



OFFICE USE ONLY

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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 rather than having the interviewer ask them.

All information you give us will be completely confidential. When you have completed the questionnaire you should seal it in the envelope provided and give it to your interviewer, who will return it unopened to our office. If you prefer, you may post it back to us instead.

In our office, 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 name or address will never be linked with any of the information you provide.

Instructions for completing this form

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

■ Use only blue or black ink, or a dark lead pencil. Choose the answer that most closely matches your answer, and put an **X** in the box provided. For example:

Right	Wrong
X	— <input type="checkbox"/> <input type="radio"/> <input checked="" type="checkbox"/>

■ **If you make a mistake:**
Simply shade out the box and mark the correct one as shown.
For example:

1	X	X	4
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If more than one answer is allowed, this will be specified under the question.

What to do once you have completed the questionnaire?

Please seal it in the envelope provided.

Your interviewer will come back to collect this form on _____ around _____

If the interviewer is unable to collect this form, they will phone you and ask you to post it in the reply paid envelope to the ACNielsen office.

Any questions?

Ask your interviewer, or ring us on our *Free call number* 1800 656 670

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"/> 1 Excellent	<input type="checkbox"/> 2 Very good	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Fair	<input type="checkbox"/> 5 Poor
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A2 Compared to one year ago, how would you rate your health in general now?

(Cross one box)

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

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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c	Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d	Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e	Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f	Bending, kneeling, or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g	Walking more than one kilometre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h	Walking half a kilometre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i	Walking 100 metres	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j	Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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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 amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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 amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	Didn't do work or other activities as carefully as usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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
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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
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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
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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
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
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
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
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
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
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
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
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

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)

- 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

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
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
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
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

PART B: LIFESTYLE AND 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)

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

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

- 1 No, I have never smoked ➔ Go to B4
- 2 No, I have given up smoking ➔ Go to B4
- 3 Yes ➔ Go to B3

- B3 About how much would you say you spend on cigarettes and tobacco in an average week?**

\$

- B4 How often do you drink alcohol?**

(Cross one box)

- 1 I have never drunk alcohol ➔ Go to B6
- 2 I no longer drink ➔ Go to B6
- 3 I drink very rarely
- 4 Less than once a week
- 5 On 1 or 2 days a week
- 6 On 3 or 4 days a week
- 7 On 5 or 6 days a week
- 8 Every day

- 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)

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

- B6 How often do you feel rushed or pressed for time?**

(Cross one box)

- 1 Almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

- B7 How often do you feel you have spare time that you don't know what to do with?**

(Cross one box)

- 1 Almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

- B8 Now think about the local area in which you live. How strong is your preference to continue living in this area?**

(Cross one box)

- 1 Strong preference to stay
- 2 Moderate preference to stay
- 3 Unsure / No strong preference to stay or leave
- 4 Moderate preference to leave
- 5 Strong preference to leave

B9 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
b	Neighbours doing things together?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
c	Loud traffic noise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
d	Noise from airplanes, trains or industry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
e	Homes and gardens in bad condition?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
f	Rubbish and litter lying around?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
g	Teenagers hanging around on the streets?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
h	People being hostile and aggressive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
i	Vandalism and deliberate damage to property?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6
j	Burglary and theft?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="radio"/> 6

B10 How adequate is your housing for your current needs, with respect to ...

(Cross one box on each line)

		Much less than adequate	Less than adequate	Adequate	More than adequate	Much more than adequate
a	Living space	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Number of bedrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Comfort (e.g., light, temperature, dampness, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	Distance from public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	Access to services normally used	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	Your housing needs in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B11 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

Does not apply

a	your relationship with your partner?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
b	your relationship with your children?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
c	your partner’s relationship with your children?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
d	your relationship with your stepchildren?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
e	how well the children in the household get along with each other?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
f	your relationship with your parents?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
g	your relationship with your step-parents?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>
h	your relationship with your (most recent) former spouse or partner?	<input type="checkbox"/> 0 0	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="checkbox"/> 8 8	<input type="checkbox"/> 9 9	<input type="checkbox"/> 10 10	<input type="radio"/>

B12 Do you think you do your fair share around the house?

(Cross one box)

- 1 I do much more than my fair share
- 2 I do a bit more than my fair share
- 3 I do my fair share
- 4 I do a bit less than my fair share
- 5 I do much less than my fair share

B13 Are you currently an active member of a sporting, hobby or community-based club or association?

- 1 Yes
- 2 No

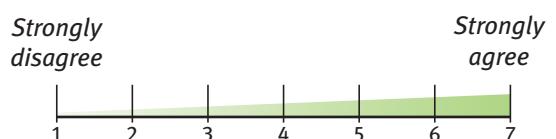
B14 In general, about how often do you get together socially with friends or relatives not living with you?

(Cross one box)

- 1 Every day
- 2 Several times a week
- 3 About once a week
- 4 2 or 3 times a month
- 5 About once a month
- 6 Once or twice every 3 months
- 7 Less often than once every 3 months

B15 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 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
b	I often need help from other people but can't get it	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
c	I seem to have a lot of friends	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
d	I don't have anyone that I can confide in	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
e	I have no one to lean on in times of trouble	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
f	There is someone who can always cheer me up when I'm down	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
g	I often feel very lonely	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
h	I enjoy the time I spend with the people who are important to me	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
i	When something's on my mind, just talking with the people I know can make me feel better	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
j	When I need someone to help me out, I can usually find someone	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7

B16 How many hours would you spend on each of the following activities in a typical week?

(Remember, there are only 168 hours in a week, and this list does not include all of the things you do in a week, such as: sleeping, eating, paid employment or leisure activities.)

IMPORTANT: If you do not do one of the following activities in a typical week, write in “0” for that activity.

	Hours per week
a Household errands, such as shopping, banking, paying bills, and keeping financial records (but do not include driving children to school and to other activities)	<input type="text"/>
b Housework, such as preparing meals, washing dishes, cleaning house, washing clothes, ironing and sewing	<input type="text"/>
c Outdoor tasks, including home maintenance (repairs, improvements, painting etc.), car maintenance or repairs and gardening	<input type="text"/>
d 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	<input type="text"/>
e Volunteer or charity work (for example, canteen work at the local school, unpaid work for a community club or organisation)	<input type="text"/>
f Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law	<input type="text"/>
g Travelling to and from a place of paid employment	<input type="text"/>

B17 Do you look after other people's children (aged under 12 years) on a regular unpaid basis?

Yes

No

PART C: PERSONAL AND HOUSEHOLD FINANCES

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

(Cross one box)

- 1 Prosperous
- 2 Very comfortable
- 3 Reasonably comfortable
- 4 Just getting along
- 5 Poor
- 6 Very poor

C2 Since January 2001 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"/> 1	<input type="checkbox"/> 2
b	Could not pay the mortgage or rent on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	Pawned or sold something	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Went without meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	Was unable to heat home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f	Asked for financial help from friends or family	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g	Asked for help from welfare /community organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2

C3a Suppose you had only one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money?

(Cross one box)

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

C3b And how would you obtain that money?

(Cross all boxes that apply)

- 1 Use savings
- 2 Borrow from a relative who lives with you
- 3 Borrow from a relative who lives elsewhere
- 4 Borrow from a friend
- 5 Borrow from a financial institution or use credit
- 6 Sell an asset
- 7 Use some other method to find the money

C4 Which of the following statements comes closest to describing your (and your family's) savings habits?

(Cross one box)

- 1 Don't save: usually spend more than income
- 2 Don't save: usually spend about as much as income
- 3 Save whatever is left over at the end of the month — no regular plan
- 4 Spend regular income, save other income
- 5 Save regularly by putting money aside each month

C5 In planning your saving and spending, which of the following time periods is most important to you?

(Cross one box)

- 1 The next week
- 2 The next few months
- 3 The next year
- 4 The next 2 to 4 years
- 5 The next 5 to 10 years
- 6 More than 10 years ahead

C6 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)

- 1 I take substantial financial risks expecting to earn substantial returns
- 2 I take above-average financial risks expecting to earn above-average returns
- 3 I take average financial risks expecting to earn average returns
- 4 I am not willing to take any financial risks
- 5 I never have any spare cash

C7 People have many different reasons for borrowing money, which they then pay back over a period of time. For each of the reasons listed below, please indicate whether you think it is alright for someone like yourself to borrow money.

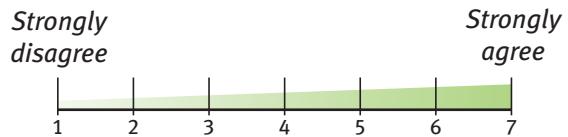
(Cross one box on each line)

		Yes, alright	No, not alright
a	To pay for a holiday	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	To cover living expenses if income falls unexpectedly	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	To buy clothes or jewellery	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	To pay for a car	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	To pay for education expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2

PART D: ATTITUDES AND VALUES

D1 The following statements are about your attitudes towards paid work. 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)



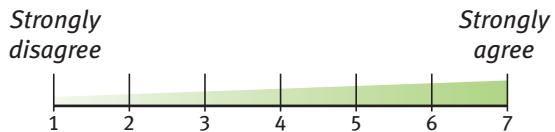
a	In order to be happy in life it is important to have a paying job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
b	I would enjoy having a job even if I didn't need the money	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
c	Many <u>working mothers</u> seem to care more about being successful at work than meeting the needs of their children	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
d	Many <u>working fathers</u> seem to care more about being successful at work than meeting the needs of their children	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
e	If both partners in a couple work, they should <u>share equally</u> in the housework and care of children	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
f	Whatever career a <u>woman</u> may have, her most important role in life is still that of being a mother	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
g	Whatever career a <u>man</u> may have, his most important role in life is still that of being a father	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
h	Mothers who don't really need the money shouldn't work	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
i	Children do just as well if the mother earns the money and the father cares for the home and children	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
j	It is much better for everyone involved if the man earns the money and the woman takes care of the home and children	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
k	As long as the care is good, it is fine for children under 3 years of age to be placed in child care all day for 5 days a week	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
l	A working mother can establish just as good a relationship with her children as a mother who does not work for pay	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
m	A working father can establish just as good a relationship with his children as a father who does not work for pay	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7
n	A father should be as heavily involved in the care of his children as the mother	<input checked="" type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input checked="" type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input checked="" type="checkbox"/> 7 7

PART E: YOUR JOB AND THE PLACE WHERE YOU WORK

If you are not currently in paid work ➔ Go to PART F.

- E1** 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.

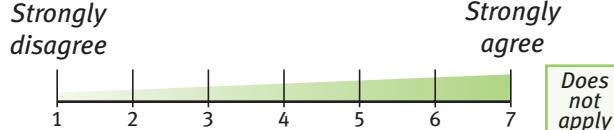
(Please cross one box for each statement)



a	My job is more stressful than I had ever imagined	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
b	I fear that the amount of stress in my job will make me physically ill	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
c	I get paid fairly for the things I do in my job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
d	I have a secure future in my job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
e	The company I work for will still be in business 5 years from now	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
f	I worry about the future of my job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
g	My job is complex and difficult	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
h	My job often requires me to learn new skills	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
i	I <u>use</u> many of my skills and abilities in my current job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
j	I have a lot of freedom to decide <u>how</u> I do my own work	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
k	I have a lot of say about what happens on my job	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
l	I have a lot of freedom to decide <u>when</u> I do my work	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7

- E2** The following statements are about the place at which you work. Please indicate by crossing one box on each line, how strongly you agree or disagree. 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.

If you feel that these statements do not apply to you (e.g., because you are self-employed and have no employees), please cross the 'Does not apply' category.



a	Where I work, <u>male</u> employees who take leave for family reasons are seen as less committed to their jobs than other male workers	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="radio"/>
b	Where I work, employees who take leave for family reasons are less likely to get ahead in their jobs and careers	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="radio"/>
c	Where I work, employees who work part-time are seen as less committed to their jobs than other workers	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7	<input type="radio"/>

E3 Following is a list of conditions and entitlements that employers sometimes provide. For each, indicate whether you would be able to use it if you needed to in your current job?

(Cross one box on each line)

		Yes	No	Don't know	Not applicable
a	Paid maternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b	Unpaid maternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c	Parental leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
d	Special leave for caring for family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
e	Permanent part-time work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
f	Home-based work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
g	Flexible start and finish times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

PART F: PARENTING

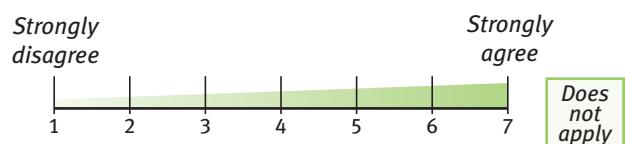
F1 Do you have parenting responsibilities for any children aged 17 years or less?

Yes

No ➔ Go to PART G

F2 The following statements are about raising children. Thinking about your children aged 17 years or less, 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.

If you feel that any statement does not apply to you, please cross the 'Does not apply' category.



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	<input type="radio"/>
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	<input type="radio"/>
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	<input type="radio"/>
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	<input type="radio"/>

F3 Do you think you do your fair share of looking after the children?

(Cross one box)

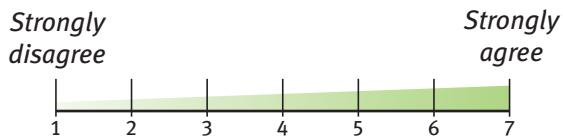
- 1 I do much more than my fair share
- 2 I do a bit more than my fair share
- 3 I do my fair share
- 4 I do a bit less than my fair share
- 5 I do much less than my fair share

This question is for parents who are in paid work.

If you are not in paid work, skip this question and ➔ Go to PART G.

F4 The following statements are about combining work with family responsibilities. 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 one box for each statement)



a	Having both work and family responsibilities makes me a more well-rounded person	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
b	Having both work and family responsibilities gives my life more variety	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
c	Managing work and family responsibilities as well as I do makes me feel competent	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
d	Because of my family responsibilities, I have to turn down work activities or opportunities that I would prefer to take on	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
e	Because of my family responsibilities, the time I spend working is less enjoyable and more pressured	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
f	Because of the requirements of my job, I miss out on home or family activities that I would prefer to participate in	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
g	Because of the requirements of my job, my family time is less enjoyable and more pressured	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
h	My work has a positive effect on my children	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
i	Working helps me to better appreciate the time I spend with my children	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
j	The fact that I am working makes me a better parent	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
k	I worry about what goes on with my children while I'm at work	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
l	Working leaves me with too little time or energy to be the kind of parent I want to be	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7
m	Working causes me to miss out on some of the rewarding aspects of being a parent	<input type="checkbox"/> 1 1	<input type="checkbox"/> 2 2	<input type="checkbox"/> 3 3	<input type="checkbox"/> 4 4	<input type="checkbox"/> 5 5	<input type="checkbox"/> 6 6	<input type="checkbox"/> 7 7

PART G: HAVE WE MISSED ANYTHING?

Is there anything else that you would like to tell us about living in Australia?
If so, please write on the lines below.

THERE ARE NO MORE QUESTIONS.

Please seal the completed questionnaire in the envelope provided and have it ready when the interviewer returns to collect it.

The interviewer will come back at the time shown on the front cover.

If the interviewer cannot come back, they will phone you and ask you to post it using the reply-paid envelope provided.

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

