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Please write id shown on letter
if different from id above

MABEL

Medicine in Australia: Balancing Employment and Life
2012

General Practitioner & GP Registrar

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MABEL has been endorsed by:

Royal Australian College of General Practitioners
Australian College of Rural and Remote Medicine

Rural Doctors Association of Australia
Rural Health Workforce Australia

Australian General Practice Training
Australian General Practice Network

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Obstetricians and Gynaecologists

Australian and New Zealand College of Anaesthetists
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Joint Faculty of Intensive Care Medicine

Australian Society of Anaesthetists
Australia and New Zealand Society of
Palliative Medicine

Australian and New Zealand Society for
Geriatric Medicine

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Australian and New Zealand Society of Nephrology
Internal Medicine Society of Australia and
New Zealand

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Australian Rheumatology Association

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Medical Oncology Group of Australia Incorporated

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Education Councils

Postgraduate Medical Council of Victoria

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Space is provided at the end of this survey to make additional written comments.
 Please write responses in boxes provided using a dark pen. Check boxes can be ticked or crossed.

A About your current situation

- Are you currently doing any clinical medical work in Australia?
 - Yes – If yes, please go to **Section B** below and complete the main survey
 - No – Continue
- Are you permanently retired from all types of paid work?
 - Yes – As you are permanently retired from all types of paid work you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.
 - No – Continue
- Which of the following statements describe your current situation? (Tick all that apply)
 - Doing medical work in Australia that is non-clinical (e.g. medico-legal, teaching, research, committee work)
 - Maternity leave
 - Home duties/childcare
 - Enrolled as a student
 - Extended leave (e.g. sick leave, long service leave)
 - Working outside Australia in a clinical role
 - Working outside Australia in a non-clinical, but medical role
 - Working outside Australia in a non-medical role
 - Doing non-medical work in Australia. Please state job title:
- Do you intend to return to clinical medical work in Australia?
 - Yes – Please go to **Section G** and complete the final two sections of the survey
 - Unsure – Please go to **Section G** and complete the final two sections of the survey
 - No – As you do not intend returning to clinical work in Australia you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.

B About your job satisfaction

5. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your work as a doctor.

	Very Dissatisfied	Moderately Dissatisfied	Not Sure	Moderately Satisfied	Very Satisfied	N/A
Freedom to choose your own method of working	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of variety in your work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Physical working conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Opportunities to use your abilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your colleagues and fellow workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Recognition you get for good work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your hours of work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your remuneration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of responsibility you are given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Taking everything into consideration, how do you feel about your work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

6. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The amount of work I delegate to other health professionals has increased in the past 12 months	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The balance between my personal and professional commitments is about right	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I have a poor support network of other doctors like me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
It is difficult to take time off when I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The majority of my patients have complex health and social problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Running my practice is stressful most of the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The hours I work are unpredictable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I have good supervision/mentoring support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I often undertake tasks that somebody less qualified could do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I normally consult with others in the practice about the management of patients with complex health and social problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Formal structures are in place to encourage communication amongst practice staff (e.g. regular meetings)	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. Would you like to change your hours of work (including day time and after hours)?

- 1 No
- 2 Yes, I'd like to increase my hours
- 3 Yes, I'd like to decrease my hours

C About the places where you work

8. Excluding on-call, for how many HOURS in your MOST RECENT USUAL WEEK at work did you undertake work in each of the following settings? (Include ALL of the work you do as a doctor) (If none, write 0)

	Actual hours per week
Private medical practitioner's rooms or surgery	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Community health centre or other state-run primary care organisation	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Public hospital (including psychiatric hospital)	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Private hospital	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Aboriginal health service	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Government department, agency or defence forces	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Tertiary education institution	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Other	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
TOTAL HOURS WORKED	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk

9. How many GPs work in your current main practice? (Include yourself if applicable) (If none, write 0)

	Full-time	Part-time
No. of males	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
No. of females	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

10. How many other health workers or professionals are employed in your current main practice? (If none, write 0)

No. of nurses	<input type="text"/>
No. of allied health professionals	<input type="text"/>
No. of administrative staff	<input type="text"/>
No. of other staff	<input type="text"/>

11. Is your current main practice co-located with other health or welfare professionals?

¹ Yes
² No

12. What is your business relationship with your current main practice? (Tick one box)

¹ Principal or partner
² Associate
³ Salaried employee (e.g. receive fixed annual salary & benefits with tax deducted)
⁴ Contracted employee (e.g. receive fixed payment per session or a % of billings before tax)
⁵ Locum
⁶ Other (please specify)

13. My opportunities for continuing medical education and professional development are:

¹ Very limited
² Average
³ Very good

14. Is your practice accredited?

¹ Yes
² No

15. Does your practice claim the Practice Nurse Incentive Program payments?

¹ Yes
² No

16. Do you currently work in a hospital?

¹ Yes
² No—Go to question 20

17. Have your working arrangements in this hospital changed since the last time you did the MABEL survey?

¹ Yes
² No—Go to question 20

18. How are you paid for this hospital work?

¹ Fee-for-service/bill patients directly
² Fixed payment per session or hour
³ Salary with rights to private practice
⁴ Other (please specify)

19. What is the main hospital in which you work (i.e. spend most time)?

Hospital name
 Postcode

D About your workload

20. Excluding on-call, how many HOURS in your MOST RECENT USUAL WEEK at work did you spend on the following activities? (Include ALL of the work you do as a doctor in ALL jobs/workplaces) (If none, write 0)

TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Direct patient care (face-to-face, phone consultations, home visits: with or without a medical student present)	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Indirect patient care (medical notes, reports, phone calls, meeting patients' families)	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Education activities (teaching, research, continuing medical education)	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Management and administration	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk

21. In relation to education activities, are you involved in any of the following teaching or supervisory activities, including formal and informal teaching and supervision? (Tick all that apply)

- Teaching or supervising medical students
- Teaching or supervising interns and pre-vocational trainees
- Teaching or supervising GP registrars
- No, I am not involved in any teaching or supervision

22. Do you practise in any of the following areas? (Tick all that apply)

- Anaesthetics
- Obstetrics
- Surgery
- Emergency medicine
- None of the above

23. In your most recent USUAL week at work, for around HOW MANY patients did you provide care? (Include face-to-face, out-of-hours and telephone consultations in ALL SETTINGS) (If none, write 0)

Total number of patients seen in private consulting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of patients seen in hospital or other settings	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. Excluding emergencies or urgent needs, for how many days does a patient typically have to wait for an appointment with: (Please write average number of days)

You, their preferred doctor in the practice?	<input type="text"/>	<input type="text"/>	days
Any doctor in the practice?	<input type="text"/>	<input type="text"/>	days

25. How long does a NEW patient typically have to wait for an appointment in your practice?

No. of days	<input type="text"/>	<input type="text"/>	days
No. of weeks	<input type="text"/>	<input type="text"/>	weeks
Not taking new patients at present (Tick box)	<input type="checkbox"/>		

26. How long does an average consultation last? (Please write number of minutes) mins

27. Approximately what percentage of patients do you bulk bill/charge no co-payment? %

28. What is your current fee for a standard (level B) consultation? (Include Medicare rebate and patient co-payment. Please write dollar amount; write 0 if you bulk bill 100% of your patients) . . . \$

29. Do you do any on-call yourself? (Including public holidays, weekends and weekdays outside of 8am to 6pm)

- ¹ Yes
- ² No—Go to question 33

30. What are your on-call ratios for practice and hospital work?

	Practice work	Hospital work
1 weeknight in	<input type="text"/>	<input type="text"/>
1 weekend in	<input type="text"/>	<input type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	<input type="checkbox"/>

31. In your last usual week at work, how many TIMES were you actually called out? (If none, write 0)

	Practice work	Hospital work
Weeknights: times per week	<input type="text"/>	<input type="text"/>
Weekend: times per weekend	<input type="text"/>	<input type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	<input type="checkbox"/>

32. If your on-call arrangements do not fit the above descriptions, please elaborate below:

33. Arranging a locum at short notice is usually: (Tick one box)

¹ Moderately easy
² Rather difficult
³ Very difficult
⁴ Not Applicable

34. Turning to time spent away from work: (If none, write 0)

How many WEEKS holiday did you take in the past year? weeks
 How many WEEKS of parental or maternity leave did you take in the past year? weeks
 Approximately how many DAYS off work due to illness did you have in the past year? days
 Approximately how many DAYS off work did you have for other reasons in the past year? days

35. How many vacancies for GPs does your (main) practice currently have advertised or registered with a recruitment or workforce agency? (If none, write 0)

Number of vacancies
 Number of these vacancies which have been unfilled for three months or more?
 Don't Know (Tick box)
 Not Applicable (Tick box)

E About your finances

The following information will be used to examine the effect of financial issues on your work-life balance, and will remain strictly confidential.

36. What are your (approximate) TOTAL PERSONAL earnings from ALL of the work you do as a doctor? (If possible, base this on your last personal income tax return or payslip.) This should be your personal earnings rather than total practice earnings. Please write in ONE COLUMN where you have the most accurate information and can best remember.

	Annual	OR	Fortnightly
Before tax (gross earnings) \$	<input type="text"/>		<input type="text"/>
After tax (net earnings) \$	<input type="text"/>		<input type="text"/>

37. In addition to this, did you receive any ongoing 'in kind' benefits or subsidies as part of your current job/s (e.g. car, house, school fees, salary packaging)?

¹ Yes
² No

38. What is the approximate annual total value in dollars of these benefits?

(If zero, write 0)

39. What is the total level of financial debt that you currently have as a result of your medical education and training? (Give dollar amount; include HECS debt, other debt associated with training and living expenses) (If zero, write 0)

\$
 Don't Know (Tick box)

40. What is the total level of financial debt that you currently have from owning your practice or premises?
(If zero, write 0)

\$

Don't Know (Tick box)

Not Applicable (Tick box)

41. What is the status of your private practice for tax purposes?

- Sole trader
- Partnership
- Company
- Trust
- Don't Know
- Not Applicable

42. Do you have other sources of personal income apart from your medical work?
(Profit from other business interests, dividend income, bank interest, rental income etc.)

- Yes
- No

43. How much (in dollars) did you pay for professional medical liability,
or malpractice, insurance premiums in the last year?

(If this was provided by someone else on your behalf, write 0)

44. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) The figures below should be equal to or greater than your personal earnings provided in question 36. Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
Before tax (gross household income) \$	<input type="text"/>		<input type="text"/>
After tax (net household income) \$	<input type="text"/>		<input type="text"/>

F About your geographic location

45. Where is your main place of work?

Town/Suburb

Postcode

46. Where do you live?

Town/Suburb

Postcode

47. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I don't have many friends or family members in my current work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
It is easy to pursue my hobbies and leisure interests in my current work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner does not have many friends or family members in this work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
There are good employment opportunities for my partner in this work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The choice of schools for our children is adequate in this location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

48. Are you subject to restrictions on where you practise?

- ¹ Yes—I am required to work in an Area of Need
- ² Yes—I am required to work in a District of Workforce Shortage
- ³ No—Go to question 50

49. Please indicate the reason/s for these restrictions.

- I hold a Permanent Resident Visa
- I hold a Temporary Resident Visa
- I am undertaking a return of service period for a Medical Rural Bonded Scholarship or Bonded Medical Place
- I am undertaking a compulsory rural placement as part of my training
- Other

G About your family circumstances

50. Are you currently living with a partner or spouse?

- ¹ Yes
- ² No

51. What is the employment status of your partner/spouse?

- ¹ Not in the labour force (e.g. caring for dependents, studying)
- ² Currently seeking work
- ³ Full-time employment
- ⁴ Part-time employment
- ⁵ Not Applicable

52. How many dependent children do you have?

53. What is the age in years of each dependent child?

- Not Applicable (Tick box)
- Child 1
- Child 2
- Child 3
- Child 4
- Child 5
- Child 6

54. Which of the following forms of childcare are you using for your children of pre-school age? (Please tick all that apply)

- Relatives or friends
- Nannies
- Childcare at work (i.e. provided by an employer)
- Other day care (childcare centre, family day care, kindergarten etc.)
- Not Applicable

55. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am restricted in my employment and/or the time and hours I work due to a lack of available childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner is restricted in his/her employment and/or the time and hours worked due to a lack of available childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner is overqualified for his/her current job due to the limited availability of suitable jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

H About you

56. If you completed your medical degree in Australia, were you an international student (i.e. were you a citizen of a country outside of Australia and New Zealand)?

- 1 Yes
- 2 No
- 3 Not Applicable

57. If you completed your medical degree outside of Australia:

What year did you first arrive in Australia?

In what year were you first registered to work as a doctor in Australia?

Not Applicable (Tick box)

58. Do you have medical qualifications from overseas which are NOT recognised in Australia?

- 1 Yes
- 2 No
- 3 Unsure

59. Please indicate all medical qualifications that you have obtained in Australia.

	Number of qualifications (e.g. 1, 2 etc)	Name of degree (e.g. MBBS, FRACP)
Undergraduate degree	<input type="checkbox"/>	<input type="text"/>
Graduate entry medical degree	<input type="checkbox"/>	<input type="text"/>
Masters degree	<input type="checkbox"/>	<input type="text"/>
PhD	<input type="checkbox"/>	<input type="text"/>
Postgraduate diploma/certificate	<input type="checkbox"/>	<input type="text"/>
Fellowship of college	<input type="checkbox"/>	<input type="text"/>
Others	<input type="checkbox"/>	<input type="text"/>
I have qualifications from overseas which are recognised in Australia (Tick box) <input type="checkbox"/>		

60. If you are a new GP Registrar this year:

In what year do you expect to complete the program and become a Fellow?

Are you training in your preferred specialty? (Please write 'yes' or 'no')

Not Applicable (Tick box)

61. What is your residency status? (Tick one box)

- 1 Australian citizen
- 2 Permanent resident
- 3 Temporary resident

62. What type of medical registration do you have? (Please tick all that apply)

- General registration
- Specialist registration
- Provisional registration
- Limited registration
- Non-practising registration

63. In general, would you say your health is: (Tick one box)

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

64. All things considered, how satisfied are you with your life in general? (Tick one box)

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

65. The personal life events listed below can have an important influence on a person's work-life balance.

For each statement below, please indicate 'YES' or 'NO' as to whether you experienced the event during the past 12 months. For each statement you answer 'YES', please indicate how long ago the event occurred or commenced.

			If 'YES', please indicate how long ago it happened.			
	No	Yes	0 to 3 months ago	4 to 6 months ago	7 to 9 months ago	10 to 12 months ago
Serious personal injury or illness to self	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Serious personal injury or illness to a close relative or family member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of spouse or child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of other close relative or family member (e.g. parent or sibling)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of a close friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Victim of physical violence (e.g. assault)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Victim of a property crime (e.g. theft, housebreaking)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Named as defendant in a medical negligence claim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

66. We would like your email address to assist us in contacting you in future Waves. If we are unable to contact you by mail when distributing the MABEL survey, we will contact you by email instead. This information will be used only for this purpose. If possible, please provide a non-work email address to facilitate contact in the event you change jobs.

Email address:

67. Thank you for completing the survey. Please provide any further comments below.

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In case of loss of included reply-paid envelope, please forward survey to:
 Melbourne Institute of Applied Economic and Social Research – MABEL Survey
 Reply Paid 84574
 UNIVERSITY OF MELBOURNE VIC 3010