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# HILDA Project Discussion Paper Series Responding to the COVID-19 Pandemic in the HILDA Survey

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## Background

The outbreak of the coronavirus disease 2019 (COVID-19) pandemic and the associated policy responses is having profound effects on all aspects of social and economic life, both in Australia and abroad.

Governments around the world have been reacting to the obvious health effects, with the number of infections initially growing quite rapidly in many countries following its emergence in Wuhan, China, in December 2019. While most of the infected exhibit mild symptoms or no symptoms at all, for some the consequences are severe. At the most extreme end, the disease the virus brings can be fatal. Estimates of case fatality rates are extremely uncertain, but in China where the disease was first detected, crude estimates were in the range of 3% to 4%, but after adjusting for demographic composition come down to around 1.4% (Verity et al. 2020). Similarly, Worldometer has also calculated a 1.4% infection fatality rate using data from cases and deaths in New York state).<sup>1</sup> Further, for others who are severely affected there can be long-term health consequences, including permanent reduction in lung capacity and greater risk of experiencing other health problems.

Also uncertain is how many people could potentially be infected. Epidemiological modelling has suggested that at one extreme, if allowed to run its course without any interventions, as much as 80% of a population could be infected by the virus (Ferguson et al. 2020). On the other hand, with the implementation of appropriate suppression policies, the same modelling suggests the spread of the disease can be slowed and infections restricted to a relatively small (and as it turns out, tiny) proportion.<sup>2,3</sup>

Most (if not all) governments, including in Australia, have progressively introduced measures to contain and slow the spread of the virus. Chief among these are policies aimed at increasing social distance, such as travel bans, requiring travellers to self-isolate or enter quarantine, ordering the closure of many types of businesses which provide recreation and entertainment services (such as restaurants, nightclubs, gyms and other sports facilities), restrictions on mass gatherings, and ultimately requiring citizens to only leave home to

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<sup>1</sup> <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>. However, since many infections have likely gone undetected, and since this is most likely where individuals are asymptomatic or only exhibit mild symptoms, the true fatality rate is almost certainly lower than that derived from official data sources.

<sup>2</sup> This essentially requires reducing the reproduction number (the average number of secondary cases each case generates) to below one.

<sup>3</sup> At time of writing, there were only four (small) countries where the detected infection rate had exceeded 1% of the population (Qatar, San Marino, Bahrain and Andorra). New cases, however, are still being detected and hence it is likely that other countries will join this small group in the months ahead. Closest are Chile, Kuwait, Mayotte, Singapore, Peru and the USA.

undertake essential activities.<sup>4</sup> Further, State governments have given police power to issue fines to individuals and organizations for breaches of many of these rules.<sup>5</sup>

Studies like the HILDA Survey that have relied on collection of data using face-to-face interviewing methods are clearly affected by these developments. First, face-to-face surveying would almost certainly be deemed a non-essential activity and hence would breach the social distancing policies that were being introduced. Second, regardless of what rules are in place, both interviewers and sample members may be unwilling to participate in interviews involving direct person-to-person contact given perceived health risks. As a result, in mid-March face-to-face interviewing on the Dress Rehearsal for wave 20 of the HILDA Survey was ceased, and all remaining interviews were completed by telephone. The appropriateness of this decision was subsequently affirmed by the University of Melbourne, which, on March 30, decreed, that: “All face-to-face experiments and fieldwork is to be suspended immediately”. Research studies can continue, however, if methods can be modified to allow engaging with participants without face-to-face contact.

We now are faced with the decision about what to do in the main survey, which is not due to go into field until the end of July. At time of writing, governments, encouraged by the success of the containment measures in reducing the number of active infected cases, had already begun the process of easing restrictions. Less clear, however, is how long this process will take and by what date all restrictions will be lifted. The Australian Government’s three-step plan for transitioning to a COVID-safe Australia, for example, does not include a specific timeline.<sup>6</sup> We have also received no official advice from the University of Melbourne about when it might lift its suspension on use of face-to-face methods in research, and the expectation is that this is still some months away.

But even more important, even if many (if not most) restrictions are lifted relatively soon, in the absence of a safe vaccine, many in the community, including both HILDA Survey sample members and interviewers, are likely to be apprehensive about being involved in face-to-face interviewing while the risk of infection remains a concern. This will be especially likely among those most at risk – older persons and those with pre-existing medical conditions. We are thus assuming it may not be possible to return to face-to-face interviewing methods at any point in 2020.

Given that a change in survey mode requires considerable forward planning, we have decided that for the first phase of fieldwork, spanning late July to early October, all interviews will be conducted by telephone (or electronic forms of communication). We are assuming that by mid-October a return to face-to-face methods may be possible, but even then, face-to-face would only be pursued after it has been established that sample members have a preference

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<sup>4</sup> In Australia, the first case of COVID-19 infection was confirmed on 25 January 2020. This was followed, on 1 February, by the introduction of restrictions on persons coming to Australia from China. These travel bans were gradually extended to a small number of other countries (Iran, South Korea and Italy), before a blanket ban on international visitors entering Australia was imposed on March 19. Restrictions on the size of public gatherings were first introduced on 16 March and were then soon followed by directives to avoid non-essential travel and the enforced closure of many types of non-essential services (e.g., pubs, sporting facilities, dine-in restaurants) commencing March 23 and March 25. Finally, from 31 March, State Governments began imposing their own social distancing restrictions accompanied by on-the-spot police fines for observed breaches.

<sup>5</sup> Additionally, governments have also been actively advocating and promoting changes in health behaviours, such as: increasing the frequency of washing hands; ceasing greeting people with a handshake, hug or kiss; and maintaining a distance of at least 1.5 metres from others.

<sup>6</sup> Available at: <https://www.health.gov.au/resources/publications/3-step-framework-for-a-covidsafe-australia>

for this type of contact. No interviewers will approach a household in person without a pre-arranged appointment.

At the same time, it is our view that the HILDA Survey data that will be collected in wave 20 (and the waves that follow) will be more valuable than ever, providing insights into how Australians and their households have been affected by the crisis. We already track many of the outcomes that will likely be affected (e.g., incomes, employment, subjective well-being), but our existing survey instruments (of course) include no questions directly about the COVID-19 experience. We are thus planning a short module on living with COVID-19 for inclusion in the wave 20 interview questionnaires.

## **Interview mode**

As already indicated, we are now planning to switch to telephone interviews, at least for phase 1 of fieldwork (with the expectation that it will continue to be the dominant mode in phase 2). We already make use of a small group of CATI interviewers (in wave 19, ten per cent of all interviews were conducted by phone). This group will need to be expanded. Further, they will all need to be able to operate from their own homes.<sup>7</sup>

However, it is expected that most interviews will still be conducted by the existing face-to-face interviewer workforce, given most have established a rapport with their respondents, often over many years. They too though will need to be able to operate from their homes.

## **Fieldwork period**

Because of the shift to greater reliance on telephone, it is expected that both making contact, and completing interviews, with sample members will be more difficult in wave 20 than in recent past waves. As a consequence, we are extending the fieldwork to at least the end of March 2021. The period after Christmas is our third fieldwork phase and focuses primarily on completing interviews with our most reluctant sample members. Typically, this period would end in early February, would only add another two percentage points to the response rate, and would rely mainly on telephone.

In wave 20 we are expecting that this third phase will involve far more sample than in past waves, and hence the reason for extending the fieldwork period. We are also expecting that this period will see greater use of face-to-face methods (though again that will depend on the presence of rules and attitudes governing social distancing behaviour).

## **Self-completion questionnaire (SCQ)**

In the past, for all face-to-face interviewees, the interviewer has both delivered and collected the SCQ form in person. This will no longer be possible. The default option is to mail it out (as has been the practice for all persons interviewed by telephone in the past). This, however, is associated with very poor return rates (as low as 50%). To help ameliorate this, we are planning to:

- (i) create and make available an online version of the SCQ; and
- (ii) restructure the participation incentive to include a SCQ-specific component.

With respect to the latter, we are replacing the the current \$40 per completed interview plus a \$40 household bonus if all household members respond, with a simpler \$40 per interview

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<sup>7</sup> Roy Morgan decided in mid-March to require all of its workforce to work from home.

plus \$20 per returned SCQ. This should incentivise SCQ returns, but at the expense of a reduced incentive to complete interviews, especially in one-person households.

Reliance on telephones means it will also no longer be possible to provide the interview incentive as cash immediately following interview completion. Instead, electronic gift cards will become the main form in which the incentive is paid. This inability to use cash is also expected to hurt response rates.

Note that the SCQ has a 20-page limitation, which is fully utilised. Any new content will thus require other content being omitted.

## **Questionnaire design**

### *Showcards*

Given the switch to telephone, we are proposing revising some existing questions with a view to reducing the number of showcards used. The remaining showcard set will be distributed to respondents, both in the mail (about two weeks prior to fieldwork) and electronically (at time of interview). Nevertheless, it is still expected that not all respondents will be able to access the showcards at the time of interview. To deal with these situations, alternative question scripts are being designed that do not refer to the showcards.

### *Cognitive ability tests*

Wave 20 is a wave in which there is a focus on education, skills and abilities. As part of this focus, three simple tests of cognitive ability (or tasks) would usually be included. These, however, are designed to be conducted in a face-to-face setting where task performance can be overseen and controlled by the interviewer. This will no longer be possible given the shift in survey mode. Based on the wave 16 experience, the non-inclusion of these tasks frees up a little over 8 minutes of interview content.<sup>8</sup>

## **A coronavirus module**

### *Overview*

Given the significance of the pandemic, the HILDA Survey must surely take the opportunity to collect additional data identifying how the virus, and more specifically the policy responses designed to contain and suppress the virus, have been affecting the lives of its sample members. At a minimum, participants in a study that markets itself as being about “Living in Australia” will be expecting this. After all, not since World War 2 have the freedoms of Australians been so constrained (even if only briefly). And it also seems likely that the extent of the economic fallout (as reflected in job losses and the decline in productive work hours) may be something not seen since the Great Depression of the 1930s, and hence something that most Australians will have never experienced in their lifetime.<sup>9</sup>

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<sup>8</sup> The last time these tests were administered (wave 16), the average time taken by persons interviewed in person was 544 seconds (including a 10 second allowance for the introductory statement). In wave 20 we had been anticipating (prior to the coronavirus outbreak) that 10% of the sample would be interviewed by telephone, and hence would skip this section entirely. Dropping these three tests entirely was thus expected to reduce average interview time by around 490 seconds (0.9 x 544); that is just over 8 minutes.

<sup>9</sup> Writing in mid-April, the IMF (2020) has, for example, forecast that real GDP in Australia will contract by 6.7% in 2020. This compares with almost a 10% decline in 1930-31 (Gruen & Clark 2009), but just 3.4% and 1.4% declines at the peak of the recessions of the early 1980s and 1990s, and continued growth in real GDP during the 2008/09 Global Financial Crisis (the lowest the rate of annual real GDP growth fell to was just 1.4% in the year ended September 2009).

As already noted, we now have just over 8 minutes of interview time that can be allocated for this purpose.

Under normal circumstances, commencing work on the design of a new module only four months out from going into field without any opportunity for testing (other than inhouse) would not be considered. However, these are unusual circumstances that demand we be responsive and flexible.

Both the Melbourne Institute and Roy Morgan Research teams, however, have limited resources and expertise. To help redress this weakness, approaches were made to selected members of the HILDA Survey External Reference Group, as well as to members of the broader user community through both the hilda-l email list and a posting on Dataverse, for advice, suggestions and assistance. We received responses from around 60 individuals and groups, with many suggesting topics that could be pursued, others suggesting specific questions, and still others putting forward reasonably well-developed questionnaires.

A listing and brief summary of responses received is provided in Appendix A.<sup>10</sup>

#### *External sources*

We also attempted to draw on other surveys being conducted elsewhere in the world.

Despite the recency of the pandemic, in a relatively short time there has been an explosion in the number of surveys and polls being conducted on coronavirus around the world. The NIH in the US now has a website where it is tracking surveys that are assessing COVID-19-relevant behavioral and social science domains.<sup>11</sup> Similarly, the American Association of Public Opinion Research is maintaining a running compilation of studies with COVID-19 content.<sup>12</sup> Nevertheless the latter are mostly of the opinion poll variety and so questions are mostly not suitable for a study like the HILDA Survey. The studies identified by the NIH are more relevant, though many still tend to have a focus on diagnosis, testing and symptoms (which does not seem appropriate for Australia where the diagnosed case load is only a little over 7000), and / or on seeking assessments of support for, or opposition to, government policy responses and initiatives. Further, most were clearly designed to be in the field immediately (e.g., in April) and thus (we presume) at the height of social distancing and lockdown measures. In contrast, by the time the HILDA Survey is in field it is expected that many of these measures will have been lifted or relaxed.

Possibly more relevant are the other major household panel surveys. The leaders of these studies have all been sharing information, and all seem to be in a similar situation and are now planning for new content in the months ahead. Many, therefore, were not, at time of writing, in a position to share their survey instruments. Exceptions here were the German Socio-Economic Panel (SOEP), the Italian Lives study, and the UK Understanding Society.

In the case of SOEP, they have designed a separate stand-alone CATI survey to be administered to a large sub-set of their sample. It went into field at the start of April. The UK Understanding Society is also running a stand-alone separate survey of its sample, but it is a high frequency (monthly) web-based survey. The questionnaire used in the first month (fieldwork for which was completed by the end of April) became available in late April (so

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<sup>10</sup> This list excludes a number of proposals received after questionnaire content was finalised.

<sup>11</sup> <https://dr2.nlm.nih.gov/tools-resources>

<sup>12</sup> <https://drive.google.com/file/d/1EsfWbxa9XGVCLvop02nL81eCwSxz00WS/view?usp=sharing>



after we had completed the first draft of our survey instrument).<sup>13</sup> Finally, the Italian Lives study has designed a separate web instrument which was administered in April to those respondents that had already completed the interview component (prior to fieldwork ceasing in February).

A problem for us, however, is that these surveys are all being conducted in countries where the rates of COVID-19 infection are much higher than in Australia.<sup>14</sup> And again, they are being conducted at or close to the height of the epidemic, and not many months later as will be the case for the HILDA Survey. As a consequence, they have a focus on more immediate needs and issues, including for example health symptoms, health care and management, caring activity, and psychological well-being. And perhaps most importantly, since they are all run as separate surveys, they are able to ask many more questions – the SOEP COVID-19 interview is estimated to take 20 to 25 minutes, while the Understanding Society and Italian Lives web interviews are estimated to average 15 to 20 minutes.

### *Key issues*

In designing new content we needed to be aware of:

- (i) What is already included in the HILDA Survey. Information about many of the outcomes impacted by the virus is already collected in the HILDA Survey and hence changes in these outcomes can be evaluated by simple before and after comparisons. There may, therefore, not be any need for any new questions on some topics.
- (ii) The time period when the interview will be conducted. As previously noted, interviews are usually scheduled to commence in late July with fieldwork running until February the following year (though this year that will be extended until the end of March). Most respondents will, therefore, have lived with restrictions for a number of months. Further, many restrictions will have been lifted by time of interview.
- (iii) The inherent difficulty associated with predicting the progression of the virus or how government responses will evolve. Questions therefore need to be flexible enough to deal with all situations.
- (iv) All interview content must be suitable for administration over the telephone.
- (v) Given the short timeline for developing content and the inability to test the new content in a field setting, the design of new questions should ideally be kept simple and straightforward. Dynamic text (where question wording depends on previous responses) should be kept to a minimum and question routing and filtering should not be complex.
- (vi) Given the expectation that these questions will not be repeated in wave 21, the new content should be easily removable. Ideally, we will design drop-in modules that are largely independent of other content.

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<sup>13</sup> It can be found here:

[https://www.understandingsociety.ac.uk/sites/default/files/downloads/general/ukhls\\_covid19\\_questionnaire\\_april\\_2020\\_-\\_draft\\_23042020.pdf](https://www.understandingsociety.ac.uk/sites/default/files/downloads/general/ukhls_covid19_questionnaire_april_2020_-_draft_23042020.pdf)

<sup>14</sup> As at 13 May 2020, for example, according to data reported on the Worldometer website, the number of detected cases per million of population in Italy, Germany and the UK were 3659, 2067 and 3326, respectively. By comparison, in Australia it was just 274.

- (vii) Point vi notwithstanding, the policy changes introduced to counter the spread of COVID-19 will likely have implications for existing content. We thus need to consider whether any existing questions need modification as a result.
- (viii) All new content will still need to be subject to an Ethics Review process. Given the short timelines this required the relevant committee within the University of Melbourne fast-tracking our application. But at the same time, this will require us avoiding sensitive topics given that this may result in the application not being deemed 'low risk', in turn leading it to being referred to a higher level committee and a more rigorous and lengthy review process. This concern, for example, precludes any inclusion of new questions on domestic / family violence, as some have proposed.
- (ix) And as previously mentioned, unless we start removing regular content (either from the annual core or from what remains of the four-yearly skills and abilities module) we only have about 8 minutes of interview time available.

### *Proposed content*

As should be readily discernible from Appendix A, we began with a large amount of potential content, and much more than we could possibly include. After numerous iterations we ended up with the proposed content set out in Appendix B. This content is summarised in Table 1.

Included among the proposed new content were subjective measures of resilience and self-reliance, which we felt were best included in the SCQ. This, in turn, required other proposed content for the SCQ be excluded (or reduced in scope). As explained in Part B of this report, this was accommodated by only including a 5-item version of a new proposed measure of financial well-being (rather than the original 10-item version).

Perhaps most significant among the content not included are:

- i. an indicator of whether other members of the household ever tested positive for COVID-19;
- ii. an indicator of where the respondent was at the time of the coronavirus outbreak;
- iii. indicators of how long the various employment-related changes lasted; and
- iv. measures of how the coronavirus crisis impacted on:
  - a. provision and receipt of care and support;
  - b. childcare arrangements;
  - c. relationships with children;
  - d. housework;
  - e. use of social media;
  - f. (related to e), screen time; and
  - g. mental health / psychological well-being.

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*Table 1: Summary of proposed coronavirus-specific content*

<i>Topic</i>	<i># of items</i>	<i>Description</i>	<i>Instrument</i>
COVID-19 infection	3	Whether diagnosed with infection / Perceived risk of getting infected.	PQ: CV module
General impact	2	Summary measure of impact of coronavirus on life.	PQ: CV module
Paid work	18	Impact of coronavirus on employment and working arrangements, and if self-employed, on business activity.	PQ: CV module
Home life	18	Impact on eight behaviours, and on strength of relationship with partner.	PQ: CV module
Social distancing	2	Frequency of practicing social distancing.	PQ: CV module
Pro-social behaviour	1	Whether installed COVIDSafe app on phone.	PQ: CV module
Health and medical care	20	Whether has serious health condition / Whether medical treatments deferred or cancelled.	PQ: CV module
Finances	8	Impact of coronavirus on superannuation withdrawal, sale of assets, and savings.	PQ: CV module
Education	6	For those at school: Extent, and impact, of studying from home.  For those enrolled in post-school study: Impact on enrolment and course completion.	PQ: Section A
Digital technology	2	Satisfaction with internet connection / Adequacy of digital devices.	PQ: Section K
Income supplements	5	Whether received Economic Support Payment / Whether withdrew superannuation under COVID-19 early release scheme (and how much).	PQ: Section F
Children's education	13	Extent, and impact, of studying from home (including impact on parents).	HQ: Section Q
Housing costs	6	Whether and for how long rent / mortgage payments suspended or reduced.	HQ: Section R
Resilience	2	Two-item version of the Connor-Davidson Resilience Scale.	SCQ
Self-reliance	2	Two items taken from the Conformity of Masculinity Norms Inventory.	SCQ

## Appendix A: Summary of responses received to call for suggestions for HILDA Survey coronavirus module

<i>Name</i>	<i>Organization</i>	<i>Focus / Emphasis</i>	<i>Questions provided</i>
Paul Anand	Open University (UK)	Quality of life	No
Victoria Baranov	University of Melbourne	Perceived health risk / Compliance with social distancing measures / Support for social distancing measures / Masculinity norms	Yes (partly)
Deborah Batterham / Andrew Hollows	Swinburne University of Technology / Launch Housing	Homelessness	Yes
Janeen Baxter	University of Queensland	Impacts on employment (incl. working from home) / Loneliness / Work-family balance and spillover	No
Megan Bayly	Cancer Council Victoria	Tobacco consumption	Yes
Vanesa Beenders	Actuaries Institute	Broad – but emphasis on: COVID19 diagnosis / Health impacts / Economic impacts (e.g., savings, expenditures, rent, mortgage, employment, childcare) / Meeting social distancing requirements	Yes
Rosalyn Bell	Productivity Commission	Psychological stress	No
David Berlowitz / Kimberley Haines*	Austin Health / Western Health	COVID-19 diagnosis / Resilience / Impacts on behaviours (e.g., physical activity) / Mental health	Yes (partly)
Christina Borra	University of Seville	Like hood of working from home / Social interactions	No
Sarah Callinan*	La Trobe University	Social isolation / health behaviours / Stressors / Roles and responsibilities	No
Iris Chan	Reserve Bank	Ability to work from home / Changes to work arrangements / Use of stimulus payments, super early access, mortgage deferrals / Impact on income, savings / Expectations	Yes
Rebecca Copping	Penrith Council + Masters student	Health impacts / Social impacts / Healthy behaviours / Silver linings	Yes (partly)
Evgenia Dechter	University of NSW	Changes in expenditure patterns / COVID19 risk perceptions / Changes in working patterns / Post-school study / Broader economic impacts	Yes (partly)
Karien Dekker	RMIT University	Job loss / Working from home / COVID19 diagnosis	Yes
John de New*	University of Melbourne	Impact on jobs, work / COVID-19 diagnosis	Yes

<i>Name</i>	<i>Organization</i>	<i>Focus / Emphasis</i>	<i>Questions provided</i>
Nathan Deutscher	Treasury	Impacts on employment, businesses / Support payments (and how spent) / Schooling / Financial stress and impacts on mortgage payments, superannuation etc	No
Ben Edwards	ANU	Broad – Provided copy of ANU COVID-19 survey instrument	Yes (Qstre)
Robert Ewing	Treasury	Impacts on employment / Childcare / Household wealth / Stimulus payments / COVID19 symptoms	No
David Fagg	Deakin University (PhD student)	Impact on religious gatherings	No
Cordelia Foo	Productivity Commission	How stimulus payment spent / Impact on jobs and work / Impacts on business income / Productivity when working from home	Yes
Nicole Fortune	University of Sydney	Broad – but emphasis on direct impacts (yes / no) on range of outcomes and behaviours, including health, physical activity, social interaction, living arrangements, income, work, and job search	Yes (Qstre)
Catherine Granger	University of Melbourne	Impact on physical activity	Yes
Edith Gray	ANU	Fertility intentions	No
Andrew Hawkins*	Artd Consultants	Corona testing history / Impact on employment; i.e., working from home and hours / Impact on shopping patterns (i.e., hoarding) / Social distancing behaviour	Yes
Leonie Holloway	Bureau of Communications and Arts Research (DITRDC)	Access to communications networks	Yes
Xanbi Huang*	La Trobe University	Impacts on life / Sources of support / Reactions	Yes
David Johnston*	Monash University	Perceived risk of infection / Social distancing related activity	Yes (partly)
Sunganani Kalembe	University of Queensland	Place of birth	No
Anne Kavanagh*	University of Melbourne	Broad – but emphasis on Health behaviours / Living arrangements / Information and communication / Household roles / Caring / Health care	Yes (Qstre)
Jennifer Kerrigan	Australian Institute of Health and Welfare	Broad – but emphasis on Health impacts / Child care and children's education / Housing / Employment / Income and finances / Daily life activities / Mental health / Comorbidities	Yes
Susan King	Anglicare	Social distancing / isolation	No

<i>Name</i>	<i>Organization</i>	<i>Focus / Emphasis</i>	<i>Questions provided</i>
Paul Koshy	Curtin	Higher education participation and retention	Yes
Tea Lallukka*	University of Helsinki	COVID19 diagnosis / Comorbidities / Qualitative data	No
Karen Martin*	University of Western Australia	Impacts on broad range of behaviours and outcomes (e.g., income, work productivity, health, exercise, use of health services, health behaviours, gambling, TV watching etc.)	Yes (partly)
Elspeth McInnes	University of South Australia	Household provisioning practices	No
Julie Morgan	University of Adelaide	Exercise cessation	Yes
Sora Park	University of Canberra	Role of media	No
Roger Patulny	University of Wollongong	Social interactions	No
David Peetz	Griffith University	Worries about COVID19 / General impact on job, life	Yes
Chris Petersen	La Trobe University	Health care and access to health care services	Yes
Lavinia Poruschi	CSIRO	Expenditure on household items / Energy use and affordability / Emotional wellbeing	No
Naomi Priest	ANU	Racial discrimination/ Behavioural and psychosocial responses (time use, conflict, resilience, loneliness, social support, social interactions) / Health care utilisation / Trust In information / Work, employment and training	No
Leonora Risse	RMIT University	Domestic violence / Home-schooling / Working from home / Essential workers / Changes in living arrangements / Digital connectivity	No
Egidio Riva	Università degli Studi di Milano – Bicocca	Broad – Provided copy of Italian Lives COVID19 web supplement	Yes (Qstre)
Holly Seale	University of NSW	Perceived health risk / Opinions about government responses / Trust in government and information sources / Health and social distancing behaviours / Social distancing concerns / Vaccine acceptance	Yes (Qstre)
Jackie Schirmer	University of Canberra	Wellbeing / Psychological distress / Income	No
Bob Schoeni	University of Michigan	Financial, practical, and emotional support from family and friends	Yes (Qstre)

<i>Name</i>	<i>Organization</i>	<i>Focus / Emphasis</i>	<i>Questions provided</i>
Shelby Schofield	Department of Prime Minister & Cabinet	Impacts on household division of labour, hours of work, income, expenditure, and seeking help	Yes (partly)
Jurgen Schupp	DIW, Berlin	Broad – Provided copy of SOEP COVID19 Survey CATI instrument	Yes (Qstre)
Steffi Schurer* / Alexandra de Gendre	University of Sydney	Health beliefs / Consumption and shopping behaviour / Family conflict / Productivity when working at home / Childcare arrangements / Study intentions / Savings and transfers	Yes
Julian Sefton-Green	Deakin University	Digital technology and education	Yes
Leonie Segal*	University of South Australia	Working from home / impact of social distancing / Self-assessed health	Yes
Ingo Seifert	Leipzig University	Worries about COVID19	Yes
Anita Staneva	Griffith University	Worries about COVID19 / Recovery / Impact of ibuprofen / Impacts on cognitive processes	No
Mark Stokes	Deakin University	Anxiety, stress, control, resilience	No
Angela Sutin	Florida State University	Broad – But focus on COVID19 diagnosis / Health behaviours / Trust / Impact on life activities and relationships	Yes (Qstre)
Wojtek Tomaszewski	University of Queensland	Impact of social distancing / Social interactions	No
Mena Ning Wang	PhD student	Social capital (36 items)	Yes
Harold Willaby	University Sydney	Interruptions to usual routines / Financial impacts / Health care access / Social and emotional impacts / Trust in government	No
Nicola Willand	RMIT University	Impacts on home maintenance and modifications	Yes

\* Member of an ad hoc group that provided feedback on first draft. Also in this group but not listed above are Natasha Bradshaw (Treasury) and Belinda Hewitt (University of Melbourne).



## **Appendix B: Coronavirus-related content – Proposed draft questions, HILDA Survey wave 20**

### *Introductory explanatory notes*

1. Formatting style
  - a. Question text to be read out is formatted in bold font.
  - b. Text in curved brackets is optional text – it is left to the interviewer to decide if needed.
  - c. Text in square brackets is dynamic text, which is fed from responses collected previously in the survey.
  - d. Text encompassed by < and > are filtering statements defining the population that is asked the question.
  - e. Headings in upper case are just for guidance during the design process; they will not appear in the questionnaire script.
2. Each block of questions is accompanied by an estimate of the impact on mean interview time, the source (where applicable), notes that provide context and in some cases a rationale for their inclusion, and a list of any identified issues.
3. Terminology
  - a. We mainly refer to ‘coronavirus’ rather than the disease, COVID-19. Our presumption is that the term ‘coronavirus’ is more widely recognised by the public.
  - b. At some points, reference needs to be made when social distancing restrictions were in place. We describe this period as the ‘coronavirus crisis’.

We date this crisis as commencing in mid-March, which is around the time restrictions on the size of public gatherings were first announced, rather than the beginning of February, when international travel bans were first imposed. But for defining the period when government restrictions were most stringent and hence when the crisis was its peak, we use the month of April 2020.
4. Survey instrument structure
  - a. The main block of new questions will be included in a self-contained module included in our main interview instrument (the Person Questionnaire [PQ]). We expect this section will be placed at the end of the survey instrument (after Section N).
  - b. The HILDA Survey also includes a Household Questionnaire (HQ), administered to just one person in the household. We plan to include new coronavirus-related questions on housing and children’s education in this instrument.
  - c. Some of the regular annual content included in the PQ will need fine tuning / tweaking because of the coronavirus and associated policy changes.
  - d. We also plan to include some additional content in the self-complete questionnaire (SCQ). That will come at the exclusion of some other content that had originally been planned prior to the coronavirus outbreak.

5. Length

- a. To stay within the estimated average interview specified in our sub-contract with Roy Morgan Research, the impact of the additional material content on overall interview length should not exceed 490 seconds. The proposed additional content is estimated to average 495 seconds.

## *Person Questionnaires – Special Module*

**I now want to ask you some questions about the coronavirus crisis and how it has affected you.**

### THE COVID-19 INFECTION

**CV1 Have you ever been told by a doctor or nurse that, based on a medical test, you have the coronavirus, COVID-19?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV1=1 go to CV4a; If CV1=2, 8 or 9 go to CV2>

**CV2 What do you think is the per cent chance that you either have already been infected, or will get infected with the coronavirus in the next 12 months?**

*(If unable to answer, say: **Just give us your best guess.**)*

*0% (i.e., no chance) to 100% (i.e., absolute certainty).*

Record % chance

- 998 Refused
- 999 Don't know

**CV3 Now imagine that you were tested and found to have the virus. What do you think is the per cent chance that you would get so ill that you would have to go to hospital?**

*(If unable to answer, say: **Just give us your best guess.**)*

*0% (i.e., no chance) to 100% (i.e., absolute certainty).*

Record % chance

- 998 Refused
- 999 Don't know

*Estimated mean time: 40 seconds (including brief opening statement).*

### *Sources:*

CV1 Suggested by Australian Institute of Health and Welfare (AIHW), but with the additions of the word “coronavirus” and “based on a medical test”.

CV2 The Italian Lives study contains a similar question: ‘In your opinion, how likely are you to get infected by the Coronavirus over the next 12 months? (0% "I will not be infected" and 100% "I will definitely be infected").’

CV3 Both the German Socio-Economic Panel (SOEP) COVID-19 Survey and Italian Lives ask about the likelihood of getting critically ill. We, however, differ in asking respondents to condition their responses on being diagnosed with the disease.

*Explanatory note:*

Many have proposed that we ask more questions of those infected; for example, how it was contracted, the symptoms experienced, and whether admitted to hospital. However, given the current progression of the disease, we see little value in this. At time of writing, there had only been little over 7200 diagnosed cases of COVID-19 in Australia, with the number of new daily cases over the period 20 April to 2 June averaging just under 14. The number of HILDA Survey sample members who can be expected to have been infected by COVID-19 is thus very small (less than 10).

*Issues:*

1. CV3 – Persons residing in nursing homes may not be sent to hospital even if critically ill.
2. CV3 – This question may be slightly awkward for anyone who think they have already been infected.

GENERAL IMPACT

**CV4a How much has your life changed because of the coronavirus crisis? Would you say ‘to a great extent’, ‘to a moderate extent’, ‘a little’, or ‘not at all’?**

- 1 To a great extent
- 2 To a moderate extent
- 3 A little
- 4 Not at all
- 8 Refused
- 9 Don’t know

<If CV4a=1, 2 or 3 go to CV4b; Else go to CV5>

**CV4b And has that change been for ‘better’, ‘worse’ or ‘neither better nor worse’?**

- 1 Better
- 2 Worse
- 3 Neither better nor worse
- 8 Refused
- 9 Don’t know

*Estimated mean time:* 18 seconds

*Source:* CV4a is a modified version of question included in from US Survey of Consumers, April 2020 round, Institute for Social Research, University of Michigan. The word “crisis” has been added, and in the response options, “somewhat” has been replaced with “to a moderate extent” and “very little” replaced with “a little”.

*Explanatory note:*

These two questions are intended to provide an overall assessment of the impact the coronavirus has had. We have opted to include them early in the question sequence to minimise any “leading” effects that might be caused by the questions to follow.

## THE CORONAVIRUS AND PAID WORK

**Now think back to the start of March** [If currentyear = waveyear: **of this year** / Else: **last year**], **before the introduction of restrictions by governments to limit the spread of the coronavirus.**

**CV5 Can I just check: Were you in paid employment then?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV5=1 go to CV6; Else go to CV17>

**CV6 And at this time, did you work for an employer for wages or salary? Or were you self-employed in your own business?**

*It is possible for the respondent to be both working for an employer and self-employed if they have more than one job*

- 1 For an employer
- 2 Self-employed
- 3 Both
- 8 Refused
- 9 Don't know

**CV7a As a result of the coronavirus crisis, did you start, or increase the amount of time spent, working from home?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV7a=1 go to CV7b; Else go to CV8>

**CV7b Compared with your normal working situation, would you say your ability to do your job while working at home was 'much better', 'a little better', 'about the same', 'a little worse', or 'much worse'?**

- 1 Much better (at home)
- 2 A little better (at home)
- 3 About the same
- 4 A little worse (at home)
- 5 Much worse (at home)
- 8 Refused
- 9 Don't know

**CV8 As a result of the coronavirus, did you keep working, but with reduced hours?**

- 1 Yes
- 2 No

- 8 Refused
- 9 Don't know

<If CV8=1 go to CV10; Else go to CV9>

CV9 **As a result of the coronavirus, did your working hours increase?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV6=1 or 3 go to CV10; Else go to CV14>

CV10 **As a result of the coronavirus, were you required to take any paid leave?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

CV11 **As a result of the coronavirus, did you take a cut in your rate of pay?**

*Persons who report a reduction in earnings because of a reduction in hours worked should be coded NO here.*

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

CV12a **As a result of the coronavirus, were you temporarily stood down without pay or required to take unpaid leave?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV12a=1 go to Cv12b; Else go to CV13>

CV12b **For approximately how long were you stood down or on unpaid leave?**

- Record number of full weeks
- OR
- Record number of full months
- Less than one week
- Still ongoing
- 98 Refused
- 99 Don't know



CV13 **As a result of the coronavirus, was your employment terminated or were you made redundant (that is, lost your job entirely)?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

CV14 **Did the income you normally receive from paid employment increase or decrease because of the coronavirus? Or did it not change much?**

*We are concerned here with all forms of paid employment; that is, both wage and salary jobs and self-employment.*

- 1 Increased
- 2 Decreased
- 3 Did not change much
- 8 Refused
- 9 Don't know

CV15 **In March [If currentyear = waveyear: **of this year** / Else: **last year**] the Australian Government announced its JobKeeper Payment scheme. Did you personally receive, or did your employer claim on your behalf, any JobKeeper payments?**

- *Under the Jobkeeper Payment Scheme, some employers impacted by the coronavirus were able to access a wage subsidy (originally \$1500 per fortnight) for eligible employees.*
- *Only persons employed on 1 March 2020 were eligible.*
- *Employers were required to notify employees if they claimed the JobKeeper payment on their behalf.*
- *Sole traders (i.e., self-employed persons who worked on their own without any employees) could also claim JobKeeper Payments for themselves.*

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV6=2 or 3 go to CV16a; Else go to CV17>

CV16a **As a result of the coronavirus, were you forced to cease operating your business for a period of time?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV16a=1 go to CV16b; Else go to CV17>

**CV16b Has your business now re-commenced operation?**

- 1 Yes
- 2 No
  
- 8 Refused
- 9 Don't know

<If CV16b=1 go to CV16c; Else go to CV16d>

**CV16c For approximately how long was your business not in operation?**

- Record number of full weeks
- OR
- Record number of full months
- Less than one week
- 98 Refused
- 99 Don't know

<If CV16b=2 go to CV16d; Else go to CV17>

**CV16d Do you expect to recommence operation in the future?**

- 1 Yes
- 2 No
  
- 8 Refused
- 9 Don't know

<If CV16d=1 go to CV16e; Else go to CV17>

**CV16e Approximately how long do you think it will be before you can recommence operation?**

- Record number of full months
- Less than one month
- 8 Refused
- 9 Don't know

*Estimated mean time:* 65 seconds (based on employees 100 secs [x 0.55], self-employed 70 secs [x 0.09], not employed, 10 sec [x 0.36]).

*Source:*

CV7b Adapted from SOEP COVID-19 Survey. They, however, used the term “productivity” and only provided three response options – ‘much more productive’, ‘just about as productive’ and ‘less productive’.

*Explanatory notes:*

1. We have chosen a reference date of 1 March for determining the pre-crisis employment state, even though technically the first restrictions (bans on travel from China) were introduced on 1 February.

2. Questions seeking an answer in time units (weeks or months) will also provide a response option for those where the duration was less than the smallest unit (e.g., ‘Less than one week’).
3. CV15 – Business owners might interpret a question about receipt of JobKeeper payments incorrectly and respond yes because they received subsidies in respect of their employees. Inclusion of the word “personally” is intended to help prevent this

*Issues:*

1. CV15 – Many employees on unpaid leave on 1 March may be deemed employed by the Tax Office and thus eligible for the payment. At the same time, many of these workers on unpaid leave may not indicate (at CV5) that they were in paid employment on 1 March and so would not get asked CV15.
2. CV15 – If the Government changes the JobKeeper program in the future (as has been mooted) then the notes accompanying this question may be inaccurate. It also may mean answering this question will not be as straightforward as assumed here. Any changes that just affect the notes should be able to be accommodated for by modifying the interview script while in-field.
3. CV16a-CV16e maybe somewhat difficult to answer for gig workers (and possibly some other independent contractors) who, in theory, should report themselves as self-employed.
4. At CV7 we use the term “coronavirus crisis”, but in the subsequent questions shorten that to “coronavirus”. It is assumed that respondents will understand that when we use “because of coronavirus” we are referring to the effects of the impact of measures to contain the virus.

## THE CORONAVIRUS AND HOME LIFE

**I am now going to read out a list of activities that many of us do in our daily life. I want you to think back to April [If currentyear = waveyear: this year / Else: last year] and tell me whether you did each of these activities more, less, or about the same as you did before the coronavirus crisis.**

**CV17a Ate fresh fruit and vegetables? Back in April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually eat fresh fruit and vegetables)
- 8 Refused
- 9 Don’t know

**CV17b Ate foods high in sugar? Back in April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually eat foods high in sugar)
- 8 Refused
- 9 Don't know

**CV17c Participated in moderate or vigorous physical activity? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

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

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually participate in moderate or vigorous physical activity)
- 8 Refused
- 9 Don't know

**CV17d Consumed alcohol? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not drink alcohol)
- 8 Refused
- 9 Don't know

**CV17e Smoked tobacco? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not smoke)
- 8 Refused
- 9 Don't know

**CV17f Volunteered or undertook charity work? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

**CV17g Watched TV, movies or video streaming services (such as Netflix, Stan, and ABC iView)? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

**CV17h Stayed in contact with friends and family living outside of your household? (In April, did you do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

**I am now going to read out the same list of activities. But this time I want you to think about the past four weeks, and tell me whether you are now doing these things more, less, or about the same as you did before the coronavirus crisis.**

**CV18a Eating fresh fruit and vegetables? Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually eat fresh fruit and vegetables)
- 8 Refused
- 9 Don't know

**CV18b Eating foods high in sugar? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually eat foods high in sugar)
- 8 Refused
- 9 Don't know

**CV18c Participating in moderate or vigorous physical activity? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

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

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually participate in moderate or vigorous physical activity)
- 8 Refused
- 9 Don't know



**CV18d Consuming alcohol? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not drink alcohol)
- 8 Refused
- 9 Don't know

**CV18e Smoking tobacco? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not smoke)
- 8 Refused
- 9 Don't know

**CV18f Volunteering or undertaking charity work? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

**CV18g Watching TV, movies or video streaming services (such as Netflix, Stan, and ABC iView)? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

**CV18h Staying in contact with friends and family living outside of your household? (Thinking about the past four weeks, do you now do this ‘much more’, ‘a little more’, ‘a little less’, ‘much less’, or ‘about the same’ as you did before the coronavirus crisis?)**

- 1 Much more
- 2 A little more
- 3 About the same
- 4 A little less
- 5 Much less
- 7 *Unprompted*: Not applicable (Do not usually do this)
- 8 Refused
- 9 Don't know

*Estimated mean time*: 140 seconds

*Source*: Seven of the items were suggested by AIHW and one from a Florida State University study.

*Explanatory notes*:

1. These two multi-item questions are intended to help assess the extent to which daily living changed as a result of the coronavirus pandemic. The AIHW suggested many other items. Partly for time reasons, we have pared it back to just eight.
2. The AIHW suggested an item on illicit drug use, but we have been advised that this could cause our required ethics application to be rated something other than low risk. Given the time critical nature of this application, we have decided against its inclusion.
3. AIHW also suggested items around feeling stressed, depressed, positive, and lonely. These, however, do not fit with the focus here on ‘activities’ and so have not been included. We also feel it is problematic to ask respondents to recall how they felt so long in the past.
4. Item b – The AIHW wording included “high in fat”, but concern about the role of fats in diet (good fats vs bad fats) led us to exclude this.
5. Item c – The AIHW recommended “Exercised”. We have proposed an alternative wording which aligns with the existing SCQ question on physical activity.

6. Item h – The wording has been much simplified from the original AIHW proposal (“Called, emailed, wrote letters, messaged, or video chatted with friends and family living outside of your household?”)

**CV19a Can I now just confirm: Were you married or living in a relationship with someone back at the start of March [If currentyear=waveyear: **this year** / Else: **last year**]?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If CV19a=1, go to CV19b; Else go to CV20>

**CV19b Compared with your life before the coronavirus crisis, would you say your relationship with your partner improved ‘a lot’, ‘improved a little’, ‘stayed about the same’, ‘worsened a little’, or ‘worsened a lot’?**

*We are interested here in the respondent's relationship with the partner they were living with at the time of the coronavirus outbreak (i.e., in early March 2020).*

- 1 Improved a lot
- 2 Improved a little
- 3 Stayed about the same
- 4 Worsened a little
- 5 Worsened a lot
- 7 *Unprompted*: Separated / split up
- 8 Refused
- 9 Don't know

*Estimated mean time:* 15 seconds ([12 seconds x 0.66] + [6 secs x 0.33]).

*Explanatory note:*

1. CV19b will need to allow for respondents to both choose an option (1 to 3) and to check the box “separated”.

*Issues:*

1. Only covers relationships where people co-reside.
2. While this question includes an unprompted option for recording of separations, it does not specifically identify separations (and in the case of non-coresidential relationships, they will not be picked up elsewhere in the survey).

## SOCIAL DISTANCING BEHAVIOUR

**I am now going to read out two statements, and I want you to indicate how well they describe you during the past four weeks.**

CV20a **“You stayed at home and only went out for the essentials, such as shopping for food, to go to work, to go to medical appointments, or to exercise.” Do you think this is ‘not true at all’, ‘rarely true’, ‘sometimes true’, ‘often true’ or ‘true nearly all the time’?**

- 1 Not true at all
- 2 Rarely true
- 3 Sometimes true
- 4 Often true
- 5 True nearly all the time
  
- 8 Refused
- 9 Don’t know

CV20b **“When not at home, you tried to keep a distance of at least 1.5 metres from other persons who are not in your household.” (Again, and still thinking of the past 4 weeks, do you think this is ‘not true at all’, ‘rarely true’, ‘sometimes true’, ‘often true’ or ‘true nearly all the time’?)**

- 1 Not true at all
- 2 Rarely true
- 3 Sometimes true
- 4 Often true
- 5 True nearly all the time
  
- 8 Refused
- 9 Don’t know

*Estimated mean time: 35 seconds.*

*Explanatory note:*

The presumption is that by the time the HILDA Survey goes into field many (if not most) social distancing restrictions will have been lifted. However, we suspect that many will continue to practice a degree of social distancing. These two items are intended to capture that.

## PRO-SOCIAL BEHAVIOUR

CV21 **The Australian Government developed the mobile phone app, COVIDSafe. Did you download it? (COVIDSafe helps trace people who might have come into contact with a person with the coronavirus.)**

- 1 Yes
- 2 No
- 3 Did not have a phone capable of using the app
  
- 8 Refused
- 9 Don’t know

*Estimated mean time:* 12 seconds.

*Source:* Based on a question included in the Melbourne Institute COVID-19 weekly supplement to its ongoing monthly CaSIE survey.

*Explanatory notes:*

1. The aim is to obtain an indicator (admittedly a crude indicator) of pro-social attitudes. We are also working on the assumption that take up in the community will fall a long way short of 100%.
2. It is presumed that any who download the app will use it. We are thus ignoring the possibility that the user does not register their name on the app, the app is subsequently uninstalled, that Bluetooth is not enabled, or the phone is switched to low power mode compromising the app's effectiveness.

## HEALTH AND MEDICAL CARE

**CV22 I am now going to read out a list of specific medical conditions, and I want you to tell me whether you have ever been told by a doctor or nurse that you have the condition. But only say yes if you currently have the condition and if it has lasted or is likely to last for six months or more.**

[DISPLAY GRID]

	Yes [1]	No [2]	Refused [8]	DK [9]
a. Arthritis or osteoporosis? (Do you have this condition?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Chronic bronchitis or emphysema?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any type of cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Type-1 diabetes (also known as juvenile-onset or insulin dependent diabetes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Type-2 diabetes (also known as late-onset or non-insulin dependent diabetes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Depression or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Any other mental illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. High blood pressure or hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Any other serious circulatory condition (for example, stroke, or hardening of the arteries)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Chronic kidney disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Estimated mean time:* 40 seconds (60-70 seconds without showcard, 20 seconds with showcard)

*Source:* HILDA Survey, wave 17

*Explanatory notes:*

1. This question is intended to identify existing comorbidities. It is a replication of a question included every four years as part of the HILDA Survey health module, but last included in 2017. It has been reworded here to make it suitable for administration

on the telephone. The two categories “Depression” and “Anxiety” have also been combined into one (which is in line with waves 9 and 13, but differs from wave 17). Following a recommendation from the AIHW, we have also added chronic kidney disease.

2. This question is normally accompanied by a showcard. We propose using two formats of this question – one where showcards are not used by the respondent (the version provided above) and one where the showcard set is used.

**CV23 Did any of the following health care providers defer or cancel treatments or appointments with you because of the coronavirus crisis?**

*Only include appointments made in respect of yourself.*

[DISPLAY GRID]

	Yes [1]	No [2]	Refused [8]	DK [9]
a. A doctor, clinic or hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A dentist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A mental health professional, such as a psychiatrist or psychologist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any other allied health provider (for example, a physiotherapist, podiatrist or optometrist)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CV24 Did you defer or cancel treatments or appointments with any of the following because of the coronavirus crisis?**

*Only include appointments made in respect of yourself.*

[DISPLAY GRID]

	Yes [1]	No [2]	Refused [8]	DK [9]
a. A doctor, clinic or hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A dentist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A mental health professional, such as a psychiatrist or psychologist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Any other allied health provider (for example, a physiotherapist, podiatrist or optometrist)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Estimated mean time: 35 seconds*

*Source: Anne Kavanagh, University of Melbourne.*

FINANCES

CV25a **Did you withdraw money from any of your superannuation funds because of the coronavirus crisis?**

- 1 Yes
- 2 No
  
- 8 Refused
- 9 Don't know

<If CV25a=1 go to CV25b; Else go to CV26a>

CV25b **What was the amount withdrawn?**

- Enter amount \$
  
- Refused
- Don't know

CV26a **Did you sell any of your assets, such as shares, property or motor vehicles, because of the coronavirus? [If CV25a = 1 **But do not include the drawing down of superannuation.**]**

- 1 Yes
- 2 No
  
- 8 Refused
- 9 Don't know

<If CV26a=1 go to CV26b; Else go to CV27a>

CV26b **After paying off any loans owing on those assets, how much was the value of the assets you sold? (Your best guess will do.) For jointly owned assets, we are only interested in your share of the sold assets.**

- Enter amount \$
  
- Refused
- Don't know

CV27a **Did you dip into any savings you have – for example, in bank accounts – because of the coronavirus?**

- 1 Yes
- 2 No
  
- 8 Refused
- 9 Don't know

<If CV27a=1 go to CV27b; Else go to CV28a>

**CV27b** How much of your savings did you use? (Your best guess will do.) For jointly held savings, we are only interested in your share.

Enter amount \$

Refused

Don't know

**CV28a** Did you take on any additional debt because of the coronavirus? For example, did you take out a new loan or increase an existing loan?

1 Yes

2 No

8 Refused

9 Don't know

<If CV28a=1 go to CV28b; Else go to Next Section>

**CV28b** How much additional debt did you take on? (Your best guess will do.) We are only interested in your share of the additional debt.

Enter amount \$

Refused

Don't know

*Estimated mean time:* 30 seconds

*Source:* Reserve Bank of Australia.

*Explanatory note*

The RBA proposed we ask about use of savings and assets. We have split this in two, distinguishing between selling assets and dipping into savings. We then added an item on taking on additional debt. We also appended the words "because of the coronavirus".

*Issues:*

1. CV25 may seem repetitive given a proposed question (discussed below) about accessing super under the COVID-19 scheme for early release of super. This would appear in Section F of the PQ and hence prior to this question.
2. Questions Q26b, Q27b and Q28b may be difficult to answer when there is joint ownership of assets and debts.



## *Person Questionnaires – Additions to standard content*

### EDUCATION

<For respondents that attended school in 2020>

A15a **Because of the coronavirus crisis, many students stayed away from school and learnt at home. Were you one of these students who learnt from home because of the coronavirus?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If A15a=1 go to A15b; Else go to A15c>

A15b **For approximately how many school weeks (that is, the number of weeks during school terms) did this last?**

*This includes weeks where the respondent goes to school for some of the days but not all of the normal school days.*

- Weeks
- 98 Refused
- 99 Don't know

A15c **Compared with your normal learning situation, would you say your learning during the coronavirus crisis was 'better', 'worse', or 'about the same'?**

- 1 Better
- 2 About the same
- 3 Worse
- 8 Refused
- 9 Don't know

*Estimated mean time: 1 second (30 secs x 0.025).*

*Explanatory notes:*

1. These three questions would be inserted into the current Section A, most likely immediately after A15 (on online bullying). They would be part of a sequence that is only asked of persons still enrolled as a student at secondary school.
2. A15c is to be asked of all persons that attended secondary school in 2020 (i.e., the same population as for A15a).

<For those who spent any time enrolled in a course leading to a post-school qualification since last interview: A16=1>

A22a **Because of the coronavirus crisis, did you unenrol or withdraw from any course of study?**

- 1 Yes
- 2 No
- 3 Not applicable: Was not enrolled in any course of study in 2020
- 8 Refused
- 9 Don't know

<If A22a=3 go to A2i; Else go to A22b>

A22b **Because of the coronavirus crisis, did you experience any (other) interruption in your study program in 2020?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If A22b=1 go to A22c; Else go to A22i>

A22c **Did this interruption cause, or do you expect that this interruption will cause, a delay in course completion?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

*Estimated mean time:* 2 seconds (13 secs x 0.14).

*Explanatory notes:*

These three questions would be inserted into the current Section A, most likely immediately after A21. They would be part of a sequence that is only asked of persons enrolled as a student in post-school study.

*Issues:*

1. The current existing screening question (A16) includes all persons enrolled in a post-school qualification course since the previous interview. This could include some persons that were not studying in 2020. We have thus added a Not Applicable option at A22a to catch these questions, but something that more directly identifies whether someone was enrolled in 2020 may be needed.
2. The question numbering may need to be modified to align with the existing numbering of Section A.

## DIGITAL TECHNOLOGY

<If K17=1: Identifies persons with internet access at home>

**K18a On a scale from 0 to 10, where 0 means you are ‘totally dissatisfied’ and 10 means you are ‘totally satisfied’, how satisfied are you with the speed and reliability of your internet connection at home? (Pick a number between 0 and 10.)**

0-10

98 Refused

99 Don’t know

**K18b Now think about the devices you used to access the internet at home. How good are they for meeting your needs? Are they ‘excellent’, ‘good’, ‘fair’, or ‘poor’?**

1 Excellent

2 Good

3 Fair

4 Poor

8 Refused

9 Don’t know

*Estimated mean time:* 28 seconds (30 secs x 0.92).

*Explanatory note:*

These questions are designed to assess reliability and functionality of internet access. They would appear directly after the regularly included question “Do you have access to the Internet at home, whether through a computer, mobile phone or other device?”, and are conditioned on persons responding yes to that question.

*Issue:*

As posed, neither of these questions deal specifically with the coronavirus. For example, the devices used might be perfectly adequate at most normal times, but not when everyone in the household is working / studying at home simultaneously. Similarly, internet reliability might be great normally, but not in April when many more persons were working from home.

**Household Questionnaire (HQ) – Additions to standard content**

CHILDREN’S EDUCATION

<For all persons with children enrolled at school>

Q32 [For first child say] **Because of the coronavirus crisis, many students stayed away from school and learnt at home. Did [name of child] stay away from school and learn at home because of the coronavirus?**

[For subsequent children say] **And did [name of child] stay away from school and learn at home because of the coronavirus?**

[DISPLAY GRID]

	Yes [1]	No [2]	Refused [8]	Don't know [9]
'Q19.name1'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Q19.name...'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<If Q32=1 and Q32.size>0 go to Q33; Else go to Q34>

Q33 **For approximately how many school weeks (that is, the number of weeks during school terms) did this last?**

*This includes weeks where the child goes to school for some of the days but not all of the normal school days.*

Enter number of weeks

98 Refused

99 Don't know

Q34 **Would you say [name of child]’s learning during the coronavirus crisis was better, worse, or about the same as usual?**

[DISPLAY GRID]

	Better [1]	About the same [2]	Worse [3]	Refused [8]	Don't know [9]
'Q19.name1'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Q19.name...'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<If Q32=1 and Q32.size>0 go to Q35; Else go to Q37i>

Q35 **Did children staying home from school have any impact on your ability to undertake paid work?**

1 Yes

2 No

3 Not applicable – Was not in paid work

8 Refused

9 Don't know

<If Q35=1 go to Q36; If Q35=2, 3, 8 or 9 go to Q37i>

Q36 **As a result of children staying home, did you have to ...**

[DISPLAY GRID]	Yes [1]	No [2]	Refused [8]	Don't know [9]
<b>a. Use paid leave entitlements?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b. Go on unpaid leave?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c. Reduce the number of hours you worked?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d. Quit your job?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37i AUTOFILLED – CHECK Q32 and AGE OF CHILDREN: At least one child in household learned at home and more than one person in household aged 15 years or over.

1 Q32 = 1 and Q32.size > 0 and more than one person in household aged 15 years and over at HF

2 Else

<If Q37i=1 go to Q37; Else go to Section Q End>

Q37 **And what about other members of this household? Did children staying home from school have any impact on their ability to undertake paid work?**

1 Yes

2 No

3 Not applicable – No one else in paid work

8 Refused

9 Don't know

<If Q37=1 go to Q38; Else go to Section Q End>

Q38 **And, as a result of children staying home, did any of these other household members have to ...**

[DISPLAY GRID]	Yes	No	Refused	Don't know
<b>a. Use paid leave entitlements?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b. Go on unpaid leave?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c. Reduce the number of hours they worked?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d. Quit their job?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

□  
□  
□  
□

Estimated mean time: 17 seconds (75 secs x .23).<sup>15</sup>

Explanatory notes:

1. The HQ is asked of only one person in the household. In wave 20 it includes a sub-section on children's education (placed within Section Q), which would typically be answered by a parent / guardian. The questions proposed here would be inserted at the end of that sub-section. The question numbering used here reflects that.
2. Q32-Q34 would be repeated for every child identified in the household as currently enrolled in school.
3. Q34 will be asked in respect of all school children, including those that continued to go to school during the crisis.

### HOUSING COSTS (Section R)

<If R3=2 or 3: Identifies households that rent or pay board to, or involved in a rent-buy scheme>

R5c **Since March [If currentyear = waveyear+1: of last year], did you reach any arrangement with your landlord to reduce or suspend the rent on your home (or the amount of board you pay) because of the coronavirus crisis?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If R5c=1 go to R5d; Else go to R5e>

R5d **For how long did you reduce or suspend your rent (or board)?**

*If ongoing, this is the length of time since the arrangement started.*

- Record number of full weeks
- OR
- Record number of full months
- 98 Refused
- 99 Don't know

<Now go to R6>

R5e **Did you make any attempt to reduce or suspend your rent (or board) because of the coronavirus?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

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<sup>15</sup> The estimate of interview time used here (75 seconds) assumes 1.7 children per household in those households with at least one child at school.

<Now go to R6>

R20ci AUOTFILLED – CHECK R11, R17, R19 ((for households with a housing loan):  
Does respondent have a loan repayment?

- 1 Yes (if R11=2 or R17=1 or R19=1)
- 2 No (Else)

If R20ci=1 go to R20c; Else go to R23>

R20c **Since March [If currentyear = waveyear+1: of last year], did you make any arrangements to reduce or suspend your home loan repayments because of the coronavirus crisis?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If R20c=1 go to R20d; Else go to R20e>

R20d **For how long did you reduce or suspend your repayments?**

*If ongoing, this is the length of time since the arrangement started.*

- Record number of full weeks
- OR
- Record number of full months
- 98 Refused
- 99 Don't know

<Now go to R23>

R20e **Did you make any attempt to reduce or suspend your home loan repayments because of the coronavirus?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<Now go to R23>

*Estimated mean time:* 9 seconds (13 seconds x .35 + 13 seconds x 0.3)

*Explanatory note:*

There are two question sequences here, both of which would be inserted into Section R of the HQ. They will complement and add to the existing sequences about rent and loan repayments.

## Self-Completion Questionnaire (SCQ)

### Additions

#### RESILIENCE / SELF-RELIANCE

**B25** Thinking about how you felt in the past 4 weeks, how true are the following statements for you?

(Cross ONE box on EACH line)

		<i>Not true at all</i>	<i>Rarely true</i>	<i>Some-times true</i>	<i>Often true</i>	<i>True nearly all the time</i>
a	I am able to adapt when changes occur					
b	It bothers me when I have to ask for help					
c	I tend to bounce back after illness, injury, or other hardships					
d	I ask for help when I need it					

#### Sources:

- Items a and c form the 2-item version of the Connor-Davidson Resilience Scale (CD-RISC). (Vaishnavi S, Connor K, Davidson JRT. 2007. An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC 2: psychometric properties and application in psychopharmacological trials. *Psychiatry Research*, 152: 293-297.)
- Items b and d are two items drawn from the 46-item version of the Conformity of Masculinity Norms Inventory [CNMI] (Hammer JH, Heath PJ & Vogel DL. 2018. Fate of the total score: Dimensionality of the Conformity to Masculine Role Norms Inventory (CMNI-46). *Psychology of Men & Masculinity*, 19: 645-651).

#### Explanatory notes:

- Items a and c are designed to measure resilience. They represent the shortest version of an established scale and use requires a license (which has been obtained). Item b and d are measures of self-reliance. The scale they originally came from employed a 4-point agree / disagree scale rather than the 5-point frequency scale proposed here.
- The stem question proposed here is based on what is used in the CD-RISC, but nevertheless is quite different. The wording used in the CD-RISC is: "For each item, please mark an "x" in the box below that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt." We thought this too long and cumbersome. Further, the reference to "agreement" seemed awkward given the response scale used is not the conventional agree-disagree scale used elsewhere in the HILDA Survey.
- These questions will be included at the end of Section B of the SCQ.



## **Deletions**

To make room for the new B25, a proposed new question on financial well-being (that was included in the wave 20 Dress Rehearsal) will be reduced from 10 items to 5 items.

The items to be deleted are:

- In the last 12 months, how difficult was it for you to meet your necessary cost of living expenses like housing, electricity, water, health care, food, clothing or transport?
- I am securing my financial future
- I have money left over at the end of the month
- My finances control my life
- Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month

The items that will be retained are:

- I can enjoy life because of the way I'm managing my money
  - I could handle a major unexpected expense
- Not at all / Very little / Somewhat / Very Well / Completely*
- I feel on top of my day-to-day finances
  - I am comfortable with my current levels of spending relative to the funds I have coming in
  - I am on track to have enough money to provide for my financial needs in the future
- Disagree strongly / Disagree / Neither agree nor disagree / Agree / Agree strongly*

### *Explanatory note*

Preliminary data from the Wave 20 Dress Rehearsal indicate the shortened scale is not associated with any reduction in internal consistency –the Cronbach alpha for the 5-item scale is 0.90.

## Other issues with, and modifications to, existing / standard content

### EMPLOYMENT STATUS (SECTION B, Person Questionnaire)

#### *Existing question*

#### **B11. Were you paid, or will you be paid, for any part of the last 4 weeks?**

INTERVIEWER NOTE: *This includes parental leave payments funded by the employer. It does not include Paid Parental Leave (PPL) scheme payments, which are funded by the government.*

#### *Issue*

There is a concern that persons who have been stood down, or who remain employed but without working any actual hours (including those whose wages are subsidised through the Government's new Job Keeper wage subsidy program), may not be correctly allocated to the categories of employed and not employed.

The approach adopted in the HILDA Survey for measuring labour force status follows closely the ILO framework used by the Australian Bureau of (ABS) in its monthly population surveys, such as the Labour Force Survey (LFS). The advice that we have received is that the standard questions the ABS uses in the LFS are not being amended in any way in light of recent policy changes, suggesting that the HILDA Survey questions on employment (Section B, PQ) also do not require revision. Nevertheless, one question – B11 – concerns us.

This concern has more to do with the interviewer note than the question. Specifically, it implies that Government payments are not treated as wages and hence the answer here should be no, leading to the respondent being classified as not employed.

#### *Proposed revised question*

#### **B11. Were you paid, or will you be paid, for any part of the last 4 weeks?**

*This includes parental leave payments funded by the employer, and wage subsidies received as part of the Australian Government's JobKeeper program. But it does not include government-funded Paid Parental Leave (PPL) scheme payments.*

### USUAL WORK HOURS (SECTION C, Person Questionnaire)

#### *Issue*

At C1a and C1b we ask question about usual working hours. There is no defined reference period, which we felt was important for a longitudinal study where we are interested in changes over time and thus wished to avoid variations that simply reflected the impact of leave taking. Nevertheless, the question does not deal well with persons who are temporarily stood down or on temporary short-time work arrangements. Will someone who is say working 20 hours a week in September but used to work 40 hours in say February, is still employed by the same firm, and who has been explicitly informed the reduced hours is temporary, report usual hours as 20 or 40?

Currently all we propose is emphasising in interviewer training (and the accompanying interviewer manual) that, if queried by a respondent, we are seeking the number of hours the respondent would normally be expected to work this week, and assuming they take no leave.

INCOME (SECTION F, Person Questionnaire)

F1b

*Issue*

This question confirms whether someone currently receives income from wages or salary, with the response determining who is asked questions about current wages and salaries. Our concern is that some people on the JobKeeper payment may not treat these payments as wages. The subsidy is paid to employers who in turn then pay it to their workers as wages. But we are concerned that some employees, especially those that are not currently working any hours, may know this as something other than wages.

*Proposed revised questions*

F1b **CONFIRM: Do you currently receive income from wages or salary?**

**This includes any payment you receive from your employer as part of the Government's JobKeeper payment scheme.**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

F32 **Last financial year, what was your total wage and salary income from all jobs before tax or anything else was deducted?**

**Again, make sure to include any JobKeeper payments.**

*Do not include income from businesses. This should be gathered at F44, rather than here.*

*Do not include employer superannuation contributions.*

- Amount
- Refused
- Don't know

F44 **Excluding dividends, in the last financial year, what was your total income from wages and salary from these incorporated businesses before income tax was deducted? Please exclude wages and salary already reported.**

**Make sure to include any JobKeeper payments (unless recorded elsewhere).**

*This includes trusts from F42.*

- Amount
- Recorded elsewhere
- Refused
- Don't know

*Estimated impact on length: Additional 5 seconds.*

F28 (Current income from government pensions or allowance)

*Proposed changes*

1. Replace “Newstart Allowance” with “Jobseeker Payment” (both in question text and on showcard).
2. Remove “Wife Pension or Widow Allowance” from the list of payments.

F60 /F61a

*Proposed changes*

1. Change “Newstart Allowance” to “Newstart Allowance or Jobseeker Payment”, both in list and on Showcard.
2. Change instruction “Do not include Family Tax Benefit or Energy Supplement payments” to read “Include the \$550 per fortnight Coronavirus Supplement but do not include Family Tax Benefit or Energy Supplement payments”.

Proposed new questions

**F61f In April 2020, some Australians received a \$750 one-off Economic Support Payment. Did you receive this?**

*This payment was automatically paid to persons receiving income support payments or Family Tax Benefit as well as holders of the Pensioner Concession Card, Commonwealth Seniors Health Card or Veteran Gold Card.*

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If F61f=1 go to F61g; Else go to F62>

**F61g And did you already include this amount when reporting your income from government?**

*This should have been reported at F61a under Other government pensions / allowances.*

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

**F69c Prior to 30 June 2020, did you withdraw superannuation under the COVID-19 scheme for early release of super?**

- 1 Yes
- 2 No
- 8 Refused
- 9 Don't know

<If F69c=1 go F69d; Else go to F70>

**F69d How much did you withdraw prior to 30 June 2020?**

Enter amount \$

Refused

Don't know

<If amount provided at F69b go F69c; Else go to F70>

**F69e And have you already told me about this?**

*The amount should have been reported when previously asked about receipt of lump sum payments from superannuation (F66) or income from other sources (F69b).*

1 Yes

2 No

8 Refused

9 Don't know

*Estimated impact on length: Additional 16 seconds.*