



HILDA

# LIVING IN AUSTRALIA

ROY  
MORGAN

Freecall: 1800 656 670

Email: hilda@roymorgan.com

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Household ID

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Person No.

First name of  
respondent:

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## IN-CONFIDENCE

We appreciate and thank you for the information you have already given our interviewer. This form contains some additional questions that you might find easier to answer by yourself.

All the information you give us is completely confidential. Only the survey team will have access to this form. Everyone in this team has signed a deed of confidentiality and is required to observe privacy laws when handling your information.

Your full name and address will never be linked with any of the information you provide.

Complete and Return  
for your chance to  
WIN 1 of 8  
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You can complete  
this form online too.  
Just call 1800 656 670 or  
email [hilda@roymorgan.com](mailto:hilda@roymorgan.com)  
and we'll send your direct  
survey link to your email.

xwaveid  
Cross wave ID  
(text)

tscmatch  
Matched to  
responding  
person

## How to fill in this form

In answering these questions, please be as honest and accurate as possible.

- Use only blue or black ink.  
Put an X inside the box provided.  
(Do not mark any areas outside the box.)  
For example:



- If you make a mistake:  
Simply colour in the whole box and  
mark the correct one as shown.  
For example:



If more than one answer is allowed, this will be specified under the question.

When completed, please seal this form in the envelope provided.

**PART A: GENERAL HEALTH AND WELL-BEING  
(SF-36 Health Survey)**

This first set of questions seeks your views about your health, how you feel and how well you are able to do your usual activities.

Please take the time to read and answer each question carefully by crossing the box corresponding to your response. If you are unsure about how to answer a question, please give the best answer you can.

**A1 In general, would you say your health is:**

(Cross  **ONE** box)

<input type="checkbox"/> <sub>1</sub> Excellent	<input type="checkbox"/> <sub>2</sub> Very good	<input type="checkbox"/> <sub>3</sub> Good	<input type="checkbox"/> <sub>4</sub> Fair	<input type="checkbox"/> <sub>5</sub> Poor
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tgh1

**A2 Compared to one year ago, how would you rate your health in general now?**

(Cross  **ONE** box)

<input type="checkbox"/> <sub>1</sub> Much better now than a year ago
<input type="checkbox"/> <sub>2</sub> Somewhat better now than a year ago
<input type="checkbox"/> <sub>3</sub> About the same as one year ago
<input type="checkbox"/> <sub>4</sub> Somewhat worse now than one year ago
<input type="checkbox"/> <sub>5</sub> Much worse now than one year ago

tgh2

**A3 The following questions are about activities you might do during a typical day.**

**Does your health now limit you in these activities? If so, how much?**

(Cross  **ONE** box on **EACH** line)

	ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c	Lifting or carrying groceries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d	Climbing several flights of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e	Climbing one flight of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f	Bending, kneeling, or stooping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g	Walking more than one kilometre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h	Walking half a kilometre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i	Walking 100 metres	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j	Bathing or dressing yourself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

tgh3a

tgh3b

tgh3c

tgh3d

tgh3e

tgh3f

tgh3g

tgh3h

tgh3i

tgh3j

**A4** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Cross  ONE box on EACH line)

		YES	NO	
a	Cut down the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	tgh4a
b	Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	tgh4b
c	Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	tgh4c
d	Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>	tgh4d

**A5** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Cross  ONE box on EACH line)

		YES	NO	
a	Cut down the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	tgh5a
b	Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	tgh5b
c	Didn't do work or other activities <u>as carefully</u> as usual	<input type="checkbox"/>	<input type="checkbox"/>	tgh5c

**A6** During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

(Cross  ONE box)

<input type="checkbox"/> 1	Not at all	<input type="checkbox"/> 2	Slightly	<input type="checkbox"/> 3	Moderately	<input type="checkbox"/> 4	Quite a bit	<input type="checkbox"/> 5	Extremely	tgh6
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**A7** How much bodily pain have you had during the past 4 weeks?

(Cross  ONE box)

<input type="checkbox"/> 1	No bodily pain	<input type="checkbox"/> 2	Very mild	<input type="checkbox"/> 3	Mild	<input type="checkbox"/> 4	Moderate	<input type="checkbox"/> 5	Severe	<input type="checkbox"/> 6	Very severe	tgh7
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**A8** During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework) ?

(Cross  ONE box)

<input type="checkbox"/> 1	Not at all	<input type="checkbox"/> 2	Slightly	<input type="checkbox"/> 3	Moderately	<input type="checkbox"/> 4	Quite a bit	<input type="checkbox"/> 5	Extremely	tgh8
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**A9** These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

(Cross  ONE box on EACH line)

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
a	Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9a
b	Have you been a nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9b
c	Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9c
d	Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9d
e	Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9e
f	Have you felt down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9f
g	Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9g
h	Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9h
i	Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	tgh9i

**A10** During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

(Cross  ONE box)

<input type="checkbox"/> 1	All of the time	tgh10
<input type="checkbox"/> 2	Most of the time	
<input type="checkbox"/> 3	Some of the time	
<input type="checkbox"/> 4	A little of the time	
<input type="checkbox"/> 5	None of the time	

**A11** How TRUE or FALSE is each of the following statements for you?

(Cross  ONE box on EACH line)

		Definitely True	Mostly True	Don't know	Mostly False	Definitely False	
a	I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	tgh11a
b	I am as healthy as anybody I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	tgh11b
c	I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	tgh11c
d	My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	tgh11d

## PART B: YOU, YOUR LIFESTYLE AND YOUR LIVING SITUATION

**B1 In general, how often do you participate in moderate or intensive physical activity for at least 30 minutes?**

*Moderate level physical activity will cause a slight increase in breathing and heart rate, such as brisk walking.*

(Cross  ONE box)

tlspact

- Not at all
- Less than once a week
- 1 to 2 times a week
- 3 times a week
- More than 3 times a week  
(but not every day)
- Every day

**B2 Do you smoke cigarettes or any other tobacco products?**

(Cross  ONE box)

tlssmkf

- No, I have never smoked ➡ Go to B4
- No, I no longer smoke ➡ Go to B4
- Yes, I smoke daily ➡ Go to B3
- Yes, I smoke at least weekly (but not daily) ➡ Go to B3
- Yes, I smoke less often than weekly ➡ Go to B3

**B3 How many cigarettes do you usually smoke each week?**

tlstbcn

Please convert cigar/pipe/loose tobacco to a number of cigarettes:  /  /  per week

tlstdrkf

**B4 Do you drink alcohol?** (Cross  ONE box)

- No, I have never drunk alcohol ➡ Go to B6
- No, I no longer drink alcohol ➡ Go to B6
- Yes, I drink alcohol every day
- Yes, I drink alcohol 5 or 6 days per week
- Yes, I drink alcohol 3 or 4 days per week
- Yes, I drink alcohol 1 or 2 days per week
- Yes, I drink alcohol 2 or 3 days per month
- Yes, but only rarely

**B5 On a day that you have an alcoholic drink, how many standard drinks do you usually have?**

*A standard drink is a small glass of wine, a 285 ml glass of regular beer, a nip of spirits, or a mixed drink.*

(Cross  ONE box)

- 13 or more standard drinks
- 11 to 12 standard drinks
- 9 to 10 standard drinks
- 7 to 8 standard drinks
- 5 to 6 standard drinks
- 3 to 4 standard drinks
- 1 to 2 standard drinks

tlstdrka

**B6 How tall are you (without shoes)?**

*You only need to provide an answer in either centimetres (cms) or in feet / inches.*

/  /  centimetres

OR

feet  /  inches

(Note: There are 12 inches in a foot)

tbmhtcm

tbmhtft

tbmhtin

**B7 What is your current weight?**

*You only need to provide an answer in either kilograms (kgs) or in stones / pounds.*

/  /  kgs

OR

stones  /  pounds

(Note: There are 14 pounds in a stone)

tbmwtkg

tbmwtst

tbmwtlb

**B8 Are you currently an active member of a sporting, hobby or community-based club or association?**

(Cross  ONE box)

- Yes
- No

tlsclub

**B9 How often do you feel rushed or pressed for time?**

(Cross  ONE box)

<sub>1</sub> Almost always

<sub>2</sub> Often

<sub>3</sub> Sometimes

<sub>4</sub> Rarely

<sub>5</sub> Never

tlrush

**B10 How often do you feel you have spare time that you don't know what to do with?**

(Cross  ONE box)

<sub>1</sub> Almost always

<sub>2</sub> Often

<sub>3</sub> Sometimes

<sub>4</sub> Rarely

<sub>5</sub> Never

tlssime

**B11 Now think about the local area in which you live. How strong is your preference to continue living in this area?**

(Cross  ONE box)

<sub>1</sub> Strong preference to stay

<sub>2</sub> Moderate preference to stay

<sub>3</sub> Unsure / No strong preference to stay or leave

<sub>4</sub> Moderate preference to leave

<sub>5</sub> Strong preference to leave

tlslarea

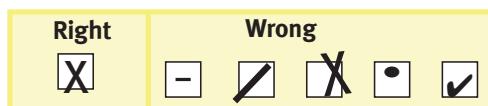
**B12 How common are the following things in your local neighbourhood?**

(Cross  ONE box on EACH line)

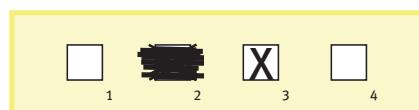
		Never happens	Very rare	Not common	Fairly common	Very common	Don't know	
a	Neighbours helping each other out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslanh
b	Neighbours doing things together?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlisland
c	Loud traffic noise?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslatn
d	Noise from airplanes, trains or industry?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslaat
e	Homes and gardens in bad condition?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslahg
f	Rubbish and litter lying around?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslarl
g	Teenagers hanging around on the streets?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslats
h	People being hostile and aggressive?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslaha
i	Vandalism and deliberate damage to property?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslavd
j	Burglary and theft?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>	tlslabt

**Reminder:**

Are you filling in the boxes correctly?



Are you shading the whole box for any mistakes?



**B13 Now some questions about family life.**

Please indicate, by crossing one box on each line, how satisfied or dissatisfied you currently are with each of the following relationships. The more satisfied you are, the higher the number of the box you should cross. The less satisfied you are, the lower the number of the box you should cross.

If the question does not apply to you, cross  the "Does not apply" category.

How satisfied are you with:		Completely dissatisfied										Completely satisfied	
		0	1	2	3	4	5	6	7	8	9	10	Does not apply
a	your relationship with your partner?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
b	your relationship with your children?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
c	your partner's relationship with your children?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
d	your relationship with your stepchildren?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
e	how well the children in the household get along with each other?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
f	your relationship with your parents?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
g	your relationship with your step-parents?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
h	your relationship with your (most recent) former spouse or partner?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>

**B14 And how satisfied are you with the following aspects of family life?**

Again, please indicate, by crossing one box on each line, how satisfied or dissatisfied you currently are.

If the question does not apply to you, cross  the "Does not apply" category.

How satisfied are you with:		Completely dissatisfied										Completely satisfied	
		0	1	2	3	4	5	6	7	8	9	10	Does not apply
a	the way childcare tasks are divided between you and your partner?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>
b	the way household tasks are divided between you and your partner?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/>

**B15 Which of the following categories best describes how you think of yourself?**

(Cross  **ONE** box)

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Unsure/Don't know
- Prefer not to say

tlsssexor

**B16 Are you married or living with someone in a long-term relationship?**

(Cross  **ONE** box)

- YES ➔ PLEASE COMPLETE THE NEXT QUESTION, B17
- No ➔ Go to B18 ON PAGE 9

tlsmarlt

**B17 The next few questions are about your relationship with your spouse or partner.**

(Please cross  **ONE** box for **EACH** statement)

a	How good is your relationship compared to most?	Poor	Excellent	tlslrlrel
b	How often do you wish you had not married/got into this relationship?	Never	Very often	tlslrfrr
c	To what extent has your relationship met your original expectations?	Hardly at all	Completely	tlslrlrme
d	How much do you love your spouse/partner?	Not much	Very, very much	tlslraol
e	How many problems are there in your relationship?	Not many	Very many	tlslrpipr
f	How well does your spouse/partner meet your needs?	Poor	Excellent	tlslslnmn

**B18** Do you think you do your fair share around the house?

## tlsshare

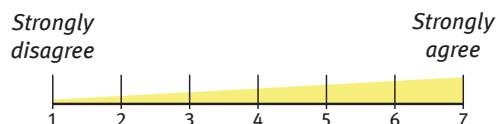
(Cross  ONE box)

- I do much more than my fair share
  - I do a bit more than my fair share
  - I do my fair share
  - I do a bit less than my fair share
  - I do much less than my fair share

Go to B19 ➔

**B20** The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each? The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

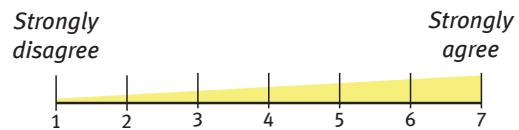
(Please cross  **ONE** box for **EACH** statement)



a	People don't come to visit me as often as I would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssuppv
b	I often need help from other people but can't get it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssupnh
c	I seem to have a lot of friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssuplf
d	I don't have anyone that I can confide in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssupac
e	I have no one to lean on in times of trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssuplt
f	There is someone who can always cheer me up when I'm down	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssupcd
g	I often feel very lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssupvl
h	I enjoy the time I spend with the people who are important to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssuppi
i	When something's on my mind, just talking with the people I know can make me feel better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssuptp
j	When I need someone to help me out, I can usually find someone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlssupsh

**B21** The following statements are about attitudes to life in general. Please indicate, by crossing one box on each line, how strongly you agree or disagree that each statement describes you personally.

(Please cross  ONE box for EACH statement)



a	I only focus on the short term	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmstst
b	I do things without giving them much thought	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtwmt
c	I always look out for opportunities for improving my situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtlis
d	I tend to live for today and let tomorrow take care of itself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtlft
e	I am impulsive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtemp
f	I have many aspirations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtasps
g	The future will take care of itself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtfci
h	I say things before I have thought them through	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtsay
i	I always work hard to be among the best at what I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlsmtbess

**B22** Thinking about the past 12 months, how often did you do the following activities?

(Cross  ONE box on EACH line)

		Every day or most days	Several times a week	About once a week	2 or 3 times a month	About once a month	Less than once a month	Not at all	
a	Watch television programs, movies or videos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscawtv
b	Read books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscarb
c	Read news or magazine articles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscarmn
d	Do puzzles or play word games or puzzle games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscapwg
e	Play board, card or video games (but not word or puzzle games)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscabcg
f	Write (e.g., reports, stories, journal entries or blogs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscawri
g	Arts or crafts or other artistic activities (e.g., playing musical instruments)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlascaart
h	Go to museums or art galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscagal
i	Go to the movies, concerts, the theatre or other performing arts events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscamct
j	Use social media (e.g., Facebook, Twitter, Instagram, Snapchat, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tlscasoc

**B23 We now would like you to think about major events that have happened in your life over the past 12 months.**

For each statement cross either the YES box or the NO box to indicate whether each event happened during the past 12 months. If you answer "YES", then also cross one box to indicate how long ago the event happened or started.

	Did any of these happen to you in the past 12 months?	YES	NO	If "YES" indicate how many months ago it happened				
				0 to 3 months ago	4 to 6 months ago	7 to 9 months ago	10 to 12 months ago	
tlemar	a Got married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	"tle" + marq1 - marq4, na
tlesep	b Separated from spouse or long-term partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	sepq1 - sepq4, na
tlercl	c Got back together with spouse or long-term partner after a separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	rclq1 - rclq4, na
tleprg	d Pregnancy / pregnancy of partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	prgq1 - prgq4, na
tlebth	e Partner or I gave birth to, or adopted, a new child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	bthq1 - bthq4, na
tleins	f Serious personal injury or illness to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	insq1 - insq4, na
tleinf	g Serious personal injury or illness to a close relative / family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	infq1 - infq4, na
tledsc	h Death of spouse or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	dscq1 - dscq4, na
tledrl	i Death of other close relative / family member (e.g., parent or sibling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	drlq1 - drlq4, na
tledfr	j Death of a close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	dfrq1 - dfrq4, na
tlevio	k Victim of physical violence (e.g., assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	vioq1 - vioq4, na
tlepcm	l Victim of a property crime (e.g., theft, housebreaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	pcmq1 - pcmq4, na
tlejls	m Detained in a jail / correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	jlsq1 - jlsq4, na
tlejlf	n Close family member detained in a jail / correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	jlfq1 - jlfq4, na
tlertr	o Retired from the workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	rtrq1 - rtrq4, na
tlefrd	p Fired or made redundant by an employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	frdq1 - frdq4, na
tlejob	q Changed jobs (i.e., employers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	jobq1 - jobq4, na
tleprm	r Promoted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	prmq1 - prmq4, na
tlefni	s Major improvement in financial situation (e.g., won lottery, received an inheritance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	fniq1 - fniq4, na
tlefnw	t Major worsening in financial situation (e.g., went bankrupt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	fnwq1 - fnwq4, na
tlemvd	u Changed residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	mvdq1 - mvdq4, na
uledhm	v A weather-related disaster (e.g., flood, bushfire, cyclone) damaged or destroyed your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	dhmq1 - dhmq4, na

**B24 How much time would you spend on each of the following activities in a typical week?**

**IMPORTANT:** • Please do not count any activity twice  
• If you do not do an activity, write “0” in the hours box

		Hours per week	Minutes (if applicable)	
a	Paid employment			tlshremp tlsmnemp
b	Travelling to and from a place of paid employment			tlshrcm tlsmncm
c	Household errands, such as shopping, banking, paying bills, and keeping financial records (but do not include driving children to school and to other activities)			tlshrerr tlsmnerr
d	Housework, such as preparing meals, washing dishes, cleaning house, washing clothes, ironing and sewing			tlshrhw tlsmnhw
e	Outdoor tasks, including home maintenance (repairs, improvements, painting, etc.), car maintenance or repairs and gardening			tlshrod tlsmnod
f	Playing with your children, helping them with personal care, teaching, coaching or actively supervising them, or getting them to child care, school and other activities			tlshrchd tlsmnchd
g	Looking after other people's children (aged under 12 years) on a regular, unpaid basis			tlshrocd tlsmnecd
h	Volunteer or charity work (for example, canteen work at the local school, unpaid work for a community club or organisation)			tlshrvol tlsmnvol
i	Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law			tlshrcar tlsmncar
<b>TOTAL:</b> This cannot exceed 168 hours and typically will not be greater than 120. If it is, please re-think your answers.			<input type="text"/>	Add total hours (whole hours only)

**B25 Thinking about how you felt in the past 4 weeks, how true are the following statements for you?**

(Cross  ONE box on EACH line)

		Not true at all	Rarely True	Sometimes true	Often true	True nearly all the time	
a	I am able to adapt when changes occur	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	trsadapt
b	It bothers me when I have to ask for help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	trsbthr
c	I tend to bounce back after illness, injury, or other hardship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	trsbnce
d	I ask for help when I need it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	trshelp

## PART C: PERSONAL AND HOUSEHOLD FINANCES

**C1 Given your current needs and financial responsibilities, would you say that you and your family are ...**

tfiprosp (Cross  ONE box)

- Prosperous
- Very comfortable
- Reasonably comfortable
- Just getting along
- Poor
- Very poor

Go to C2 ➔

**C3a Suppose you had only one week to raise \$4000 for an emergency. Which of the following best describes how hard it would be for you to get that money?**

(Cross  ONE box)

- I could easily raise the money ➔ Go to C3b
- I could raise the money, but it would involve some sacrifices (e.g., reduced spending, selling a possession) ➔ Go to C3b
- I would have to do something drastic to raise the money (e.g., selling an important possession) ➔ Go to C3b
- I don't think I could raise the money ➔ Go to C4

**C4 In planning your saving and spending, which of the following time periods is most important to you?**

(Cross  ONE box)

- |  |   |
|--|---|
| <input type="checkbox"/> The next week       | <input type="checkbox"/> The next 2 to 4 years    |
| <input type="checkbox"/> The next few months | <input type="checkbox"/> The next 5 to 10 years   |
| <input type="checkbox"/> The next year       | <input type="checkbox"/> More than 10 years ahead |

**C2 Since January 2020, did any of the following happen to you because of a shortage of money?**

(Cross  ONE box on EACH line)

		YES	NO
a	Could not pay electricity, gas or telephone bills on time	<input type="checkbox"/>	<input type="checkbox"/>
b	Could not pay the mortgage or rent on time	<input type="checkbox"/>	<input type="checkbox"/>
c	Pawned or sold something	<input type="checkbox"/>	<input type="checkbox"/>
d	Went without meals	<input type="checkbox"/>	<input type="checkbox"/>
e	Was unable to heat home	<input type="checkbox"/>	<input type="checkbox"/>
f	Asked for financial help from friends or family	<input type="checkbox"/>	<input type="checkbox"/>
g	Asked for help from welfare / community organisations	<input type="checkbox"/>	<input type="checkbox"/>

**C3b And how would you obtain that money?**

(Cross  ALL boxes that apply)

- |  |          |
|--|----------|
| <input type="checkbox"/> Use savings                                       | tfisav   |
| <input type="checkbox"/> Borrow from a relative who lives with you         | tfibrelh |
| <input type="checkbox"/> Borrow from a relative who lives elsewhere        | tfibrelo |
| <input type="checkbox"/> Borrow from a friend                              | tfibfri  |
| <input type="checkbox"/> Borrow from a financial institution or use credit | tfibfin  |
| <input type="checkbox"/> Sell an asset                                     | tfisass  |
| <input type="checkbox"/> Use some other method to find the money           | tfioth   |
|  | tfina    |

**C5 Which of the following statements comes closest to describing your (and your family's) savings habits?**

(Cross  ONE box)

<input type="checkbox"/> Don't save: usually spend more than income	tfisave
<input type="checkbox"/> Don't save: usually spend about as much as income	
<input type="checkbox"/> Save whatever is left over at the end of the month — no regular plan	
<input type="checkbox"/> Spend regular income, save other income	
<input type="checkbox"/> Save regularly by putting money aside each month	

**C6 Who makes the decisions about the following issues in your household? (Cross  ONE box on EACH line)**

		Always me	Usually me	Shared equally between partner & self	Usually my partner	Always my partner	Always /usually other person(s) in house	Shared equally among household members	Always /usually someone not living in house	Does not apply	
a	Managing day-to-day spending and paying bills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhhdd
b	Making large household purchases (e.g., cars and major appliances)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhhlhp
c	The number of hours you spend in paid work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhhpw
d	The number of hours your partner / spouse spends in paid work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhpwhr
e	The way children are raised	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhcup
f	Social life and leisure activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhsoc
g	Savings, investment and borrowing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	tdhsib

**C7 How well do the following statements describe you or your situation?**

(Cross  ONE box on EACH line)

		<i>Not at all</i>	<i>Very little</i>	<i>Some-what</i>	<i>Very well</i>	<i>Completely</i>
a	I can enjoy life because of the way I'm managing my money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	I could handle a major unexpected expense	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

tfwenjy

tfwmjr

**C8 When it comes to how you think and feel about your finances, please indicate the extent to which you agree or disagree with the following statements:**

(Cross  ONE box on EACH line)

		<i>Disagree strongly</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Agree strongly</i>
a	I feel on top of my day-to-day finances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	I am comfortable with my current levels of spending relative to the funds I have coming in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	I am on track to have enough money to provide for my financial needs in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

tfwfday

tfwcmft

tfwtrck

**C9 During the last 12 months, was there a time when, because of a lack of money ...**

(Cross  ONE box on EACH line)

		<i>YES</i>	<i>NO</i>
a	You were worried you would not have enough food to eat?	<input type="checkbox"/>	<input type="checkbox"/>
b	You were unable to eat healthy and nutritious food?	<input type="checkbox"/>	<input type="checkbox"/>
c	You ate only a few kinds of foods?	<input type="checkbox"/>	<input type="checkbox"/>
d	You had to skip a meal?	<input type="checkbox"/>	<input type="checkbox"/>
e	You ate less than you thought you should?	<input type="checkbox"/>	<input type="checkbox"/>
f	Your household ran out of food?	<input type="checkbox"/>	<input type="checkbox"/>
g	You were hungry but did not eat?	<input type="checkbox"/>	<input type="checkbox"/>
h	You went without eating for a whole day?	<input type="checkbox"/>	<input type="checkbox"/>

tfswor

tfshlty

tsfew

tskip

tsless

tsran

tfshgry

tsnfwd

**C10a** Which of the following statements comes closest to describing the amount of financial risk that you are willing to take with your spare cash? That is, cash used for savings or investment.

(Cross  **ONE** box)

tfirisk

- |  |              |
|--|--------------|
| <input type="checkbox"/> I take <u>substantial</u> financial risks expecting to earn substantial returns     | ➡ Go to C11  |
| <input type="checkbox"/> I take <u>above-average</u> financial risks expecting to earn above-average returns | ➡ Go to C11  |
| <input type="checkbox"/> I take <u>average</u> financial risks expecting to earn average returns             | ➡ Go to C11  |
| <input type="checkbox"/> I am not willing to take <u>any</u> financial risks                                 | ➡ Go to C11  |
| <input type="checkbox"/> I never have any spare cash   | ➡ Go to C10b |

**C10b** Assume you had some spare cash that could be used for savings or investment. Which of the following statements comes closest to describing the amount of financial risk that you would be willing to take with this money?

(Cross  **ONE** box)

tfiriska

- |  |
|--|
| <input type="checkbox"/> I would take <u>substantial</u> financial risks expecting to earn substantial returns     |
| <input type="checkbox"/> I would take <u>above-average</u> financial risks expecting to earn above-average returns |
| <input type="checkbox"/> I would take <u>average</u> financial risks expecting to earn average returns             |
| <input type="checkbox"/> I would not be willing to take <u>any</u> financial risks                                 |

## HOUSEHOLD SPENDING

**C11** Do you have any responsibility for the payment of household bills (such as household groceries and electricity, gas and water)?

(Cross  **ONE** box)

txpresp

- |   |
|---|
| <input type="checkbox"/> Yes ➡ Please continue        |
| <input type="checkbox"/> No ➡ Go to PART D ON PAGE 18 |

**C12** For each type of expenditure below, write in your best estimate of the total amount spent on that item by all people in the household.

If you are unsure please make your best guess.  
Do not include expenses associated with any businesses you may own.

### Weekly Expenses

	Any expenditure? NO YES		HOW MUCH PER WEEK? (on average)	DO NOT SHOW CENTS
a <b>Groceries</b> <i>(Include food, cleaning products, pet food and personal care products. Do <u>not</u> include alcohol or tobacco.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	➡ \$ <input type="text"/> . <input type="text"/>	
b <b>Alcohol</b> <i>(Include alcohol consumed with meals eaten out.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	➡ \$ <input type="text"/> . <input type="text"/>	
c <b>Cigarettes and other tobacco products</b>	<input type="checkbox"/>	<input type="checkbox"/>	➡ \$ <input type="text"/> . <input type="text"/>	
d <b>Public transport, taxis and ride-sharing services</b> <i>(e.g., Uber)</i>	<input type="checkbox"/>	<input type="checkbox"/>	➡ \$ <input type="text"/> . <input type="text"/>	
e <b>Meals eaten out</b> <i>(Include restaurants, take-away food, and bought lunches and snacks. Do <u>not</u> include alcohol.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	➡ \$ <input type="text"/> . <input type="text"/>	

txpgrocs  
txpgroca  
txpalc  
txpalca  
txpcig  
txpciga  
txppubt  
txppubta  
txpwmeo  
txpwmeoa

## Monthly Expenses

		Any expenditure? NO YES		HOW MUCH PER MONTH? (on average)	DO NOT SHOW CENTS
f	<b>Motor vehicle fuel (petrol, diesel, LPG) and engine oil</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
g	<b>Men's clothing and footwear</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
h	<b>Women's clothing and footwear</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
i	<b>Children's clothing and footwear</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
j	<b>Telephone rent and calls, and internet charges</b> <i>(Include rent and charges on mobile phones.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	

## Annual Expenses

		Any expenditure? NO YES		HOW MUCH IN THE LAST 12 MONTHS?	DO NOT SHOW CENTS
k	<b>Private health insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
l	<b>Other insurance (such as home and contents and motor vehicle insurance)</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
m	<b>Fees paid to doctors, dentists, opticians, physiotherapists, chiropractors and any other health practitioner</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
n	<b>Medicines, prescriptions and pharmaceuticals</b> <i>(Include alternative medicines.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
o	<b>Electricity bills, gas bills and other heating fuel (such as firewood and heating oil)</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
p	<b>Repairs, renovations and maintenance to your home</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
q	<b>Motor vehicle repairs and maintenance</b> <i>(Include regular servicing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
r	<b>Education fees paid to schools, universities and other education providers</b> <i>(Include private tuition fees.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	
s	<b>Money donated to charities or other organisations</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ \$ [ ] . <del>00</del>	

## PART D: YOUR JOB AND THE WORKPLACE

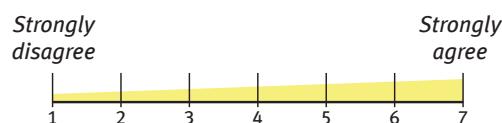
D1 Are you currently in paid work? (This includes anyone on paid leave or who is self-employed.)

- Yes ➔ PLEASE GO TO D2 AND COMPLETE THE REST OF PART D  
 No ➔ Go to PART E ON PAGE 19

tjopw

D2 The following statements are about your current (main) job. Please indicate, by crossing one box on each line, how strongly you agree or disagree with each. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

(Please cross **X** ONE box for EACH statement)



a	My job is more stressful than I had ever imagined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomms
b	I fear that the amount of stress in my job will make me physically ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjompi
c	I get paid fairly for the things I do in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjompf
d	I have a secure future in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomsf
e	The company I work for will still be in business 5 years from now	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomcsb
f	I worry about the future of my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomwf
g	My job is complex and difficult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomcd
h	My job often requires me to learn new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomns
i	I <u>use</u> many of my skills and abilities in my current job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomus
j	I have a lot of freedom to decide <u>how</u> I do my own work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomfd
k	I have a lot of say about what happens on my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomls
l	I have a lot of freedom to decide <u>when</u> I do my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomfw
m	I have a lot of choice in deciding what I do at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomdw
n	My working times can be flexible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomflex
o	I can decide when to take a break	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjombrk
p	My job requires me to do the same things over and over again	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomrpt
q	My job provides me with a variety of interesting things to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomvar
r	My job requires me to take initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomini
s	I have to work fast in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomfast
t	I have to work very intensely in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomwi
u	I don't have enough time to do everything in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tjomtime

**D3** Following is a list of conditions and entitlements that employers sometimes provide their employees. For each, please indicate whether you, or other employees working at a similar level to you at your workplace, would be able to use these if needed.

(Cross  ONE box on EACH line)

		Yes	No	Don't know	
a	Employer-funded paid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowppml
b	Employer-funded paid paternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowpppl
c	Permanent part-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowpptw
d	Home-based work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowphbw
e	Flexible start and finish times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowpfx
f	Child care facilities or subsidised child care expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tjowpcc

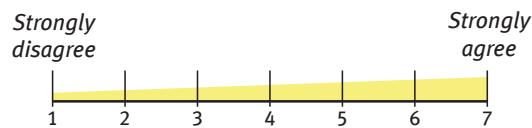
## PART E: PARENTING

**E1** Do you have parenting responsibilities for any children aged 17 years or less?

- Yes ➔ PLEASE GO TO E2 AND COMPLETE THE REST OF PART E  
 No ➔ Go to PART F ON PAGE 20

tparesp

**E2** The following statements are about raising children. Thinking about the children aged 17 years or less that you have parenting responsibility for, please indicate, by crossing one box on each line, how strongly you agree or disagree with each statement. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.



a	Being a parent is harder than I thought it would be	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tpahard
b	I often feel tired, worn out, or exhausted from meeting the needs of my children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tpatird
c	I feel trapped by my responsibilities as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tpatrap
d	I find that taking care of my child/children is much more work than pleasure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	tpawork

**E3** Do you think you do your fair share of looking after the children?

(Cross  ONE box)

<input type="checkbox"/> I do <u>much more</u> than my fair share	tpashare
<input type="checkbox"/> I do <u>a bit more</u> than my fair share	
<input type="checkbox"/> I do my fair share	
<input type="checkbox"/> I do <u>a bit less</u> than my fair share	
<input type="checkbox"/> I do <u>much less</u> than my fair share	

## PART F

### F1 Are you ...

(Cross  **ONE** box)

Male

Female

Other

### F2 Which age group do you belong to?

(Cross  **ONE** box)

15 – 17 years

35 – 44 years

18 – 19 years

45 – 54 years

20 – 21 years

55 – 64 years

22 – 24 years

65 – 74 years

25 – 34 years

75 years or over

### F3 What is today's date?

day                    month                    year  
  |  | /  |  | /  2  |  |

tscdate

### F4 Is there anything else that you would like to tell us about life in Australia?

If so, please write on the lines below. (To ensure your privacy remains protected at all times, please do not write any personal contact details here such as your name, address or phone number.)

thhcmts

## RETURNING YOUR COMPLETED QUESTIONNAIRE

- A thank you gift of \$20 may not be paid if either not fully completed or returned late.
- Please seal the completed questionnaire in the envelope provided and return via the reply-paid envelope provided.

*Once again, Thank You for your cooperation and participation.*

