSE)

1. Anxiety
2. Depression
3. A stress-related problem
4. Other mental health issue
5. None of these
- X (Don't know)
- R (Refused)

*(MTL20<5, TOLD HAD MENTAL HEALTH ISSUE)

MTL21 Do you still have this/these condition(s)?

- 1 Yes
- 2 No
- X (Don't know)
- R (Refused)

*(MTL21=1, STILL HAS CONDITIONS)

MTL22 Are you currently receiving treatment for anxiety, depression, stress-related problems or any other mental health problem?

INTERVIEWER NOTE: INCLUDES PHONE TREATMENT

- 1 Yes
- 2 No
- X (Don't know)
- R (Refused)

*(TIMESTAMP16)

*PSYCHOSOCIAL EVENTS

*(ALL)

MTL23 In the past 12 months have you personally experienced any of the following?

INTERVIEWER NOTE: These questions relate to events that have happened directly to the respondent.

(STATEMENTS)

- a. An unplanned loss of job
- b. Starting a new job
- c. Family/domestic violence
- d. Moved house
- e. A robbery or your home burgled
- f. The death of someone close to you
- g. A marriage/relationship breakdown
- h. A serious injury
- i. A serious illness
- j. Financial hardship

*(RESPONSE FRAME)

- 1. Yes
- 2. No
- X. (Don't know)
- R. (Refused)

*(MTL21=1 AND MTL22 >1, STILL HAS CONDITIONS, NOT REFUSED) OR *(MTL23a=1 OR MTL23b=1 OR MTL23c=1 OR MTL23d=1 OR MTL23e=1 OR MTL23f=1 OR MTL23g=1 OR MTL23h=1 OR MTL23i=1 OR MTL23j=1)

MTLSUPPORT

If at any time you are experiencing personal distress and would like crisis support, I can provide you with a number?

Lifeline on 13 11 14

*(TIMESTAMP17)

*DISCRIMINATION AND GENDER EQUITY

*(ALL)

DISC1 The next questions are about discrimination. Discrimination may happen when people are treated unfairly because they are seen as being different from others.

In the past 12 months, do you feel that you have experienced discrimination or have been treated unfairly by others?

INTERVIEWER NOTE: Only include experiences within Australia.

- 1. Yes
- 2. No

- X. (Don't Know)
- R. (Refused)

*(EXPERIENCED DISCRIMINATION PAST 12 MONTHS, DISC1=1)

DISC2 In the past 12 months how often do you feel that you have experienced discrimination or unfair treatment?

[READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. Only happened once
- X. (Don't know)
- R. (Refused)

*(EXPERIENCED DISCRIMINATION PAST 12 MONTHS, DISC1=1)

DISC3 Thinking about your most recent experience of discrimination in Australia, do you think it was because of any of the following?

*(STATEMENTS)

- a. Your skin colour
- b. Your nationality, race or ethnic group
- c. The language you speak
- d. The way you dress or your appearance
- e. Your gender
- f. Your age
- g. A disability or health issue
- h. Your marital status
- i. Your family status
- j. Your sexual orientation
- k. Your occupation
- l. Your religious beliefs
- m. Your political position
- n. Other (specify)

*(RESPONSE FRAME)

- 1 Yes
- 2 No
- X (Don't know)
- R (Refused)

*(SELECTED OTHER CAUSE FOR DISCRIMINATION) DISC3=1

DISC3_oth

(You mentioned that your most recent experience of discrimination in Australia was because of something other than what was mentioned previously) could you please specify?

*(ALL)

DISC4 The statements I'm about to read out describe different attitudes that people have. There are no right or wrong answers, only your thoughts about the statements. Please tell me whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each statement. IF NECESSARY: There are no right or wrong answers, only opinions.

*(STATEMENTS)

- a. Men should take control in relationships and be the head of the household
- b. Women prefer a man to be in charge of the relationship

PROBE: Is that strongly or somewhat agree / disagree?

(RESPONSE FRAME) (REPEAT AS NECESSARY)

1. Strongly agree
2. Somewhat agree
3. (Neither agree nor disagree)
4. Somewhat disagree
5. Strongly disagree
- X. (Don't Know)
- R. (Refused)

*(TIMESTAMP18)

*FINANCIAL RISK

*(ALL)

PREAMBLE These next questions are a bit personal so I want to remind you that you don't need to answer them if you don't wish to.

*(ALL)

AFF Which best describes your household's money situation?

INTERVIEWER NOTE: Respondent should answer in respect to household's money situation only. If unsure of other household member's situation, record as 'Don't know'.

(READ OUT)

- a. We are spending more money than we get
 - b. We have just enough money to get through to the next pay day
 - c. There's some money left over each week, but we just spend it
 - d. We can save a bit every now and then
 - e. We can save a lot
- 88888 (Don't know)
99999 (Refused)

*(ALL)

AFF2 In the past 12 months, did any of these happen to you because you were short of money?

(READ OUT) (STATEMENTS)

10. Had to delay or cancel non-essential purchases e.g. holiday, going to a restaurant or movie, buying clothes
1. Could not pay electricity, gas or telephone bills on time
 2. Could not pay mortgage or rent payments on time
 3. Could not pay for car registration or insurance on time
 4. Could not make minimum payment on your credit card
 5. Pawned or sold something because you needed cash
 6. Went without meals
 7. Were unable to heat or cool your home
 8. Sought financial assistance from friends or family
 9. Sought assistance from welfare or community organisations

(RESPONSE FRAME)

1. Yes
2. No
- X. (Not sure)
- R. (Prefer not to say)

*(TIMESTAMP19)

*(AFF2 ANY STATEMENT=1)(EXPERIENCING FINANCIAL DIFFICULTY)

AFFSUPPORT.I have a phone number I can provide to you if you'd like to receive some help with your financial situation?

Care Inc (National Debt Helpline): 1800 007 007

*CONCLUDING DEMOGRAPHICS

*(ALL)

DEMAZ Now we are coming to the last section of the survey. I am going to ask some routine questions about your background. Remember that all your answers remain confidential.

IF ASKED: We ask these questions so that we can get an idea of the health concerns of different groups of people such as men and women, city people and country people.

1. Continue

*(ALL)

INT1hm Including yourself, how many people living in the household are aged 18 years and over?

INTERVIEWER NOTE: Knowing the number of householders aged 18 years and over is vital to providing accurate data

Number of people aged over 18 in household given (RANGE 1 TO 16)

88888 Don't know

99999 Refused

*(ALL)

CHA19 Which of the following best describes your household?

(READ OUT)

1. Lives alone
2. Couple only household
3. Single parent with children household
4. Couple parent with children household
5. Share or group household
6. Retirement village
7. Other (SPECIFY)

88888 Don't know

99999 Refused

*(ALL)

MSTP What is your current formal marital status? Are you...

(READ OUT)

INTERVIEWER NOTE: If a respondent indicates they are a part of a civil union, code these respondents to 'Married'.

1. Married (this includes registered and de facto couples)
2. Widowed
3. Separated but not divorced
4. Divorced
5. Never married
- X (Don't know)
- R (Refused)

*(ALL)

SEXID And do you consider yourself to be:

(READ OUT)

IF NECESSARY: Please remember your answers are strictly confidential.

1. A. Heterosexual or straight
 2. B. Gay
 3. C. Lesbian
 4. D. Bisexual
 5. E. Something else (SPECIFY)
- X (Don't Know)
R (Refused)

*(ALL)

BPLPa In which country were you born?

1. Australia
 2. Other
- X Don't know
R Refused

*(BPLPa=2)

BPLPa1 In which country were you born?

- 1 Argentina
- 2 Austria
- 3 Canada
- 4 Chile
- 5 China
- 6 Cook Islands
- 7 Croatia
- 8 Cyprus
- 9 Czechoslovakia (NFD)
- 10 Denmark
- 11 Egypt
- 12 England
- 13 Fiji
- 14 Finland
- 15 Former Yugoslavia.(NFD)
- 16 France
- 17 Germany
- 18 Greece
- 19 Hong Kong
- 20 Hungary
- 21 India
- 22 Indonesia
- 23 Iran
- 24 Iraq
- 25 Ireland
- 26 Italy
- 27 Japan
- 28 Lebanon
- 29 Malaysia
- 30 Malta
- 31 Mauritius
- 32 Netherlands
- 33 New Caledonia
- 34 New Zealand

- 35 Nthn Ireland
- 36 Pakistan
- 37 Papua New Guinea
- 38 Philippines
- 39 Poland
- 40 Portugal
- 41 Russian Federation (NFD)
- 42 Samoa (American)
- 43 Samoa (Western)
- 44 Scotland
- 45 Serbia
- 46 Singapore
- 47 Solomon Islands
- 48 South Africa
- 49 South Korea
- 50 Spain
- 51 Sri Lanka
- 52 Sweden
- 53 Switzerland
- 54 Syria
- 55 Taiwan
- 56 Thailand
- 57 Turkey
- 58 UK (NFD)
- 59 United States of America
- 60 Vanuatu
- 61 Vietnam
- 62 Wales
- 63 Other (Specify)
- 88 Don't know
- 99 Refused

*(ALL)

LANPa Do you usually speak a language other than English at home?

- 1. Yes
- 2. No
- X Don't know
- R Refused

*(LANPa=1) (SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME)

LANPa1 What language do you usually speak at home?

- 1 Arabic
- 2 Armenian
- 3 Assyrian
- 4 Australian Aboriginal Lang
- 5 Bengali
- 6 Burmese
- 7 Cantonese
- 8 Chinese (NFD)
- 9 Croatian
- 10 Czech
- 11 Danish
- 12 Dutch/Flemish
- 13 Estonian
- 14 Fijian
- 15 Filipino/Tagalog
- 16 Finnish
- 17 French
- 18 German
- 19 Greek

- 20 Hebrew
- 21 Hindi
- 22 Hokkien
- 23 Hungarian
- 24 Indonesian/Bahasa
- 25 Iranian/Persian/Farsi
- 26 Italian
- 27 Japanese
- 28 Khmer/Cambodian
- 29 Korean
- 30 Lao
- 31 Latvian
- 32 Lebanese
- 33 Macedonian
- 34 Malay
- 35 Maltese
- 36 Mandarin
- 37 Maori Languages
- 38 Pakistani/Urdu
- 39 Polish
- 40 Portuguese
- 41 Punjabi
- 42 Romanian
- 43 Russian
- 44 Samoan
- 45 Serbian
- 46 Serbo-Croatian
- 47 Sign Language
- 48 Sinhalese/Sri Lankan
- 49 Slovak
- 50 Slovenian
- 51 Spanish
- 52 Swedish
- 53 Tamil
- 54 Thai
- 55 Tongan
- 56 Turkish
- 57 Ukrainian
- 58 Vietnamese
- 59 Other (Specify)
- 88 Don't know
- 99 Refused

*(ALL)

INGP Are you of Aboriginal or Torres Strait Islander origin?

- 1. Aboriginal but not Torres Strait Islander
- 2. Torres Strait Islander but not Aboriginal origin
- 3. Aboriginal and Torres Strait Islander origin
- 4. Not Aboriginal or Torres Strait Islander origin
- X (Don't know)
- R (Refused)

*(ALL)

HSCP What is the highest level of primary or secondary schooling you have completed? We will ask about the highest qualification you have completed next.

*INTERVIEWER NOTE: We would like to know about the highest level of schooling they've completed.

*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 (intermediate certificate)
6. Year 11 or equivalent
7. Year 12 or equivalent (matriculation/leaving certificate)
- X (Don't know)
- R (Refused)

*(ALL)

QALLP What is the level of the highest qualification you have completed?

INTERVIEWER NOTE: IF RESPONDENT DID NOT COMPLETE PRIMARY SCHOOL, SPECIFY AT 'OTHER'

1. Completed School Certificate/ Intermediate/ Year 10/4th Form
2. Completed HSC/Leaving/Year 12/ 6th Form
3. TAFE Certificate or Diploma
4. University, CAE or some other tertiary institute degree or higher
8. Postgraduate Degree (graduate diploma, graduate certificate, master degree, doctoral degree, other postgraduate degree).
5. Other (SPECIFY)
6. Completed primary school
7. Completed years 7-9
- X (Don't know)
- R (Refused)

*(ALL)

LFSPA Which of these best describes your current employment status? Are you:

(READ OUT)

INTERVIEWER NOTE: IF ON DISABILITY ALLOWANCE/PENSION CODE AS 'UNABLE TO WORK'.

1. Self employed
2. Employed for wages, salary or payment in kind
9. Unemployed for less than one year
10. Unemployed for more than one year
4. Engaged in home duties
5. A student
6. Retired, or
7. Unable to work
8. Other (Specify)
- X (Don't know)
- R (Refused)

*PROGRAMMER, IF DEM2d=65 PLUS, DISPLAY FRAME IN REVERSE ORDER (6 TO 1)

*(LFSPa=9, 10, 4, 5, 6, X, R)

LFS Were you actively looking for work in the past week?

1. Yes - Looked for Full-time work
2. Yes - Looked for Part-time work
3. No - Did not look for work
- X (Don't know)
- R (Refused)

*(LFSPa=1 OR 2 OR 4)

HRSP In the past week, how many hours did you work in all jobs?

Number of hours worked (RANGE 0 TO 168)

888 Don't know

999 Refused

*(ALL)

DEM11 Do you currently receive a government pension, allowance or benefit?

INTERVIEWER NOTE: ANY GOVERNMENT. ALLOWANCE, PENSION OR BENEFIT]

1 Yes

2 No

X (Don't know)

R (Refused)

*(ALL)

DEM13 Apart from Medicare, are you currently covered by private health insurance?

1. Yes

2. No

X (Don't know)

R (Refused)

*(ALL)

DWL The next questions are about the home you are currently living in. Is the home in which you currently live...

[READ OUT]

1. Fully owned/outright owned

2. Being paid off by you/your partner

3. Rented from the government

4. Rented privately

5. Rent-free

6. Other (including boarding, living at home) (Specify)

88888 Don't know

99999 Refused

*(ALL)

DWL2 How many bedrooms are there in this house?

INTERVIEWER NOTE: If bedsitter or studio, enter 0

IF NECESSARY: This question is used to help ACT Health to better understand respondents' living situation.

1 Enter bedrooms (range 0 to 9)

88888 Don't know

99999 Refused

*(ALL)

INC2 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 income, from all sources, over the past 12 months?

[INTERVIEWER NOTE: ASK: 'Is that above or below \$80,000 per annum?' AND PROBE TO FRAME]

[READ OUT]

1 less than \$20,000

2 \$20,000- less than \$40,000

3 \$40,000- less than \$60,000
4 \$60,000- less than \$80,000
5 \$80,000- less than \$100,000
6 \$100,000- less than \$120,000
7 \$120,000- less than \$140,000
8 \$140,000- less than \$160,000
10 more than \$160,000
X Don't know
R Refused

*(TIMESTAMP20)

*(ALL)

THANKS That completes the survey. Thank you for taking the time to help us. The information will be used to help improve health services in the ACT. If any of the questions we have asked today have made you think about your health and wellbeing, please consult your GP. Just in case you missed it, my name is (...) and this survey was conducted by the Social Research Centre on behalf of ACT Health.

*(TIMESTAMP21)