

LIVING IN AUSTRALIA



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Household ID

Person No.

All data are provided **IN-CONFIDENCE**

*First name of  
respondent:* \_\_\_\_\_

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 full 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. Put an **X** inside the box provided. (Do not mark any areas outside the box.)  
For example:

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

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

<input type="checkbox"/> 1	<b>X</b> 2	<b>X</b> 3	<input type="checkbox"/> 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)

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

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

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"/>
b	Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c	Didn't do work or other activities <u>as carefully</u> as usual	<input type="checkbox"/>	<input type="checkbox"/>

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)

<input type="checkbox"/> 1	All of the time
<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
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)

- 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)

- 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?**

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

**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 285ml 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

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

(Cross  one box)

- Almost always
- Often
- Sometimes
- Rarely
- Never

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

(Cross  one box)

- Almost always
- Often
- Sometimes
- Rarely
- 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)

- Strong preference to stay
- Moderate preference to stay
- Unsure / No strong preference to stay or leave
- Moderate preference to leave
- Strong preference to leave

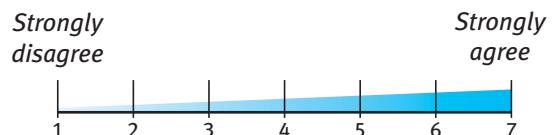
**B9 How common are the following things in your local neighbourhood?**

(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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>

**B10 Please indicate, by crossing one box on each line, how much you agree or disagree with each of the following statements. 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	I have little control over the things that happen 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
b	There is really no way I can solve some of the problems I have	<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
c	There is little I can do to change many of the important things in my 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	<input type="checkbox"/> 7
d	I often feel helpless in dealing with the problems 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	<input type="checkbox"/> 7
e	Sometimes I feel that I'm being pushed around in 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	<input type="checkbox"/> 7
f	What happens to me in the future mostly depends on 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
g	I can do just about anything I really set my mind 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

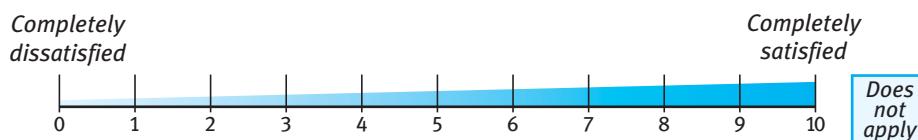
**B11 Now some questions about family life.**

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 **X** the "Does not apply" category.

How satisfied are you with:



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"/> Does not apply
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"/> Does not apply
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"/> Does not apply
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"/> Does not apply
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"/> Does not apply
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"/> Does not apply
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"/> Does not apply
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"/> Does not apply

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

(Cross **X** 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

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

- Yes
- No

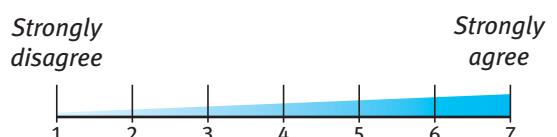
**B14 In general, about how often do you get together socially with friends or relatives not living with you?**

(Cross  one box)

- Every day
- Several times a week
- About once a week
- 2 or 3 times a month
- About once a month
- Once or twice every 3 months
- 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	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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
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
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
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
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
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
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
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
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

**B16 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.

	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

**B17 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

		<b>Hours per week</b>	<b>Minutes (if applicable)</b>
a	Paid employment	[ ]	[ ]
b	Travelling to and from a place of paid employment	[ ]	[ ]
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)	[ ]	[ ]
d	Housework, such as preparing meals, washing dishes, cleaning house, washing clothes, ironing and sewing	[ ]	[ ]
e	Outdoor tasks, including home maintenance (repairs, improvements, painting etc.), car maintenance or repairs and gardening	[ ]	[ ]
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	[ ]	[ ]
g	Looking after other people's children (aged under 12 years) on a regular, unpaid basis.	[ ]	[ ]
h	Volunteer or charity work (for example, canteen work at the local school, unpaid work for a community club or organisation)	[ ]	[ ]
i	Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law	[ ]	[ ]
<b>TOTAL:</b> This cannot exceed 168 hours and typically will not be greater than 120. If it is, please re-think your answers.		[ ]	Add total hours (whole hours only)

**B18 Have you ever been told by a doctor or nurse that you have any of the long-term health conditions listed below? Please only include those conditions that have lasted or are likely to last for six months or more.**

(For each condition cross  either the YES or the NO box)

		YES	NO				YES	NO
a	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	e	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>
b	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	f	Heart / Coronary disease		<input type="checkbox"/>	<input type="checkbox"/>
c	Any type of cancer	<input type="checkbox"/>	<input type="checkbox"/>	g	High blood pressure / Hypertension		<input type="checkbox"/>	<input type="checkbox"/>
d	Chronic bronchitis or emphysema	<input type="checkbox"/>	<input type="checkbox"/>	h	Any other serious circulatory condition (e.g. stroke, hardening of the arteries)		<input type="checkbox"/>	<input type="checkbox"/>

**B19 Are you married or living with someone in a long-term relationship?**

- Yes ➔ PLEASE COMPLETE THE NEXT QUESTION, B20  
 No ➔ Go to C1

**B20 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Excellent
b	How often do you wish you had <u>not</u> married/got into this relationship?	Never	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Very often
c	To what extent has your relationship met your original expectations?	Hardly at all	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Completely
d	How much do you love your spouse/partner?	Not much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Very, very much
e	How many problems are there in your relationship?	Not many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Very many
f	How well does your spouse/partner meet your needs?	Poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Excellent

**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)

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

**C2 Since January 2003 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"/>

**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)

- 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

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

(Cross  all boxes that apply)

- Use savings
- Borrow from a relative who lives with you
- Borrow from a relative who lives elsewhere
- Borrow from a friend
- Borrow from a financial institution or use credit
- Sell an asset
- 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)

- Don't save: usually spend more than income
- Don't save: usually spend about as much as income
- Save whatever is left over at the end of the month — no regular plan
- Spend regular income, save other income
- 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)

- |  |   |
|--|---|
| <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 |

**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)

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

**C7 Who makes decisions about the following issues in this household?**

(Cross  one box on each line)

		Me/Mainly me	Mainly my spouse/partner	Shared equally between partner and myself	Someone else (living here or elsewhere)	Shared equally among all household members
a	Managing day-to-day spending and paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Making large household purchases (e.g., cars and major appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Savings, investment and borrowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART D: YOUR JOB AND THE WORK PLACE**

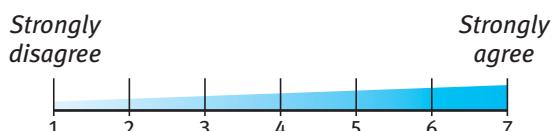
**D1 Are you currently in paid work?**

Yes ➔ PLEASE GO TO D2 AND COMPLETE THE REST OF PART D

No ➔ Go to PART E ON PAGE 14

**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  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
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
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
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
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
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
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
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
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
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
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
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

**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)

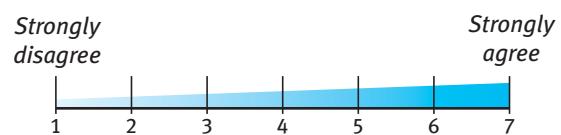
		Yes	No	Don't know
a	Paid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Unpaid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>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

## 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 16

**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
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
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
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

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

(Cross  one box)

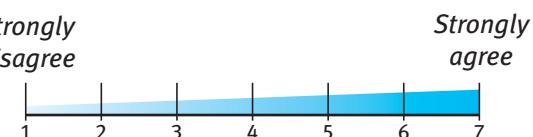
- I do much more than my fair share  
 I do a bit more than my fair share  
 I do my fair share  
 I do a bit less than my fair share  
 I do much less than my fair share

## **This question is for parents who are in paid work.**

If you are not in paid work, skip this question and ➔ Go to PART F ON PAGE 16

- E4** 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	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b	Having both work and family responsibilities gives my life more variety	<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
c	Managing work and family responsibilities as well as I do makes me feel competent	<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
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	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e	Because of my family responsibilities, the time I spend working is less enjoyable and more pressured	<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
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	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g	Because of the requirements of my job, my family time is less enjoyable and more pressured	<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
h	My work has a positive effect on 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
i	Working helps me to better appreciate the time I spend with 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
j	The fact that I am working makes me a better 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
k	I worry about what goes on with my children while I'm 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
l	Working leaves me with too little time or energy to be the kind of parent I want to 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
m	Working causes me to miss out on some of the rewarding aspects of being 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

## PART F:

F1 Are you male or female?

(Cross  one box)

Male

Female

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 Is there anything else that you would like to tell us about living 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.)

**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.*

