

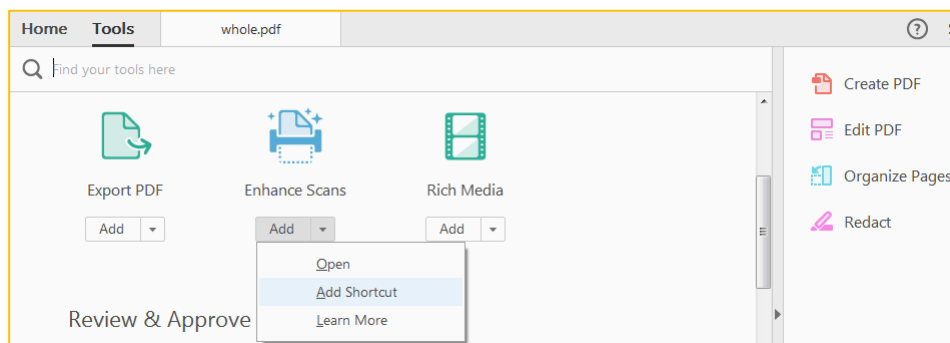
UNSW Library, Digitisation and Physical Resources

OCR and bookmarking

When preparing a digitised document for bookmarking, check the PDF to make sure the text is OCR converted by highlighting any text from any page in the PDF. If not, please follow these instructions:

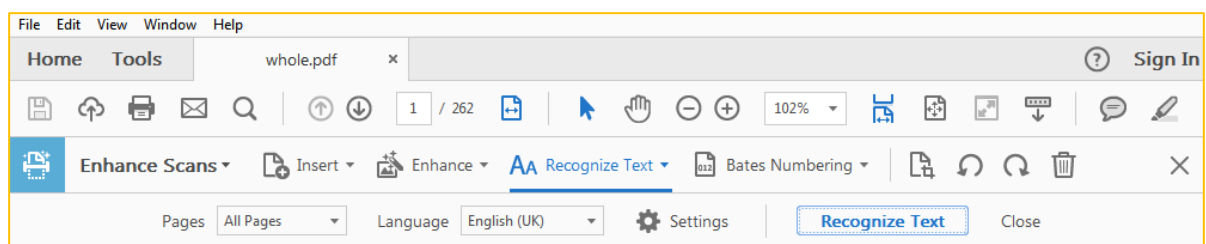
OCR Text Recognition

1. Open a PDF file which has been scanned.
2. Choose **Tools > Enhance Scans**.



Note: It is recommended that you add this shortcut to your Tools panel on the right

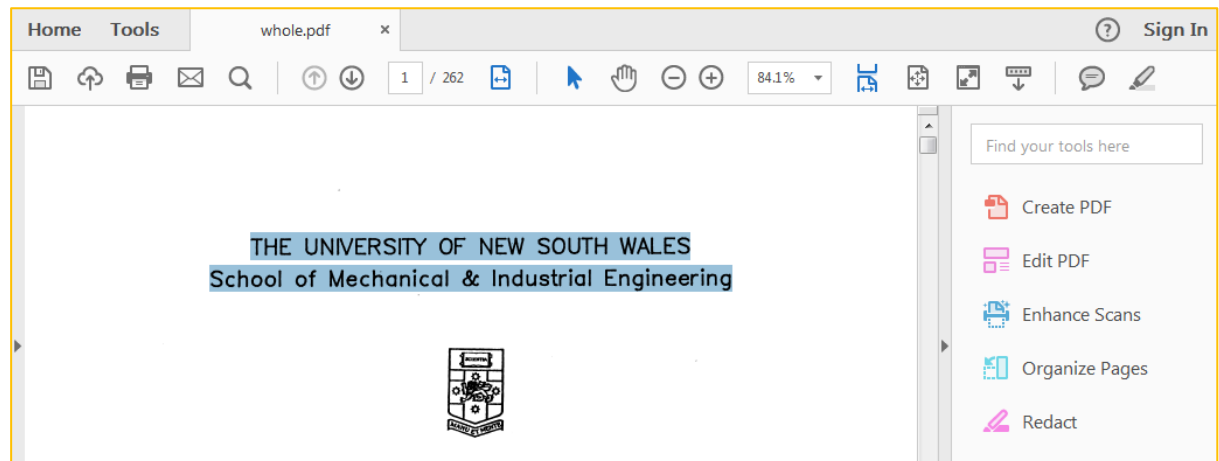
3. **Enhance Scans** will appear on your toolbar.
4. Choose **Recognize Text > In This File**.
5. For first time use, click **Settings**.
6. Set Pages to **All Pages**, Language to **English (UK)** and Output to **Searchable Image (Exact)**.
7. Click **Recognize Text**.



- Wait for the task to complete (this may take a while depending on the file size).

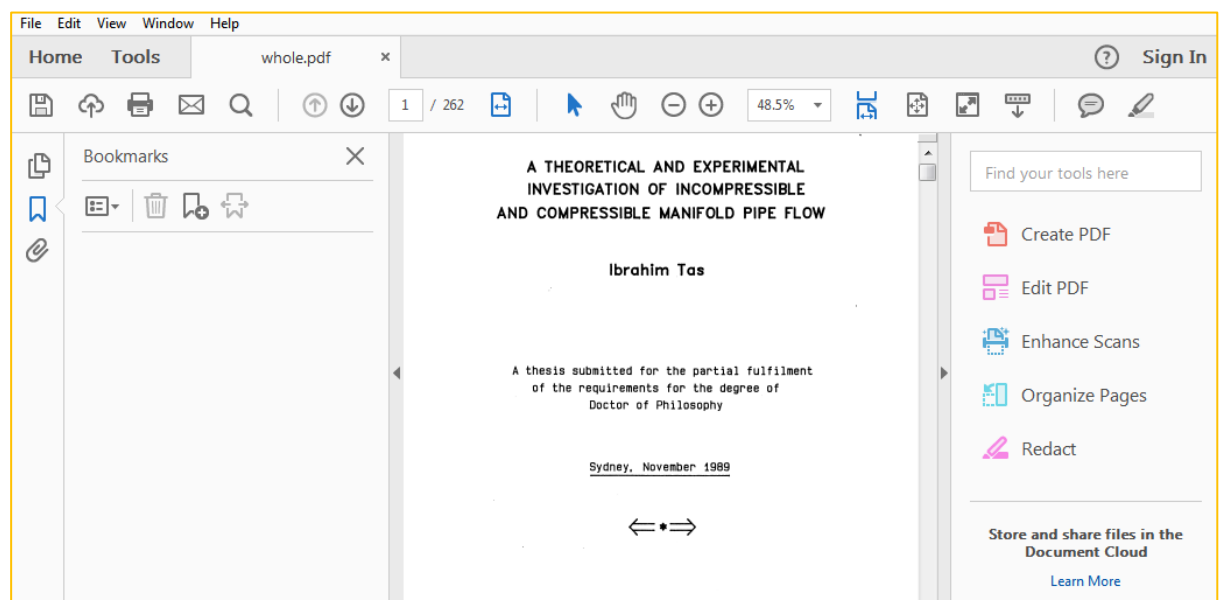
Note: If you receive the error message “This page contains renderable text”, tick ‘ignore future errors in this document’, and click OK to close the message


- When OCR Text Recognition process is completed, test it by **highlighting** the text of the first page.



Bookmarking

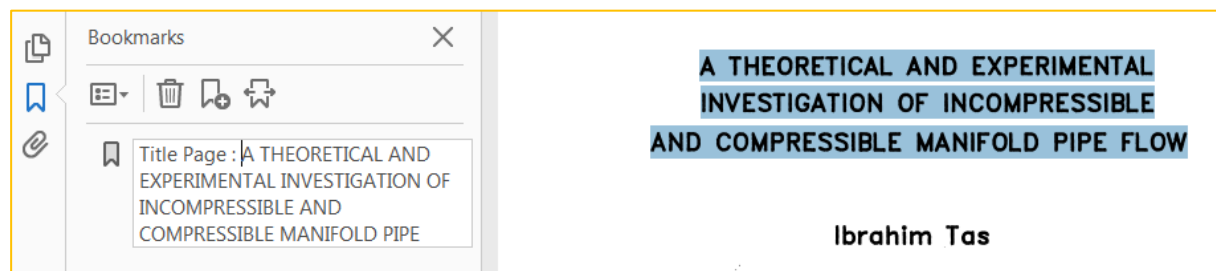
- Open the left side panel and click the **Bookmarks** tab.



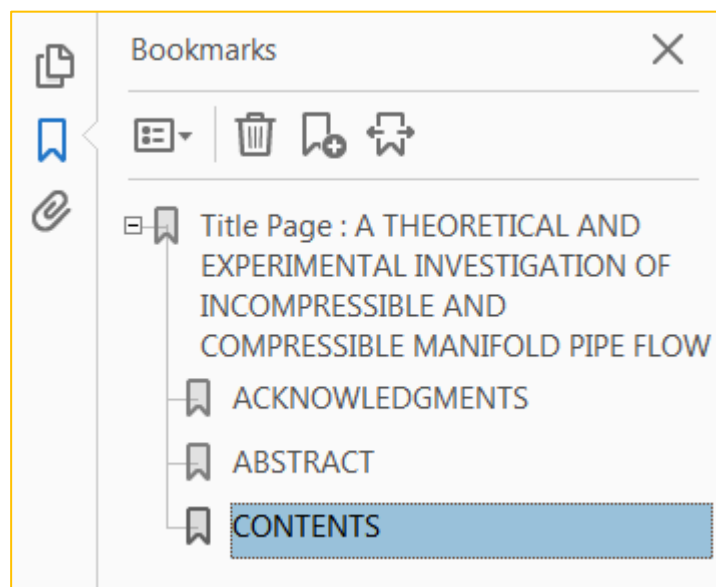
- Find the document **Title Page** and click a blank area of the page.
- Highlight** the title and select  New bookmark icon.

A new bookmark is added and the highlighted text will be automatically pasted into the text box of the new bookmark.

4. Type in the bookmark label as **Title Page**, see below:



5. Repeat step 3 for creating **Abstract**, **Acknowledgements**, **List of Tables**, **List of Figures** and **Table of Contents**.
6. Hold the **shift** key while selecting **Abstract**, **Acknowledgements**, **List of Tables**, **List of figures** and **Table of Contents** bookmarks, and drag one level under the **Title Page** bookmark.



7. Repeat steps 3 and 4 for creating **Chapters**, **Conclusion**, **Bibliography** and **Appendix** bookmarks. Those bookmark icons must stay the same level as **Title Page** bookmark.

***Note:** It's good practice to make use of the document's Table of Contents as a guide when bookmarking.*

8. If pages need to be **rotated**, select the page and press **Ctrl+Shift+R**. Make sure to select the correct page range.
9. Click OK.
10. Select the Chapter 1 bookmark while holding the **shift** key and select all Chapter bookmarks. Right click and select **Properties** to change font colour and style.
11. Change font appearance to Style: **Bold** and Color: **Red**.

12. Follow the bookmark appearance as below:

- Title Page, Conclusion, Bibliography, Appendices in **Bold** and **Black**
- Abstract, Acknowledgements, List of Tables, List of Figures, Table of Contents in **Plain** and **Blue**
- All main chapters in **Bold** and **Red**

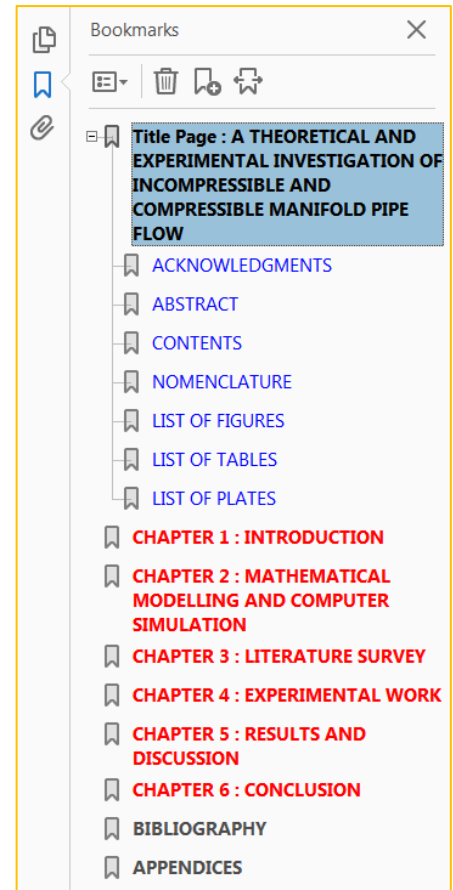
13. Set the document's Initial view by going to **File > Properties**.

- a) Set Navigation tab: **Bookmarks Panel and Page**
- b) Set Page layout: **Single Page**
- c) Set Magnification: **Fit Width**
- d) Open to page: **1**

14. Set all bookmarks to **Fit Width** view.

- a) Select a bookmark
- b) **CTRL+A** to select all bookmarks.
- c) **ALT+Enter**
- d) **Actions**
- e) Select Action: **Run a Java Script**
- f) **Add**
- g) Copy and Paste the following:
`this.zoomType=zoomtype.fitW;`
- h) **OK**
- i) **OK**

15. Choose **File > Save**.



Section A: About Your Apartment

A1. How long have you lived at your current address? *(Please write your answer)*

Years: _____ Months: _____

A2. Do you own or rent the apartment where you live? *(Please tick one only)*

- ☐ I own the apartment, without a mortgage
- ☐ I own the apartment, with a mortgage
- ☐ I rent the apartment, from a private owner or through a real estate agent
- ☐ I rent the apartment, through public housing
- ☐ Other *(please specify)* _____

A3. What type of dwelling did you live in before you moved to your current address? *(Please tick one only)*

- ☐ A separate detached house
- ☐ A semi-detached, row or terrace, townhouse or villa (or similar)
- ☐ A low rise apartment complex (3 storeys or less)
- ☐ A medium rise apartment complex (4 to 10 storeys)
- ☐ A high rise apartment complex (above 10 storeys)
- ☐ Other *(please specify)* _____

A4. How many hours per day do you spend at home on a usual WEEK day between 8am and 8pm?
(Please write the number)

Hours: _____

A5. How many hours per day do you spend at home on a usual WEEKEND day between 8am and 8pm?
(Please write the number)

Hours: _____

A6. What floor is your apartment on? *(Please write the number)*

Floor: _____

A7. How many car parking spaces are allocated to your apartment? *(Please write the number)*

Car parking spaces: _____

A8. Have you, or a previous owner that you know of, made any structural renovations to your current apartment (e.g., adding a window, closing in the balcony, removing an interior wall etc.)?

- ☐ Yes
- ☐ No ⇒ Go to question A10
- ☐ Don't know ⇒ Go to question A10

A9. Please provide brief details of any renovations.

A10. If you had a choice, what type of dwelling would you prefer to live in? (Please tick one only)

- ☐ A separate detached house
- ☐ A semi-detached, row or terrace, townhouse or villa (or similar)
- ☐ A low rise apartment complex (3 storeys or less)
- ☐ A medium rise apartment complex (4 to 10 storeys)
- ☐ A high rise apartment complex (above 10 storeys)
- ☐ Other (*please specify*)

A11. How important were the following factors in your choice of current dwelling? (Please tick the best response for each)

	Not at all important	Unimportant	Neither unimportant nor important	Important	Very important
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment aesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment size or spaciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment floorplan and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of storage space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment/building security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to car parking space(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The view from the apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural light to the apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural ventilation in the apartment (i.e., air flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building communal spaces and facilities (e.g., garden, gym, pool, BBQ area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to the water (e.g., beach, river)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to employment, university or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to shops and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A12. How satisfied are you with your housing situation?

[illegible]

Section B: Design and Features of Your Apartment

B1. Thinking about fresh air flow in your apartment, how much do you agree or disagree with each of the following statements? (Please tick the best response for each)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Fresh air flows through my apartment (i.e., there is natural ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The air inside my apartment usually feels stale or stuffy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, fumes or smells from outside prevent me from opening my windows to let fresh air in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The air inside my apartment usually feels damp or mouldy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise from outside prevents me from opening my windows to let fresh air in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Thinking about the temperature in your apartment, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each. If you have not lived in your apartment during a winter or summer please select 'Not applicable' for those statements)*

[illegible]

B3. Thinking about the natural light in your apartment, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each)*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My apartment gets direct sunlight all year round	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The windows or glass doors in my apartment are big enough to let natural light in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, my apartment is light and bright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often experience glare from the sunlight in my apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often need to turn on a light in my living room, even on bright days, because there is not enough natural light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. Thinking about the privacy and outlook of your apartment, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each)*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The view from my apartment is pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise often keeps me awake at night or disturbs my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other buildings overlook my apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When inside my apartment, I often hear noise from other building residents (e.g., from other apartments or communal areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people can see me when I am inside my apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often smell unpleasant odours inside my apartment, such as neighbour's cooking or cleaning products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When inside my apartment, I often hear noise from the street (e.g., traffic, pedestrians, local businesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe inside my apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. Thinking about the space in your apartment, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each)*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I can easily move furniture around or change how I use the rooms in my apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My apartment feels roomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My apartment has enough space for me to live comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My apartment has enough cupboard and other storage space inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough space inside my apartment to entertain visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The space and layout of my kitchen enables me to easily prepare home cooked meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough space in my apartment to fit all of my important belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6a. How many bedrooms are there in your apartment?

☐ Studio ☐ 1 ☐ 2 ☐ 3 or more

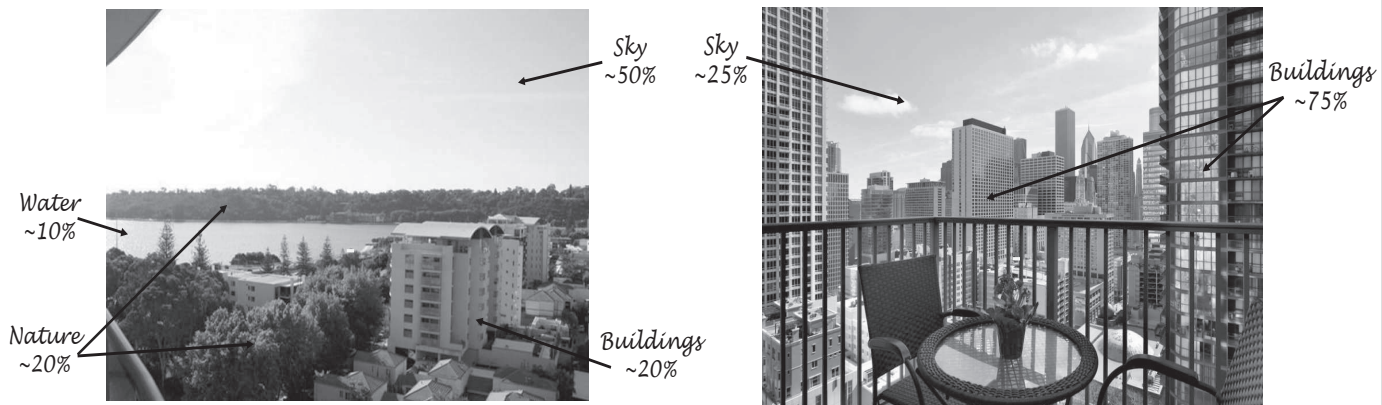
B6b. Do you live with other people?

☐ Yes ☐ No ⇒ **Go to question B8**

B7. Thinking about the space in your apartment, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each)*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My apartment has enough space for everyone who lives there to do different activities at the same time (e.g., sleep, study, watch TV, cook, play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My apartment feels crowded when everyone who lives there is at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find space to myself in my apartment when I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people who live in my apartment get in my way when we are all at home together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. When taking in the view from your balcony, or living area window if no balcony, roughly what percentage of the following features can you see in your view? See below for examples.



Please write a rough percentage for each feature so that the total adds up to 100%. We are just after your best estimate.

	Sky: _____%
Nature (green space e.g., trees, parks, bushland):	_____%
Water (e.g., ocean, river, lake, wetland):	_____%
Concrete (e.g., roads, parking, paved areas):	_____%
Buildings (e.g., housing, apartment blocks, shops, businesses):	_____%
Total:	100%

B13. Does your apartment have any problems in its construction, materials or design?

	Yes	No
Internal water leaks	<input type="checkbox"/>	<input type="checkbox"/>
Water coming in from outside (e.g., leaks in windows)	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in internal or external walls	<input type="checkbox"/>	<input type="checkbox"/>
Faulty plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Electrical faults	<input type="checkbox"/>	<input type="checkbox"/>
Poor insulation	<input type="checkbox"/>	<input type="checkbox"/>
Mould or damp	<input type="checkbox"/>	<input type="checkbox"/>
Tiling problems	<input type="checkbox"/>	<input type="checkbox"/>
Doors or windows not working properly	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<div></div>	

B14. Thinking about the last 12 months, have you had any problems with other residents in your building related to the following?

	Yes	No
Noise	<input type="checkbox"/>	<input type="checkbox"/>
Smells (e.g., from smoking or cooking)	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>
Pets	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>
Damage to private property	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the building or communal property	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive or threatening behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Breaking building by-laws	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>) -----		

Section C: Design and Features of Your Apartment Building or Complex

C1. Thinking about safety and access to your apartment building or complex, how much do you agree or disagree with each of the following statements? (*Please tick the best response for each*)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My building's communal and circulation spaces (e.g., stairs, corridors, foyers) are well lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors cannot access my building and communal spaces unless permitted by a resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily tell the difference between building residents and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe inside my apartment complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough car parking spaces provided at my building for visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough car parking spaces provided at my building for residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any problems with the building facilities are quickly fixed (e.g., lifts, lighting, intercom, garage doors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. Thinking about the communal areas of your apartment building or complex, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each, including 'Does not apply to me' where appropriate)*

[illegible]

C3. Thinking about the storage areas of your apartment building or complex, how much do you agree or disagree with each of the following statements? *(Please tick the best response for each, including 'Does not apply to me' where appropriate)*

[illegible]

C4. How often do you usually use the following facilities or spaces in your apartment building or complex? (Please tick the closest response for each)

[illegible]

Section D: Lifestyle and Activities

D1. The next two questions are about walking and cycling for TRANSPORT. Transport includes things like travel to and from work, to do errands, or to go from place to place.

When answering these questions please DO NOT count walking or cycling for exercise or recreation. (If none, please write "0" in minutes)

	Hours		Minutes	
What do you estimate is the total time that you spend <u>walking</u> for transport in a USUAL WEEK?				
What do you estimate is the total time that you spend <u>cycling</u> for transport in a USUAL WEEK?				

D2. The next two questions are about walking and cycling for RECREATION, LEISURE or EXERCISE.

When answering these questions please DO NOT count walking or cycling for transport. (If none, please write "0" in minutes)

	Hours		Minutes	
What do you estimate is the total time that you spend <u>walking</u> for recreation, leisure, or exercise in a USUAL WEEK?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What do you estimate is the total time that you spend <u>cycling</u> for recreation, leisure, or exercise in a USUAL WEEK?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D3. This question asks about how much time you spend sitting in the following situations on a usual day.

Please fill in hours and minutes for a usual WEEK DAY and WEEKEND DAY. (If none, please write "0" in minutes)

[illegible]

D4. This question is about places inside your neighbourhood (by neighbourhood we mean within a 15 minute walk from your apartment).

How often do you usually go to the following places inside your neighbourhood? (Please tick the closest response for each)

	Never or almost never	A few times a year	At least once a month	At least once a week	Almost daily or daily	Not applicable
Park, oval or bushland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community or recreation centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafe, restaurant or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. Thinking about your evening meal over the last 12 months, how often did you do the following? (Please tick the closest response for each)

	Never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	Daily
Cook a meal at home from raw ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use ready prepared meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out for a sit-down meal (excluding in the workplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase a take-away meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. On a usual 24 hour day, how many hours do you spend sleeping (including at night, naps or any other time during the day)?

Hours

On a WEEK DAY

On a WEEKEND DAY

D7. During the last week, how would you rate your sleep quality overall? (Please tick one only)

☐

Excellent

☐

Very good

☐

Good

☐

Fair

☐

Poor

Section E: Your Social Environment

E1. The next questions are about how you feel about different aspects of your life. For each one, select how often you feel that way.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Please indicate how correct each statement is.

(Please tick the best response for each)

	Completely correct	Partly correct	Partly wrong	Completely wrong
If I need a little company, I can stop by a neighbour I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a personal crisis, I have a neighbour I can talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made new friends by living here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I don't have something I need for my cooking, I can borrow it from a neighbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3. How often do you do the following?

(Please tick the closest response)

	Several times a week	1-6 times a month	More seldom	Never
How often do you help your neighbours with small things, or they help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4. With how many of your neighbours do you do the following? *(Please tick the closest response for each)*

	0	1	2	3	4-6	More than 6
How many neighbours do you visit now and then?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your closest neighbours do you typically stop and chat with when you run into them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your neighbours who live near you do you say hello to when you meet them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E5. At one time or another, many of us have experienced fear about becoming the victim of crime.

In your everyday life, how fearful, or not, are you about the following situations? *(Please tick the best response for each)*

	Not at all fearful	Not very fearful	Somewhat fearful	Very fearful	Extremely fearful
Having someone break into your apartment while you're <u>at home</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being attacked by someone with a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being robbed or mugged on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your property damaged by vandals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone loiter near your home at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Your Health and Wellbeing

The following section is about your physical health and mental wellbeing.

F1. All things considered, how satisfied are you with your life as a whole?

	1	2	3	4	5	6	7	8	9	10	
Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfied

F2. In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

F3. How tall are you without shoes? Please complete in either centimetres OR feet and inches.

Centimetres: _____

OR Feet: _____ AND Inches: _____

F4. How much do you weigh without your clothes or shoes? Please complete in either kilograms OR stone and pounds.

Kilograms: _____

OR Stone: _____ AND Pounds: _____

F5. The following questions ask about how you have been feeling during the past 30 days. For each question, please tick the answer that best describes how often you had this feeling.

In the last 30 days, how often did you feel?

	Never	Almost never	Sometimes	Fairly often	Very often
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless or fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So depressed that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6. Below are some statements about thoughts and feelings. Please tick the answer that best describes your experience of each over the last two weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F7. Which of the following best describes your cigarette smoking status?

- ☐ I smoke daily ⇒ How many cigarettes do you usually smoke a day? _____ (please write)
- ☐ I smoke occasionally
- ☐ I don't smoke now but I used to ⇒ What year did you quit smoking? _____ (please write)
- ☐ I've tried smoking a few times, but never smoked regularly
- ☐ I've never smoked

F8. On how many days of a week do you usually drink alcohol?

0	1	2	3	4	5	6	7	I don't ever drink alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇒ tick and Go to question F10

F9. On a day when you drink alcohol, how many standard drinks do you usually have?

A standard drink is equivalent to a 285ml glass of full strength beer (e.g., a middy or pot), a 100ml glass of wine or a 30ml nip of spirits. (Please write your answer)

Standard drinks: _____

F10. Have you ever been told by a doctor or nurse that you have any of the long-term conditions listed below?

	Yes	No
Musculo-skeletal conditions (e.g., arthritis, osteoporosis, injury)	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory conditions (e.g., asthma, chronic bronchitis, emphysema, hayfever)	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-vascular conditions (e.g., heart or coronary disease, stroke, hardening of the arteries)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health conditions (e.g., anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe) _____		

**F11. How often have you experienced each of the following respiratory symptoms in the last 12 months?
(Please tick the closest response for each)**

	Never	Less than once per week	1-2 times per week	Several times per week	Every day
Cough first thing in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough frequently throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath when walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath during exercise or walking upstairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlegm or mucous when you cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain or tightness in the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting very tired in a short time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to Section G

Section G: You and Your Background

The final section is about you and your background.

G1. What is your sex? (Please tick one only)

- ☐ Male
- ☐ Female
- ☐ Other (please specify) _____

G2. What year were you born? (Please write the year)

Year: _____

G3. Where were you born?

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Italy | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> China | <input type="checkbox"/> Malaysia | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Germany | <input type="checkbox"/> New Zealand | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> India | <input type="checkbox"/> Philippines | <input type="checkbox"/> Other (please specify) _____ |

G4. How many people live in your household?

1	2	3	4	5	6	7	8	9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G5. Which one of the following best describes your current living arrangement? (Please tick one only)

- ☐ Living alone with no children ⇒ **Go to Question G7**
- ☐ Single parent with one or more children
- ☐ Single and living with friends or relatives ⇒ **Go to Question G7**
- ☐ Couple (married or defacto) living with no children ⇒ **Go to Question G7**
- ☐ Couple (married or defacto) living with one or more children
- ☐ Couple (married or defacto) living with friends or relatives ⇒ **Go to Question G7**
- ☐ Other (please specify) _____ ⇒ **Go to Question G7**

G6. How many children do you currently have living in your household (either full-time or part-time)?

	0	1	2	3 or more
Aged 0-12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged 1-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged 5-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged 13-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged 18 years or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7. What is your highest level of education completed? If you are currently studying, record the highest level already completed. (Please select one only)

- | | |
|--|---|
| <input type="checkbox"/> Did not complete primary school | <input type="checkbox"/> Trade / apprenticeship |
| <input type="checkbox"/> Primary School | <input type="checkbox"/> Certificate / diploma |
| <input type="checkbox"/> Some secondary high school | <input type="checkbox"/> Bachelor degree or higher |
| <input type="checkbox"/> Completed secondary high school (Year 12) | <input type="checkbox"/> Other (please specify) _____ |

G8. Which of the following best describe your current employment situation? (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Full-time paid work in a job, business or profession | } ⇒ Go to Question G13
if you are not currently
working |
| <input type="checkbox"/> Part-time paid work in a job, business or profession | |
| <input type="checkbox"/> Casual paid work in a job, business or profession | |
| <input type="checkbox"/> Work without pay in a family or other business | |
| <input type="checkbox"/> Home duties not looking for work | |
| <input type="checkbox"/> Unemployed looking for work | |
| <input type="checkbox"/> Student | |
| <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Permanently unable to work | |
| <input type="checkbox"/> Other (please specify) _____ | |

G9. What is your current occupation? If you have more than one job, we are interested in your main job.

- ☐ Manager / administrator (e.g., general and specialist managers)
- ☐ Professional / para-professional (e.g., engineer, accountant, nurse, teacher, artist)
- ☐ Tradesperson (e.g., mechanic, electrician, plumber, chef, hairdresser)
- ☐ Clerk (e.g., secretary, personal assistant)
- ☐ Salesperson and personal service worker (e.g., receptionist, sales rep, carer)
- ☐ Plant and machine operator / driver (e.g., transport driver / worker, construction worker)
- ☐ Labourer (e.g., cleaner, product packager)
- ☐ Other (please specify) _____

G10. In a usual week, how many hours per week do you work in your main job? (Please write the number)

Hours: _____

G11. What type of transport do you mainly use to travel to work? If you use more than one type of transport (e.g., drive the car to the train station) please select each option.

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Car | <input type="checkbox"/> Taxi / Uber |
| <input type="checkbox"/> Train | <input type="checkbox"/> Walk | <input type="checkbox"/> None of these - I work from home |
| <input type="checkbox"/> Tram | <input type="checkbox"/> Motorcycle / scooter | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Ferry | <input type="checkbox"/> Bicycle | _____ |

G12. How long does it usually take to get to work?

- | | |
|---|---|
| <input type="checkbox"/> Less than 15 minutes | <input type="checkbox"/> 31-60 minutes |
| <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> More than 60 minutes |

G13. What type of transport do you mainly use to travel to activities outside of work? If you use more than one type of transport (e.g., drive the car to the train station) please select each option.

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Car | <input type="checkbox"/> Taxi / Uber |
| <input type="checkbox"/> Train | <input type="checkbox"/> Walk | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Tram | <input type="checkbox"/> Motorcycle / scooter | |
| <input type="checkbox"/> Ferry | <input type="checkbox"/> Bicycle | |

G14. How many cars are there in your household?

- | | |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2 | |

G15. Do you always have a motor vehicle for your personal use?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Yes, always | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Don't drive |

G16 . Do you have a disability?

- ☐ Yes
- ☐ No

G17. Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the past 12 months? (Please tick one only)

- | | |
|---|--|
| <input type="checkbox"/> Under \$30,000 | <input type="checkbox"/> \$100,001 - \$150,000 |
| <input type="checkbox"/> \$30,001 - \$60,000 | <input type="checkbox"/> over \$150,000 |
| <input type="checkbox"/> \$60,000 - \$100,000 | |

G18 . How much does your household pay for your current apartment in rent or mortgage repayments? Please complete per week, per fortnight OR per month, depending on your situation.

per Week: _____

OR per Fortnight: _____

OR per Month: _____

G19. How much does your household pay in strata fees for your current apartment per Quarter?

- ☐ My household does not pay strata fees (i.e., paid by owner or someone else) ⇒ **Go to Question G21**
- ☐ I don't know ⇒ **Go to Question G21**
- ☐ Less than \$250
- ☐ \$251 - \$500
- ☐ \$501 - \$1000
- ☐ \$1001 - \$1500
- ☐ \$1501 - \$2000
- ☐ More than \$2000

G20. How satisfied are you with the value you receive from your strata fees?

	1	2	3	4	5	6	7	8	9	10	
Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfied

G21 . In the past 12 months, did any of the following happen to you because of a shortage of money?

	Yes	No
Could not pay electricity, gas or telephone bills on time	<input type="checkbox"/>	<input type="checkbox"/>
Could not pay the mortgage or rent on time	<input type="checkbox"/>	<input type="checkbox"/>
Pawned or sold something	<input type="checkbox"/>	<input type="checkbox"/>
Went without meals	<input type="checkbox"/>	<input type="checkbox"/>
Was unable to heat the home	<input type="checkbox"/>	<input type="checkbox"/>
Asked for financial help from friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Asked for help from welfare / community organisations	<input type="checkbox"/>	<input type="checkbox"/>

G22. Are pets permitted in your apartment building or complex?

- ☐ Yes
- ☐ No
- ☐ Don't know

G23. How many pets do you have in your apartment?

	0	1	2	3 or more
Dog/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to Closing Questions

Section H: Closing Questions

H1. Do you have any additional comments about the topics raised in the survey? Whether positive or negative, we would love to hear your thoughts. Please write any comments below.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.