SHOWCARDS
WAVE 17 MAIN
SHOWCARD HF16

- Employed (including self-employed and working students):
  
  usually works 35 hours or more per week ............................................................ 1

  usually works less than 35 hours per week ............................................................ 2

- Not employed but looking for work .................... 3

- Neither employed nor looking for work:
  
  Retired ................................................................................................................. 4

  Home duties ........................................................................................................... 5

  Non-working student ......................................................................................... 6
SHOWCARD HF17

Please Answer Yes or No

DISABILITIES / HEALTH CONDITIONS WHICH:

- Have lasted, or are likely to last, 6 months or more;
- Restrict everyday activity; and
- Can not be corrected by medication or medical aids.

- Sight problems not corrected by glasses or contact lenses
- Hearing problems
- Speech problems
- Blackouts, fits or loss of consciousness
- Difficulty learning or understanding things
- Limited use of arms or fingers
- Difficulty gripping things
- Limited use of feet or legs
- A nervous or emotional condition which requires treatment
- Any condition that restricts physical activity or physical work (e.g., back problems, migraines)
- Any disfigurement or deformity
- Any mental illness which requires help or supervision
- Shortness of breath or difficulty breathing
- Chronic or recurring pain
- Long-term effects as a result of a head injury, stroke or other brain damage
- A long-term condition or ailment which is still restrictive even though it is being treated or medication is being taken for it
- Any other long-term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.
SHOWCARD Q4

Types of child care you might have considered so you (or your partner) can undertake paid work:

- Family Day Care, Long Day Care, any other care at a Child Care Centre
- Outside of school hours or Vacation Care
- Someone paid to come to your home to care for your child
- Someone paid to care for your child in their home
- A friend, relative or neighbour caring for your child for free or for payment in kind
SHOWCARD Q5

Not a problem at all 0 1 2 3 4 5 6 7 8 9 10 Very much a problem

a Finding good quality child care
b Finding the right person to take care of your child
c Getting care for the hours you need
d Finding care for a sick child
e Finding care during school holidays
f The cost of child care
g Juggling multiple child care arrangements
h Finding care for a difficult or special needs child
i Finding a place at the child care centre of your choice
j Finding a child care centre in the right location
k Finding care your (child is / children are) happy with
l Finding care at short notice
SHOWCARD Q6a

- Family Day Care, Long Day Care, any other care at a Child Care Centre
- Outside of school hours or Vacation Care
- Someone paid to come to your home (nanny / baby-sitter)
- Someone paid to care for your child in their home
- A relative who lives with you (paid or unpaid)
- A relative who doesn’t live with you (paid or unpaid)
- A friend or neighbour (caring for the child either at your home or in their home; paid or unpaid)
- The child’s brother or sister
- The child goes to your (or your partner’s) work
- Child looks after his or her self
- Some other form of child care
SHOWCARD Q6b

- Family Day Care, Long Day Care, any other care at a Child Care Centre
- Outside of school hours or Vacation Care
- Someone paid to come to your home to care for your child (nanny / baby-sitter)
- Someone paid to care for your child in their home
- A relative who lives with you (whether paid or unpaid)
- A relative who doesn’t live with you (whether paid or unpaid)
- A friend or neighbour (caring for the child either at your home or in their home, whether paid or unpaid)
- The child’s brother or sister (whether paid or unpaid)
- Some other form of child care
SHOWCARD Q8

Me or my partner (e.g., you arrange working hours so one of you is able to care for your child/ren) ................................................................. 01

The child’s brother or sister ................................................. 02

Child looks after self ......................................................... 03

Child comes to my (or my partner’s) workplace .... 04

Child’s grandparent who lives with us ................. 05

Child’s grandparent who lives elsewhere ............. 06

Other relative who lives with us ................................. 07

Other relative who lives elsewhere ....................... 08

A friend or neighbour coming to our home ............ 09

A friend or neighbour in their home ....................... 10

A paid sitter or nanny ..................................................... 11

Family day care ............................................................. 12

Formal outside of school hours care .................... 13

Other (please specify) ..................................................... 21
SHOWCARD Q9

Me or my partner (e.g., taking paid or unpaid leave, you arrange working hours so one of you is able to care for your child/ren) .................. 01
The child’s brother or sister .................................................. 02
Child looks after self ....................................................... 03
Child comes to my (or my partner’s) workplace .... 04
Child’s grandparent who lives with us ..................... 05
Child’s grandparent who lives elsewhere ............ 06
Other relative who lives with us ................................. 07
Other relative who lives elsewhere ......................... 08
A friend or neighbour coming to our home .......... 09
A friend or neighbour in their home ..................... 10
A paid sitter or nanny .................................................. 11
Family day care ......................................................... 12
Vacation care ............................................................ 13
Other (please specify) .................................................. 21
SHOWCARD Q11

Me or my partner (e.g., you arrange working hours so one of you is able to care for your child/ren)........01

The child’s brother or sister..................................................02

Child’s grandparent who lives with us.................................03

Child’s grandparent who lives elsewhere.........................04

Other relative who lives with us ........................................05

Other relative who lives elsewhere ....................................06

A friend or neighbour coming to our home ....................07

A friend or neighbour in their home ...............................08

A paid sitter or nanny .......................................................09

Family day care ..................................................................10

Long day care centre at workplace .................................11

Private or community long day care centre .....................12

Kindergarten / pre-school ...............................................13

Other (please specify)......................................................21
SHOWCARD Q12

- Family Day Care, Long Day Care, any other care at a Child Care Centre
- Out of school hours or Vacation Care
- Someone paid to come to your home to care for your child (nanny / baby-sitter)
- Someone paid to care for your child in their home
- A relative who lives with you (whether paid or unpaid)
- A relative who doesn’t live with you (whether paid or unpaid)
- A friend or neighbour (caring for the child either at your home or in their home, whether paid or unpaid)
- The child’s brother or sister (whether paid or unpaid)
- Some other form of child care
<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child’s brother or sister</td>
<td>01</td>
</tr>
<tr>
<td>Child’s grandparent who lives with us</td>
<td>02</td>
</tr>
<tr>
<td>Child’s grandparent who lives elsewhere</td>
<td>03</td>
</tr>
<tr>
<td>Other relative who lives with us</td>
<td>04</td>
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<tr>
<td>Other relative who lives elsewhere</td>
<td>05</td>
</tr>
<tr>
<td>A friend or neighbour coming to our home</td>
<td>06</td>
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<td>A friend or neighbour in their home</td>
<td>07</td>
</tr>
<tr>
<td>A paid sitter or nanny</td>
<td>08</td>
</tr>
<tr>
<td>Family day care</td>
<td>09</td>
</tr>
<tr>
<td>Private or community long day care centre</td>
<td>10</td>
</tr>
<tr>
<td>Formal outside of school hours care</td>
<td>11</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>21</td>
</tr>
</tbody>
</table>
SHOWCARD Q16

The child’s brother or sister ....................................01
Child’s grandparent who lives with us ....................02
Child’s grandparent who lives elsewhere ..............03
Other relative who lives with us ...........................04
Other relative who lives elsewhere ......................05
A friend or neighbour coming to our home ............06
A friend or neighbour in their home ....................07
A paid sitter or nanny ...........................................08
Family day care ..................................................09
Private or community long day care centre ..........10
Kindergarten / pre-school ....................................11
Other (please specify) .........................................21
SHOWCARD Q19

Less than 6 months ago ........................................... 1
Six to less than 12 months ago .............................. 2
One to less than 2 years ago ................................. 3
Two to less than 5 years ago ................................. 4
Five or more years ago ........................................... 5
Never been to the dentist ........................................ 8
SHOWCARD R13

TYPE OF LOAN

Standard loan (where you pay down both the principal and interest over time)..........................1

Interest-only loan (where you do not pay down the principal over time).........................................2

Line of credit.................................................................................................................................3

Reverse mortgage..........................................................................................................................4

Other (please specify).....................................................................................................................7
SHOWCARD R20

TYPE OF LOAN

Standard loan (where you pay down both the principal and interest over time).......................... 1

Interest-only loan (where you do not pay down the principal over time)......................................... 2

Line of credit................................................................................................................3

Reverse mortgage........................................................................................................4

Other (please specify).................................................................................................8
SHOWCARD R23

Include food, supermarket and convenience store shopping.

**LIST A**
All groceries, including cleaning products and toiletries

For example:
- Meat and fish
- Bread and milk
- Fruit and vegetables
- Tinned and packaged food
- Drinks (but not alcohol)
- Pet food
- Cleaning products
- Toilet paper
- Soap, shampoo etc.

**LIST B**
Food and drink only

For example:
- Meat and fish
- Bread and milk
- Fruit and vegetables
- Tinned and packaged food
- Drinks (but not alcohol)
TOTAL GROSS INCOME OF EVERYONE LIVING IN THIS HOUSEHOLD

LAST FINANCIAL YEAR (1 July 2016 to 30 June 2017), BEFORE TAX OR ANYTHING ELSE IS DEDUCTED. Include income from all sources, such as wages, investments and government pensions and benefits.

<table>
<thead>
<tr>
<th>Per Year</th>
<th>Per Week</th>
</tr>
</thead>
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<tr>
<td>Negative or Zero Income</td>
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<tr>
<td>$1 - $9,999</td>
<td>($1 - $189)</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>($190 - $379)</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>($380 - $579)</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>($580 - $769)</td>
</tr>
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<td>$40,000 - $49,999</td>
<td>($770 - $959)</td>
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<td>$50,000 - $59,999</td>
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<td>($1530 - $1919)</td>
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<td>$100,000 - $124,999</td>
<td>($1920 - $2399)</td>
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<tr>
<td>$125,000 - $149,999</td>
<td>($2400 - $2879)</td>
</tr>
<tr>
<td>$150,000 - $199,999</td>
<td>($2880 - $3839)</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>($3840 or more)</td>
</tr>
</tbody>
</table>
SHOWCARD AA11

Skilled migrant .......................................................... 1
Business migrant .......................................................... 2
Family migrant* .......................................................... 3
Refugee or Special Humanitarian migrant .......... 4
New Zealand citizen .................................................. 5
None of the above ...................................................... 8

* Family migrants include people coming to Australia as spouses, parents or children of Australian permanent residents or citizens
SHOWCARD BB11

None ................................................................. 1

Primary school only ................................................. 2

Some secondary school,
but no more than Year 10 ........................................ 3

Year 11 or equivalent
(e.g., 5th form, Leaving Certificate) ......................... 4

Year 12 or equivalent
(e.g., 6th form, Matriculation) ................................. 5
SHOWCARD BB13

University .................................................................................................................................. 1

Teachers college / College of Advanced Education ........................................................................ 2

Institute of Technology .................................................................................................................. 3

Technical college / TAFE / College of Technical & Further Education ........................................ 4

Employer ........................................................................................................................................ 5

Other (please specify) .................................................................................................................... 8
SHOWCARD 1

Year 12 or equivalent (Senior Secondary) ........................................1
- 6th form
- Matriculation
- Leaving Honours Certificate (SA)
- Leaving Certificate (NSW, WA)
- Certificate of Secondary Education (WA)
- General Certificate of Education (GCE) A levels (UK)
- International Baccalaureate
- Higher School Certificate (NSW, Vic, Tas, ACT)
- Senior Certificate (Qld)
- Northern Territory Certificate of Education (NTCE)
- South Australian Certificate of Education (SACE)
- Tasmanian Certificate of Education (TCE)
- Victorian Certificate of Education (VCE)
- Western Australian Certificate of Education (WACE)
- Year 12 Certificate (ACT)

Year 11 or equivalent........................................................................2
- 5th form
- School Leaving Certificate (Vic)
- Technical Leaving Certificate (Vic)
- Leaving Certificate (SA)
- Leaving (Vic, SA)

Year 10 or equivalent (Junior Secondary).......................................3
- 4th form
- Intermediate (Vic, SA, NSW)
- School Certificate (NSW, Tas)
- Junior Certificate (Qld, WA)
- Achievement Certificate (WA)
- General Certificate of Education (GCE) O levels (UK)
- General Certificate of Secondary Education (UK)
- Junior Secondary Studies Certificate (NT)
- Certificate of Lower Secondary Studies (WA)
- Year 10 Certificate (ACT, NSW)

Year 9 or equivalent........................................................................4
Year 8 or equivalent........................................................................5
Year 7 or equivalent........................................................................6
Did not attend secondary school but finished primary school........7
Attended primary school but did not finish.................................8
SHOWCARD 2

Government school ...................................................... 1
Catholic non-government school ................................. 2
Other non-government school ................................. 3
Other, not included above (please specify)........ 8
SHOWCARD 3

Secondary school qualification – lower level ........... 600
Secondary school qualification – highest level .......... 611
Nursing qualification ................................................ 001
Teaching qualification ............................................. 002
Trade certificate or apprenticeship .......................... 514
Technician’s certificate / Advanced certificate .......... 511
Other certificate – level I ........................................ 524
Other certificate – level II ....................................... 521
Other certificate – level III ..................................... 598
Other certificate – level IV ...................................... 599
Other certificate – don’t know level ......................... 500

Associate diploma / Diploma
(2 yrs full-time or equivalent) .................................. 421

Associate Degree ................................................... 413

Undergraduate diploma / Advanced diploma
(3 yrs full-time or equivalent) ................................ 411

Bachelor Degree but not Honours ......................... 312
Honours Bachelor Degree ...................................... 311

Graduate Certificate ............................................... 221
Post-graduate Diploma / Graduate Diploma ............. 211

Masters Degree ..................................................... 120

Doctorate ............................................................... 110

Other (please specify) ........................................... 995
Did not complete qualification ............................... 993
Still studying ......................................................... 994
SHOWCARD 4

Enrolled nurse.............................................................. 511

Associate diploma / Diploma
 (2 years full-time or equivalent).............................. 421

Undergraduate diploma / Advanced Diploma
 (3 years full-time or equivalent).............................. 411

Bachelor Degree but not Honours ...................... 312

Honours Bachelor Degree....................................... 311

Triple, Double Certificate Nurse ......................... 310

Registered Nurse, Sister ..................................... 310

Post-graduate diploma / Graduate Diploma .... 211

Masters Degree....................................................... 120

Doctorate .............................................................. 110

Other (please specify) ........................................... 997
SHOWCARD 5

TPTC (Trained Primary Teaching Cert.) .......... 421

TSTC (Trained Secondary Teaching Cert.)
TITC (Trained Infants Teaching Cert.) .......... 411

Associate Diploma / Diploma
(1-2 years full-time or equivalent) ............ 498

Undergraduate Diploma of Teaching (Dip T)
(3 years full-time or equivalent) ............... 499

Bachelor Degree but not honours ............... 312

Honours Bachelor Degree ......................... 311

Graduate Certificate .............................. 221

Postgraduate Diploma, Graduate Diploma,
Diploma of Education (Dip Ed)
(after Bachelor Degree or Undergrad Diploma) ........................................... 211

Masters Degree .................................... 120

Doctorate ........................................... 110

Other (please specify) ............................ 997
SHOWCARD 6

Secondary school qualification – lower level .......... 600
Secondary school qualification – highest level ....... 611
Certificate level I ......................................................... 524
Certificate level II ......................................................... 521
Certificate level III ...................................................... 514
Certificate level IV ......................................................... 511
Certificate – don’t know level .............................. 500
Diploma (2 years full-time or equivalent) ............. 421
Associate Degree ....................................................... 413
Advanced Diploma (3 years full-time or equivalent) ....................................................... 411
Bachelor Degree but not Honours ..................... 312
Honours Bachelor Degree ........................................ 311
Graduate Certificate ................................................... 221
Graduate Diploma ....................................................... 211
Masters Degree ......................................................... 120
Doctorate ................................................................. 110
Other (please specify) ............................................. 997
<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired / Voluntarily inactive</td>
<td>1</td>
</tr>
<tr>
<td>Home duties / Child care</td>
<td>2</td>
</tr>
<tr>
<td>Study / Went to school, TAFE or university</td>
<td>3</td>
</tr>
<tr>
<td>Own disability or handicap</td>
<td>4</td>
</tr>
<tr>
<td>Own illness or injury</td>
<td>5</td>
</tr>
<tr>
<td>Looking after ill or disabled person</td>
<td>6</td>
</tr>
<tr>
<td>Travel / On holiday / Leisure activities</td>
<td>7</td>
</tr>
<tr>
<td>Working in an unpaid voluntary job</td>
<td>8</td>
</tr>
<tr>
<td>Other activity (please specify)</td>
<td>98</td>
</tr>
</tbody>
</table>
Government school .......................................................... 1
Catholic non-Government school ................................. 2
Other non-Government school ................................. 3
Other, not included above (please specify).......... 8
SHOWCARD A9

Certificate – level I ........................................................ 524
Certificate – level II ....................................................... 521
Certificate – level III ...................................................... 514
Certificate – level IV ..................................................... 511
Certificate – don’t know level ..................................... 500
Diploma (2 yrs full-time or equivalent) ....................... 421
Associate Degree ........................................................... 413
Advanced Diploma (3 yrs full-time or equivalent) .......... 411
Bachelor Degree but not Honours ............................. 312
Honours Bachelor Degree ........................................... 311
Graduate Certificate ..................................................... 221
Graduate Diploma ........................................................ 211
Masters Degree ........................................................... 120
Doctorate ...................................................................... 110
Other (please specify) ................................................. 998
Incorporated business

- has a registered business name with the Australian Securities and Investments Commission (ASIC);
- has “Incorporated”; “Limited”; “Proprietary Limited” or “no liability” in the name (abbreviated as “Ltd”, “Pty Ltd” or “N.L.”).

Unincorporated business

- if the above criteria are **not** met, the business is NOT incorporated – that is, it’s **unincorporated**.
SHOWCARD C10

A regular daytime schedule ........................................ 1
A regular evening shift ............................................. 2
A regular night shift ............................................... 3
A rotating shift (changes from days to
evenings to nights) ................................................... 4
Split shift (two distinct periods each day) ............. 5
On call ..................................................................... 6
Irregular schedule .................................................... 7
Other (please specify) .............................................. 8
SHOWCARD C23

Employed on a fixed-term contract ........................... 1
Employed on a casual basis .................................... 2
Employed on a permanent or ongoing basis ................. 3
Other (please specify) .............................................. 8
Collective (enterprise) agreement..........................1

An agreement made at your workplace or firm between your employer and either a union or a group of employees.

*It may sometimes be known as an Enterprise Agreement.*

Individual agreement (or contract).........................2

An agreement (formal or informal) between you and your employer. It may be verbal or written. It could simply be a letter of appointment.

Combination of collective / enterprise agreement and individual agreement.....................3

This will apply in those cases where you are covered by a collective (i.e. enterprise) agreement, but are paid above the rate specified in that agreement.

Paid exactly the Award rate ......................................4

None of the above.....................................................8

Other arrangement (*please describe*)
If you are an independent contractor, you:

- usually issue invoices (including tax invoices) to bill clients for the work that you do for them

- usually earn income from using your skills and effort, not just from owning your business

- do not spend most of your work time dealing with administrative tasks and paperwork for your business

- may be able to negotiate the terms of your work contract

- may perform work for more than one client

- may subcontract work to another person or business
SHOWCARD C32

Commercial*

Private sector “for profit” organisation .................. 1

Government business enterprise or commercial statutory authority ...................... 2

Other commercial (please specify) ...................... 3

* By ‘commercial’ we mean businesses that undertake activity for profit. It should not include businesses which, in the course of providing a public service, may happen to make a profit.

Non-commercial

Private sector “not-for-profit” organisation .......... 4

Other government organisation, such as a public service department, local councils, schools and universities .................. 5

Other non-commercial (please specify) ............... 6
SHOWCARD C33

- One person (self)
- 2 to 4
- 5 to 9
- 10 to 19
- 20 to 49
- 50 to 99
- 100 to 199
- 200 to 499
- 500 or more
SHOWCARD C35

- Less than 20
- 20 to 99
- 100 to 499
- 500 to 999
- 1,000 to 4,999
- 5,000 to 19,999
- 20,000 or more
a Your total pay
b Your job security
c The work itself (what you do)
d The hours you work
e The flexibility available to balance work and non-work commitments
f All things considered, how satisfied are you with your job?
SHOWCARD C50

Self-employed ..........................................................1

Employed on a fixed-term contract .........................2

Employed on a casual basis ....................................3

Employed on a permanent or ongoing basis ......................4

Other (please specify) ........................................8
SHOWCARD D2

Written, phoned or applied to an employer for work ........................................1

Had an interview with an employer for work .........................................................2

Answered an advertisement for a job .................................................................3

Looked in newspapers, on the internet or checked notice boards ..........................4

Been registered with Centrelink as a jobseeker ..................................................5

Checked or registered with any employment services provider or employment agency ....6

Taken steps to purchase or start your own business .............................................7

Anything else (please specify) .................................................................98
SHOWCARD D6

Because of your own ill health or disability .................. 01

Employers thought you were too young or too old..... 02

The hours were unsuitable ............................................. 03

You had transport problems or
it was too far to travel ................................................... 04

You did not have the required education, training
or skills........................................................................... 05

You did not have enough work experience ............... 06

Because of language difficulties ......................... 07

Because there were no jobs in your line of work ....... 08

Because there were too many applicants for the
available jobs................................................................. 09

Because there were just no jobs at all.................. 10

Because of difficulties in finding child care.............. 11

Any other difficulties (please specify) ..................... 98
SHOWCARD D9

Retired / Voluntarily inactive ..................................1
Home duties / Child care..........................................2
Study / Went to school, TAFE or university ..............3
Own illness, injury or disability..............................4
Looking after ill or disabled person.........................5
Travel / On holiday / Leisure activities .................6
Working in an unpaid voluntary job.....................7
Other activity (please specify)...............................8
SHOWCARD D29

Self-employed .................................................................1

Employed on a fixed-term contract.........................2

Employed on a casual basis.................................3

Employed on a permanent or ongoing basis .................4

Other (please specify) ........................................8
SHOWCARD E6

- Pay course fees
- Purchase materials, books etc.
- Pay for travel, accommodation while attending course
- Take unpaid time off to attend training course
SHOWCARD E7

To help you get started in your job...........................1
To improve your skills in your current job.........2
To maintain professional status and / or meet occupational standards...............................3
To prepare you for a job you might do in the future or to facilitate promotion...............4
To develop your skills generally .........................5
Because of health / safety concerns.......................6
Other aims (please specify).................................8
SHOWCARD E8

Not at all .................................................................1
Only to a limited extent ........................................2
To a moderate extent ..........................................3
To a great extent ...................................................4
To a very great extent ..........................................5
Did not learn any new skills.................................8
SHOWCARD E18

- Maternity leave
- Paternity leave
- Parental leave
- Long-service leave
- Bereavement leave
- Family leave
- Carers leave
- Other form of paid leave

But NOT
- annual leave
- sick leave, or
- workers’ compensation
SHOWCARD E21

Study .................................................................01
Part-time paid work ..................................................02
Voluntary unpaid work ...............................................03
Work for the Dole .....................................................04
PaTH Internships .....................................................05
National Work Experience Programme ......................06
PaTH Employability Skills Training ............................07
Accredited language, literacy or numeracy training ..............08
Community Development Programme ..........................09
Relocating to an area of better employment prospects .............10
Defence Reserves ....................................................11
Other government employment or training programmes ..........12
Other non-government employment or training programmes ......13
Non-vocational interventions or assistance .....................14
SHOWCARD F7

Superannuation (excluding the 9.5% compulsory contribution and any additional employer contributions) ...................... 1

Motor vehicle ........................................................................................................... 2

Computer .................................................................................................................. 3

Child care ................................................................................................................... 4

Telephone .................................................................................................................. 5

Housing (rent or mortgage repayments) .................................................. 6

Household / personal bills ..................................................................................... 7

Other (please specify) .............................................................................................. 8
SHOWCARD F10

Housing rent free or at less than normal market rent .............................................. 1

Telephone and / or contribution to private telephone calls ....................................... 2

Motor vehicle (private use) ....................................................................................... 3

Superannuation (any employer contribution over and above the 9.5% compulsory contribution) ................................................................. 4

Computer (private use) ............................................................................................ 5

Child care .................................................................................................................. 6

Car park ..................................................................................................................... 7

Shares ........................................................................................................................ 8

Low interest loans ..................................................................................................... 9

Other (please specify) .............................................................................................. 97
SHOWCARD F19

Superannuation (excluding the 9.5% compulsory contribution and any additional employer contributions) .................. 1

Motor vehicle ........................................................................................................... 2

Computer .................................................................................................................. 3

Child care ................................................................................................................... 4

Telephone ................................................................................................................... 5

Housing (rent or mortgage repayments) ................................................... 6

Household / personal bills ........................................................................................ 7

Other (please specify) ............................................................................................... 8
SHOWCARD F22

Housing rent free or at less than normal market rent ....................................................... 1

Telephone and / or contribution to private telephone calls ................................................. 2

Motor vehicle (private use) .................................................................................................. 3

Superannuation (any employer contribution over and above the 9.5% compulsory contribution) ......................................................... 4

Computer (private use) .................................................................................................... 5

Child care .................................................................................................................. 6

Car park ...................................................................................................................... 7

Shares ............................................................................................................................ 8

Low interest loans ....................................................................................................... 9

Other (please specify) .................................................................................................. 97
### SHOWCARD F28

<table>
<thead>
<tr>
<th>Allowance</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newstart Allowance</td>
<td>01</td>
</tr>
<tr>
<td><strong>Service Pension</strong> <em>(paid by Dept of Veterans’ Affairs)</em></td>
<td>02</td>
</tr>
<tr>
<td>Disability Support Pension <em>(paid by Centrelink)</em></td>
<td>03</td>
</tr>
<tr>
<td>Wife Pension OR Widow Allowance <em>(paid by Centrelink)</em></td>
<td>04</td>
</tr>
<tr>
<td>Carer Payment</td>
<td>05</td>
</tr>
<tr>
<td>Sickness Allowance OR Special Benefit</td>
<td>06</td>
</tr>
<tr>
<td>Partner Allowance</td>
<td>07</td>
</tr>
<tr>
<td>Parenting Payment <em>(NOT Family Tax Benefit)</em></td>
<td>08</td>
</tr>
<tr>
<td>Youth Allowance – as a full-time student <em>(or Australian Apprentice)</em></td>
<td>09</td>
</tr>
<tr>
<td>Youth Allowance – as a job seeker</td>
<td>10</td>
</tr>
<tr>
<td>Austudy / ABSTUDY payment</td>
<td>11</td>
</tr>
<tr>
<td>None of these</td>
<td>97</td>
</tr>
</tbody>
</table>
SHOWCARD F30

War Widows / Widowers Pension  
(paid by Dept of Veterans’ Affairs) ..........................1

Disability Pension  
(paid by Dept of Veterans’ Affairs) ..........................2

Carer Allowance (an income supplement to assist carers).................................................................3

Paid Parental Leave (include Dad and Partner Pay) .................................................................4

Pensions or benefits paid by overseas governments ..................................................5

Any other government pensions / benefits (please specify) ..................................................8

Do not include:

- Family Tax Benefit (Child Endowment)
- Superannuation payments
Superannuation (excluding the 9.5% compulsory contribution and any additional employer contributions) .......................... 1

Motor vehicle .................................................................................................................. 2

Computer .......................................................................................................................... 3

Child care ........................................................................................................................... 4

Telephone .......................................................................................................................... 5

Housing (rent or mortgage repayments) ................................................................. 6

Household / personal bills .......................................................................................... 7

Other (please specify) ...................................................................................................... 8
SHOWCARD F39

Housing rent free or at less than normal market rent

Telephone and / or contribution to private telephone calls

Motor vehicle (private use)

Superannuation (any employer contribution over and above the 9.5% compulsory contribution)

Computer (private use)

Child care

Car park

Shares

Low interest loans

Other (please specify)
Incorporated business

- has a registered business name with the Australian Securities and Investments Commission (ASIC);
- has “Incorporated”; “Limited”; “Proprietary Limited” or “no liability” in the name (abbreviated as “Ltd”, “Pty Ltd” or “N.L.”).

Unincorporated business

- if the above criteria is not met, the business is NOT incorporated – that is, it’s unincorporated.
SHOWCARD F46

Superannuation (excluding the 9.5% compulsory contribution and any additional employer contributions) ..................... 1

Motor vehicle .................................................................................................................. 2

Computer ....................................................................................................................... 3

Child care ...................................................................................................................... 4

Telephone ..................................................................................................................... 5

Housing (rent or mortgage repayments).............................. 6

Household / personal bills ......................................................... 7

Other (please specify) ................................................................. 8
SHOWCARD F49

Housing rent free or at less than normal market rent ........................................... 1

Telephone and / or contribution to private telephone calls .................................... 2

Motor vehicle (private use) .................................................................................. 3

Superannuation (any employer contribution over and above the 9.5% compulsory contribution) .......................................................... 4

Computer (private use) ..................................................................................... 5

Child care ........................................................................................................ 6

Car park ........................................................................................................... 7

Shares ............................................................................................................... 8

Low interest loans .......................................................................................... 9

Other (please specify) .................................................................................... 97
Interest from:

- banks
- other financial institution
- bonds
- debentures
- cash management trusts
- family or other private trust funds, or
- interest from loans to other persons not in this household
SHOWCARD F57

Less than $100 ................................................................................1
$100 to $499 ................................................................................2
$500 to $999 ................................................................................3
$1,000 to $4,999 .............................................................................4
$5,000 to $9,999 .............................................................................5
$10,000 or more ............................................................................6
SHOWCARD F58a

- Company shares
- Managed funds
- Property trusts (listed and unlisted)
SHOWCARD F58c

Less than $100 ................................................................. 1
$100 to $499 ................................................................. 2
$500 to $999 ................................................................. 3
$1,000 to $4,999 ............................................................ 4
$5,000 to $9,999 ............................................................ 5
$10,000 or more ........................................................... 6
SHOWCARD F59

Loss of $10,000 or more .................................................. 1
Loss of between $5,000 and $9,999 ............................... 2
Loss of between $1,000 and $4,999 ............................... 3
Profit or loss of less than $1,000 .................................. 4
Profit of between $1,000 and $4,999 ............................. 5
Profit of between $5,000 and $9,999 ............................ 6
Profit of $10,000 or more ............................................. 7
SHOWCARD F60

Age Pension *(from Australian Government)* ................................. 01
Newstart Allowance ......................................................................... 02
Service Pension *(paid by Dept of Veterans’ Affairs)* ...................... 03
Disability Support Pension *(paid by Centrelink)* ............................ 04
Disability Pension *(paid by Dept of Veterans’ Affairs)* ..................... 05
Wife Pension OR Widow Allowance *(paid by Centrelink)* ............... 06
War Widows / Widowers Pension *(paid by Dept of Veterans’ Affairs)* ................................................................. 07
Carer Payment .................................................................................. 08
Carer Allowance *(an income supplement to assist carers)* .............. 09
Sickness Allowance OR Special Benefit .......................................... 10
Partner Allowance ........................................................................... 11
Youth Allowance – as a full time student (or Australian Apprentice) ................. 12
Youth Allowance – as a job seeker ................................................... 13
Austudy / ABSTUDY ........................................................................ 14
Parenting Payment ........................................................................... 15
Paid Parental Leave *(include Dad and Partner Pay)* ....................... 16
Pensions / benefits from overseas governments ............................. 17
Other government pensions / allowances *(please specify)* ............... 97

Do not include Family Tax Benefit, Energy Supplement or Schoolkids Bonus payments
SHOWCARD F62

Superannuation / Roll-over Fund / Annuity / Life Insurance / Allocated Pension Fund ............1

Child Support / Maintenance ........................................2

Workers’ Compensation / Accident or Sickness Insurance / Personal Accident Claims ......................................................3

Redundancy and severance payments..........................4

Inheritance / Bequests..........................................................5

Parents................................................................................6

Other persons not in this household (but excluding any income already reported) ......7

Any other source (please specify) .......................................96

- Include cash gifts
- Do not include Family Tax Benefit, Energy Supplement or Schoolkids Bonus payments
SHOWCARD F65

Hardly ever or never .................................................. 1
Not very often .......................................................... 2
About half of the time ............................................ 3
Most months ........................................................... 4
Always or almost always ........................................... 5
SHOWCARD G1

Lives in this household at least 50% of the time ...........................................1

Lives in another household more than 50% of the time ..................................2

Lives in a non-private dwelling, but spends the remainder of the time mainly with you .......3

Lives in a non-private dwelling, but does not spend the remainder of the time mainly with you .................................................................4

Non-private dwelling examples:
Boarding school, university hall of residence, long-term care facility, detention centres, boarding houses etc.
SHOWCARD G3

Less than 5 kilometres ....................... A
5-9 kms................................................. B
10-19 kms............................................. C
20-49 kms............................................. D
50-99 kms............................................. E
100-499 kms........................................ F
500 kms or more .................................. G
Overseas.............................................. H
SHOWCARD G9

Daily ...............................................................................1
At least once a week ......................................................2
At least once a fortnight ...............................................3
At least once a month ...................................................4
Once every 3 months ....................................................5
Once every 6 months ....................................................6
Once a year ....................................................................7
Less than once a year ..................................................8
Never ...............................................................................9
SHOWCARD G10

Nowhere near enough ............................................. 1
Not quite enough .................................................. 2
About right ........................................................... 3
A little too much .................................................... 4
Way too much ......................................................... 5
SHOWCARD G11

Employed full-time - usually 35 hours or more per week .....................................................1

Employed part-time - usually less than 35 hours per week ....................................................2

Not employed BUT is looking for work .......................3

Neither employed NOR looking for work:

Retired ..............................................................................4

Home duties ........................................................................5

Non-working student ......................................................6

Other ................................................................................8
<table>
<thead>
<tr>
<th>Distance Range</th>
<th>Code</th>
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<tbody>
<tr>
<td>Less than 5 kilometres</td>
<td>A</td>
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<tr>
<td>5-9 kms</td>
<td>B</td>
</tr>
<tr>
<td>10-19 kms</td>
<td>C</td>
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<tr>
<td>20-49 kms</td>
<td>D</td>
</tr>
<tr>
<td>50-99 kms</td>
<td>E</td>
</tr>
<tr>
<td>100-499 kms</td>
<td>F</td>
</tr>
<tr>
<td>500 kms or more</td>
<td>G</td>
</tr>
<tr>
<td>Overseas</td>
<td>H</td>
</tr>
</tbody>
</table>
SHOWCARD G22

Daily ........................................................................................................1
At least once a week ...........................................................................2
At least once a fortnight .................................................................3
At least once a month ......................................................................4
Once every 3 months ........................................................................5
Once every 6 months ........................................................................6
Once a year .......................................................................................7
Less than once a year .......................................................................8
Never ...............................................................................................9
SHOWCARD G23

Nowhere near enough .............................................1
Not quite enough ..................................................2
About right ............................................................3
A little too much ...................................................4
Way too much ........................................................5
SHOWCARD G24

Employed – usually works 35 hours or more per week .....................................................1

Employed – usually works less than 35 hours per week ....................................................2

Not employed BUT is looking for work.....................3

Neither employed NOR looking for work:

  Retired ............................................................................................4

  Home duties ........................................................................................5

  Non-working student ........................................................................6

  Other .................................................................................................8
SHOWCARD G28

Would definitely not like to have a child / more children

Would very much like to have a child / more children

0 1 2 3 4 5 6 7 8 9 10
SHOWCARD H1

Got married (in a registered marriage) .............1
Separated (from a registered marriage) ............2
Got divorced (finalised a divorce) ..................3
Reunited with spouse ..................................4
Was widowed .............................................5
None of the above ......................................7
SHOWCARD H4

Married (in a registered marriage) ....................... 1
Separated (but not divorced) ............................... 2
Divorced ................................................................ 3
Widowed .................................................................. 4
Never married but living with someone in a relationship ................................................................. 5
Never married and not living with someone in a relationship .......................................................... 6
SHOWCARD H5

Married and living with spouse ...........................1

Married, but spouse is in an institution  
(e.g., nursing home, gaol) .................................2

Married, but living with spouse  
less than half the time owing to  
work / other commitments  ............................3
<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>1</td>
</tr>
<tr>
<td>Likely</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
</tr>
<tr>
<td>Unlikely</td>
<td>4</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>5</td>
</tr>
<tr>
<td>Prefer not to disclose</td>
<td>9</td>
</tr>
</tbody>
</table>
SHOWCARD K5

DISABILITIES / HEALTH CONDITIONS WHICH:

- Have lasted, or are likely to last, 6 months or more;
- Restrict everyday activity; and
- Cannot be corrected by medication or medical aids.

Sight problems not corrected by glasses or lenses ............................. 1
Hearing problems ...................................................................................... 2
Speech problems ....................................................................................... 3
Blackouts, fits or loss of consciousness .................................................. 4
Difficulty learning or understanding things ............................................. 5
Limited use of arms or fingers ................................................................. 6
Difficulty gripping things ........................................................................ 7
Limited use of feet or legs ........................................................................ 8
A nervous or emotional condition which requires treatment .............. 9
Any condition that restricts physical activity or physical work (e.g., back problems, migraines) ................................................................. 10
Any disfigurement or deformity ................................................................. 11
Any mental illness which requires help or supervision .......................... 12
Shortness of breath or difficulty breathing ............................................. 13
Chronic or recurring pain ......................................................................... 14
Long-term effects as a result of a head injury, stroke or other brain damage ......................................................................................... 15
A long-term condition or ailment which is still restrictive even though it is being treated or medication is being taken for it ................................................................. 16
Any other long-term condition such as arthritis, asthma, heart disease, Alzheimer’s disease, dementia etc. ............................. 17
SHOWCARD K9

**Self-care**
For example:
- Bathing / showering
- Dressing / undressing
- Eating / feeding
- Going to toilet
- Bladder / bowel control

**Mobility**
For example:
- Moving around away from home
- Moving around at home
- Getting in or out of a bed or chair

**Communication in own language**
For example:
- Understanding / being understood by strangers, friends or family, including use of sign language or lip reading
Mobility aids
Some examples of aids used to help with mobility:
- Canes
- Walking sticks
- Crutches
- Walking frames
- Wheelchair
- Scooter
- Specially modified car or car aids

Self-care aids
Any aids to help with self-care activities such as:
- bathing
- dressing and undressing
- toileting and managing incontinence

Non-electronic communication aids
such as picture boards or large print books to assist with communication

Electronic communication aids
such as hearing aids, audio tapes, a talking word processor or special computer software to assist with communication
Some examples of home improvements that might help with your disability / health condition

- Ramps
- Hand grab rails
- Toilet / bath / laundry modifications
- Kitchen modifications (e.g., special handles to turn on taps)
- New / changed heating or air-conditioning
- Visual doorbell
- Visual telephone
- Visual smoke alarm
- Other home modifications (e.g., doors widened)
SHOWCARD K15

Types of difficulties with employment
(because of long-term health condition or disability)

Permanently unable to work ........................................ 1

Restricts the type of job you can do .............................. 2

Restricts the number of hours that can be worked ..................... 3

Makes it more difficult to change jobs, get a better job or find a suitable job .......................... 4

Need additional time off work ..................................... 5

Need ongoing assistance or supervision at work ......................... 6

Need an employer who will provide special equipment, modify the work environment or some other special arrangement .......................... 7

Other employment difficulties ......................................... 8
Types of difficulties with education (because of long-term health condition or disability)

Need additional time off school / study ....................... 1

Have to attend special classes / school ...................... 2

Need ongoing assistance or supervision ..................... 3

Restricted in the number of hours you can study ............ 4

Need special equipment, modified environment or other special arrangements .......... 5

General learning difficulties ........................................ 6

Other difficulties ........................................................ 8
SHOWCARD K21

Arthritis or osteoporosis ............................................................. 1
Asthma ......................................................................................... 2
Any type of cancer ................................................................. 3
Chronic bronchitis or emphysema ........................................ 4
Type 1 diabetes (also known as juvenile-onset or insulin-dependent diabetes) ......................... 5
Type 2 diabetes (also known as late-onset or non-insulin dependent diabetes) .................... 6
Depression ................................................................................... 7
Anxiety ......................................................................................... 8
Other mental illness .................................................................... 9
Heart disease .............................................................................. 10
High blood pressure or hypertension .................................. 11
Any other serious circulatory condition (e.g., stroke, hardening of the arteries) .................... 12
1. Department of Veterans’ Affairs **Orange** Treatment Entitlement Card

2. Department of Veterans’ Affairs **White** Treatment Entitlement Card

3. Department of Veterans’ Affairs **Gold** Treatment Entitlement Card

4. Health Care Card  
   (often given to people receiving a government benefit or with low incomes)

5. Pensioner Concession Card

6. Commonwealth Seniors Health Card  
   (typically issued to self-funded retirees)
SHOWCARD K32

Less than one year ago ........................................1
One to less than two years ago.................................2
Two to less than three years ago ...............................3
Three to less than four years ago .........................4
Four or more years ago ........................................5
SHOWCARD K33

Less than 6 months ago ........................................1
Six to less than 12 months ago ............................2
One to less than 2 years ago .................................3
Two to less than 5 years ago .................................4
Five or more years ago .......................................5
Never been to the dentist .................................8
SHOWCARD K37

A hospital doctor (i.e., in outpatients or casualty) ……………………1

A specialist doctor (excluding in outpatients or casualty of a hospital)………………2

A mental health professional, such as a psychiatrist or psychologist …………3

A podiatrist (foot doctor) …………………………………………4

A chiropractor or osteopath ………………………………………5

A physiotherapist …………………………………………………6

An optometrist ………………………………………………………7

Any other allied health provider, such as a speech therapist, audiologist, or occupational therapist ……………………………8

An alternative health practitioner, such as a naturopath, acupuncturist or herbalist………………………………………9

A community nurse, practice nurse, nurse practitioner or midwife …………10
SHOWCARD K38

Screening for bowel cancer .................................. 1
Pap smear .................................................................. 2
Breast screening ..................................................... 3
Prostate check ........................................................ 4
Chest / other x-rays ................................................ 5
Blood pressure ........................................................ 6
Cholesterol test ....................................................... 7
Any other blood test ............................................... 8
SHOWCARD K47

Whole / full cream.........................................................1
Low / reduced fat...........................................................2
Skim .............................................................................3
Evaporated or sweetened condensed milk........4
Soy milk.........................................................................5
Other (please specify).......................................................6
Do not drink milk ............................................................7
Photos on this card are examples only

If you eat twice as much broccoli as shown in the picture above each day, then your number of serves = 2
Photos on this card are examples only

If you eat twice as many grapes as shown in the picture above each day, then your number of serves = 2
SHOWCARD K67

Self-care
For example:
- Bathing / showering
- Dressing / undressing
- Eating / feeding
- Going to toilet
- Bladder / bowel control

Mobility
For example:
- Moving around away from home
- Moving around at home
- Getting in or out of a bed or chair

Communication in own language
For example:
- Understanding / being understood by strangers, friends or family, including use of sign language or lip reading
a  The home in which you live
b  Your employment opportunities
c  Your financial situation
d  How safe you feel
e  Feeling part of your local community
f  Your health
g  The neighbourhood in which you live
h  The amount of free time you have