



LIVING IN AUSTRALIA



ROY MORGAN

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Household ID

Person No.

First name of respondent:

IN-CONFIDENCE

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

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

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

Thank you!

COMPLETE AND RETURN
FOR YOUR \$25 GIFT

Pick up date and time:

.....



You can complete this form online too. Just call 1800 656 670 or email hilda@roymorgan.com and we'll send your direct survey link to your email.

How to fill in this form

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

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

| Right | Wrong |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> - <input type="checkbox"/> / <input type="checkbox"/> X <input 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 |

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

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



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

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

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

A1 In general, would you say your health is:

(Cross **ONE** box)

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

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 | <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b | <u>Moderate activities</u> , 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 <u>several</u> flights of stairs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e | Climbing <u>one</u> 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 <u>more than one kilometre</u> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h | Walking <u>half a kilometre</u> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i | Walking <u>100 metres</u> | <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 | <u>Accomplished less</u> 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 | <u>Accomplished less</u> 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 |
|--|--|--|---|---|

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 |
|--|---|--|--|--|---|

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 |
|--|--|--|---|---|





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)

| | | <i>All of the time</i> | <i>Most of the time</i> | <i>A good bit of the time</i> | <i>Some of the time</i> | <i>A little of the time</i> | <i>None of the time</i> |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 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)

| | | <i>Definitely True</i> | <i>Mostly True</i> | <i>Don't know</i> | <i>Mostly False</i> | <i>Definitely False</i> |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 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: YOU, YOUR LIFESTYLE AND YOUR LIVING SITUATION

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

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

- 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: per week

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

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

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

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

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

B6 How tall are you (without shoes)?

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

centimetres

OR

feet inches

(Note: There are 12 inches in a foot)

B7 What is your current weight?

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

kgs

OR

stones pounds

(Note: There are 14 pounds in a stone)

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

(Cross **ONE** box)

- Yes
- No



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

(Cross **ONE** box)

₁ Almost always

₂ Often

₃ Sometimes

₄ Rarely

₅ Never

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

(Cross **ONE** box)

₁ Almost always

₂ Often

₃ Sometimes

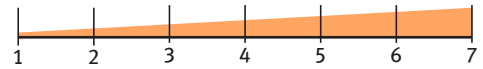
₄ Rarely

₅ Never

B11 The following statements are about attitudes to life in general. Please indicate, by crossing one box on each line, how strongly you agree or disagree that each statement describes you personally. 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)

Strongly disagree Strongly agree



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

Reminder:

Are you filling in the boxes correctly?

| Right | Wrong |
|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> - |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> / |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> X |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> • |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> ✓ |

Are you shading the whole box for any mistakes?

| | | | |
|---------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input checked="" type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
|---------------------------------------|---------------------------------------|--|---------------------------------------|







B12 Now some questions about family life.

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

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

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

B13 And how satisfied are you with the following aspects of family life?

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

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

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





B14 Which of the following categories best describes how you think of yourself?

(Cross **ONE** box)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Heterosexual or Straight |
| <input type="checkbox"/> | Gay or Lesbian |
| <input type="checkbox"/> | Bisexual |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Unsure/Don't know |
| <input type="checkbox"/> | Prefer not to say |

B15 Are you married or living with someone in a long-term relationship?

(Cross **ONE** box)

| | |
|--------------------------|--|
| <input type="checkbox"/> | YES ➔ PLEASE COMPLETE THE NEXT QUESTION, B16 |
| <input type="checkbox"/> | No ➔ Go to B17 ON PAGE 9 |

B16 The next few questions are about your relationship with your spouse or partner.

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

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



B17 Do you think you do your fair share around the house?

(Cross **ONE** box)

I do **much more** than my fair share

I do **a bit more** than my fair share

I do my fair share

I do **a bit less** than my fair share

I do **much less** than my fair share

Go to B18 ➡

B18 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

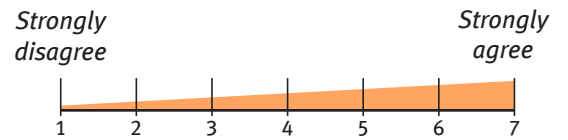
About once a month

Once or twice every 3 months

Less often than once every 3 months

B19 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?

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



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





B20 Now think about the local area in which you live. How strong is your preference to continue living in this area?

(Cross **ONE** box)

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> ₁ Strong preference to stay | <input type="checkbox"/> ₂ Moderate preference to stay | <input type="checkbox"/> ₃ Unsure / No strong preference to stay or leave | <input type="checkbox"/> ₄ Moderate preference to leave | <input type="checkbox"/> ₅ Strong preference to leave |
|---|---|--|--|--|

B21 How common are the following things in your local neighbourhood?

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

| | | <i>Never happens</i> | <i>Very rare</i> | <i>Not common</i> | <i>Fairly common</i> | <i>Very common</i> | <i>Don't know</i> |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| 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"/> |

B22 How adequate is your housing for your current needs, with respect to...

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

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

B23 Thinking about how you felt in the past 4 weeks, how true are the following statements for you?

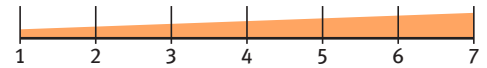
(Cross **ONE** box on **EACH** line)

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

B24 The following statements are about your use of the internet. For each statement cross one box to indicate how well that statement describes you.

Strongly disagree Strongly agree

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



| | | | | | | | | |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a | I prefer online social interaction over face-to-face communication | <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 have used the internet to talk with others when I was feeling isolated | <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 | When I haven't been online for some time, I become preoccupied with the thought of going online | <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 difficulty controlling the amount of time I spend online | <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 | My internet use has made it difficult for me to manage 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 |
| f | Online social interaction is more comfortable for me than face-to-face interaction | <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 have used the internet to make myself feel better when I was 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 |
| h | I would feel lost if I was unable to go online | <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 find it difficult to control my internet use | <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 missed social engagements or activities because of my internet use | <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 prefer communicating with people online rather than face-to-face | <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 used the internet to make myself feel better when I've felt upset | <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 | I think obsessively about going online when I am offline | <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 |
| n | When offline, I have a hard time trying to resist the urge to go online | <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 |
| o | My internet use has created problems for me 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 |

B25 We now would like you to think about major events that have happened in your life over the past 12 months.

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

| Did any of these happen to you in the <u>past 12 months</u> ? | | YES | NO | If “ YES ” indicate how many months ago it happened | | | |
|---|--|--------------------------|--------------------------|--|------------------------------|------------------------------|--------------------------------|
| | | | | <i>0 to 3 months ago</i> | <i>4 to 6 months ago</i> | <i>7 to 9 months ago</i> | <i>10 to 12 months ago</i> |
| 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 |
| v | A weather-related disaster (e.g., flood, bushfire, cyclone) damaged or destroyed your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-6 | <input type="checkbox"/> 7-9 | <input type="checkbox"/> 10-12 |



B26 Next are some questions about your use of social media (Facebook, X, Instagram, TikTok and the like).

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

How often during the last year have you ...

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

| | | Never | Rarely | Sometimes | Often | Very often | Does not apply |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| a | Spent a lot of time thinking about social media or how to use it? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| b | Felt an urge to use social media more and more? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| c | Used social media to forget about personal problems? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| d | Tried to cut down on the use of social media without success? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| e | Become restless or troubled if you have been prohibited from using social media? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| f | Used social media so much that it has had a negative impact on your job or studies? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |

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)

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Prosperous |
| <input type="checkbox"/> | Very comfortable |
| <input type="checkbox"/> | Reasonably comfortable |
| <input type="checkbox"/> | Just getting along |
| <input type="checkbox"/> | Poor |
| <input type="checkbox"/> | Very poor |

Go to C2 ➡

C2 Since January 2024 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 \$4000 for an emergency. Which of the following best describes how hard it would be for you to get that money? (Cross **ONE** box)

I could easily raise the money ➡ **Go to C3b**

I could raise the money, but it would involve some sacrifices (e.g., reduced spending, selling a possession) ➡ **Go to C3b**

I would have to do something drastic to raise the money (e.g., selling an important possession) ➡ **Go to C3b**

I don't think I could raise the money ➡ **Go to C4**

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

(Cross **ONE** box)

The next week

The next few months

The next year

The next 2 to 4 years

The next 5 to 10 years

More than 10 years ahead

C5 During the last 12 months, was there a time when, because of a lack of money ...

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

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

C6 How well do the following statements describe you or your situation?

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

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

C7 When it comes to how you think and feel about your finances, please indicate the extent to which you agree or disagree with the following statements:

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

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

C8 Who makes the decisions about the following issues in your household? (Cross **ONE** box on **EACH** line)

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

C9a 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 ➡ Go to C10
- I take above-average financial risks expecting to earn above-average returns ➡ Go to C10
- I take average financial risks expecting to earn average returns ➡ Go to C10
- I am not willing to take any financial risks ➡ Go to C10
- I never have any spare cash ➡ Go to C9b

C9b Assume you had some spare cash that could be used for savings or investment. Which of the following statements comes closest to describing the amount of financial risk that you would be willing to take with this money? (Cross ONE box)

- I would take substantial financial risks expecting to earn substantial returns
- I would take above-average financial risks expecting to earn above-average returns
- I would take average financial risks expecting to earn average returns
- I would not be willing to take any financial risks

HOUSEHOLD SPENDING

C10 Do you have any responsibility for the payment of household bills (such as household groceries and electricity, gas and water)?

(Cross ONE box)

- Yes ➡ Please continue
- No ➡ GO TO D1 ON PAGE 18

C11 For each type of expenditure below, write in your best estimate of the total amount spent on that item by all people in the household.

If you are unsure please make your best guess.

Do not include expenses associated with any businesses you may own.

| Weekly Expenses | Any expenditure? | | HOW MUCH PER WEEK? (on average) |
|--|--------------------------|-------------------------------|------------------------------------|
| | NO | YES | |
| a Groceries <i>(Include food, cleaning products, pet food and personal care products. Do <u>not</u> include alcohol or tobacco.)</i> | <input type="checkbox"/> | <input type="checkbox"/> ➡ \$ | <input type="text"/> 00 |
| b Alcohol <i>(Include alcohol consumed with meals eaten out.)</i> | <input type="checkbox"/> | <input type="checkbox"/> ➡ \$ | <input type="text"/> 00 |
| c Cigarettes and other tobacco products | <input type="checkbox"/> | <input type="checkbox"/> ➡ \$ | <input type="text"/> 00 |
| d Public transport, taxis and ride-sharing services <i>(e.g., Uber)</i> | <input type="checkbox"/> | <input type="checkbox"/> ➡ \$ | <input type="text"/> 00 |
| e Meals eaten out <i>(Include restaurants, take-away food, and bought lunches and snacks. Do <u>not</u> include alcohol.)</i> | <input type="checkbox"/> | <input type="checkbox"/> ➡ \$ | <input type="text"/> 00 |

DO NOT SHOW CENTS



| Monthly Expenses | | Any expenditure? | | HOW MUCH PER MONTH? (on average) |
|------------------|---|--------------------------|-------------------------------|-------------------------------------|
| | | NO | YES | |
| f | Motor vehicle fuel (petrol, diesel, LPG) and engine oil | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| g | Men's clothing and footwear | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| h | Women's clothing and footwear | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| i | Children's clothing and footwear | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| j | Telephone rent and calls, and internet charges <i>(Include rent and charges on mobile phones.)</i> | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |

DO NOT SHOW CENTS

| Annual Expenses | | Any expenditure? | | HOW MUCH IN THE LAST 12 MONTHS? |
|-----------------|--|--------------------------|-------------------------------|------------------------------------|
| | | NO | YES | |
| k | Private health insurance | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| l | Home and contents insurance | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| m | Other insurance such as motor vehicle insurance | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| n | Fees paid to doctors, dentists, opticians, physiotherapists, chiropractors and any other health practitioner | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| o | Medicines, prescriptions and pharmaceuticals <i>(Include alternative medicines.)</i> | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| p | Electricity bills, gas bills and other heating fuel (such as firewood and heating oil) | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| q | Repairs, renovations and maintenance to your home | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| r | Motor vehicle repairs and maintenance <i>(Include regular servicing.)</i> | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| s | Education fees paid to schools, universities and other education providers <i>(Include private tuition fees.)</i> | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| t | Money donated to charities or other organisations | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| u | Local council rates for your home | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |
| v | Owners corporation or strata fees for your home | <input type="checkbox"/> | <input type="checkbox"/> → \$ | <input type="text"/> 00 |

DO NOT SHOW CENTS



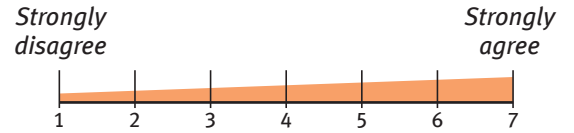
PART D: YOUR JOB AND THE WORKPLACE

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

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

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)



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



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

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

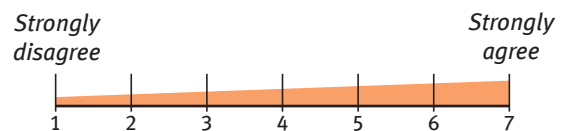
| | | Yes | No | Don't know |
|---|---|--------------------------|--------------------------|--------------------------|
| a | Employer-funded paid <u>maternity</u> leave | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Employer-funded paid <u>paternity</u> leave | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Permanent part-time work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Home-based work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e | Flexible start and finish times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f | Child care facilities or subsidised child care expenses | <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 20

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





PART F

F1 What was your sex recorded at birth?

(Cross **ONE** box)

Male
 Female
 Another term (*please specify*)

F2 How do you describe your gender?

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

(Cross **ONE** box)

Man or male
 I use a different term (*please specify*)
 Woman or female
 Prefer not to answer
 Non-binary

F3 Which age group do you belong to?

(Cross **ONE** box)

15 – 17 years
 22 – 24 years
 45 – 54 years
 75 years or over
 18 – 19 years
 25 – 34 years
 55 – 64 years
 20 – 21 years
 35 – 44 years
 65 – 74 years

F4 What is today's date?

day
month
year

/
 /
 2 0

F5 Is there anything else that you would like to tell us about life in Australia?

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

RETURNING YOUR COMPLETED QUESTIONNAIRE

- The thank you gift of \$25 may not be paid if the form is returned blank or returned late.
- Please seal the completed questionnaire in the envelope provided and have it ready when the interviewer returns to collect it.
- 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.

