



LIVING IN AUSTRALIA



ROY MORGAN

Freecall: 1800 656 670
Email: hilda@roymorgan.com

Household ID

Person No.

First name of respondent:

IN-CONFIDENCE

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

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

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



How to fill in this form

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

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

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

- If you make a mistake: Simply colour in the whole box and mark the correct one as shown. For example:

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

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

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

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

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

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

A1 In general, would you say your health is:

(Cross **ONE** box)

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

A2 Compared to one year ago, how would you rate your health in general now?

(Cross **ONE** box)

| |
|--|
| <input type="checkbox"/> ₁ Much better now than a year ago |
| <input type="checkbox"/> ₂ Somewhat better now than a year ago |
| <input type="checkbox"/> ₃ About the same as one year ago |
| <input type="checkbox"/> ₄ Somewhat worse now than one year ago |
| <input type="checkbox"/> ₅ Much worse now than one year ago |

A3 The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

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

| | ACTIVITIES | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a | <u>Vigorous</u> activities, such as running, lifting heavy objects, participating in strenuous sports | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b | <u>Moderate</u> activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c | Lifting or carrying groceries | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d | Climbing <u>several</u> flights of stairs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e | Climbing <u>one</u> flight of stairs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f | Bending, kneeling, or stooping | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g | Walking <u>more than one</u> kilometre | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h | Walking <u>half a</u> kilometre | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i | Walking <u>100</u> metres | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| j | Bathing or dressing yourself | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |



A4 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

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

| | | YES | NO |
|---|--|--------------------------|--------------------------|
| a | Cut down the <u>amount of time</u> you spent on work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b | <u>Accomplished less</u> than you would like | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Were limited in the <u>kind</u> of work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> | <input type="checkbox"/> |

A5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

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

| | | YES | NO |
|---|--|--------------------------|--------------------------|
| a | Cut down the <u>amount of time</u> you spent on work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |
| b | <u>Accomplished less</u> than you would like | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Didn't do work or other activities <u>as carefully</u> as usual | <input type="checkbox"/> | <input type="checkbox"/> |

A6 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

(Cross **ONE** box)

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> ₁ Not at all | <input type="checkbox"/> ₂ Slightly | <input type="checkbox"/> ₃ Moderately | <input type="checkbox"/> ₄ Quite a bit | <input type="checkbox"/> ₅ Extremely |
|--|--|--|---|---|

A7 How much bodily pain have you had during the past 4 weeks?

(Cross **ONE** box)

| | | | | | |
|--|---|--|--|--|---|
| <input type="checkbox"/> ₁ No bodily pain | <input type="checkbox"/> ₂ Very mild | <input type="checkbox"/> ₃ Mild | <input type="checkbox"/> ₄ Moderate | <input type="checkbox"/> ₅ Severe | <input type="checkbox"/> ₆ Very severe |
|--|---|--|--|--|---|

A8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Cross **ONE** box)

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> ₁ Not at all | <input type="checkbox"/> ₂ Slightly | <input type="checkbox"/> ₃ Moderately | <input type="checkbox"/> ₄ Quite a bit | <input type="checkbox"/> ₅ Extremely |
|--|--|--|---|---|





A9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

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

| | | <i>All of the time</i> | <i>Most of the time</i> | <i>A good bit of the time</i> | <i>Some of the time</i> | <i>A little of the time</i> | <i>None of the time</i> |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a | Did you feel full of life? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b | Have you been a nervous person? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c | Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| d | Have you felt calm and peaceful? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| e | Did you have a lot of energy? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| f | Have you felt down? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| g | Did you feel worn out? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| h | Have you been a happy person? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| i | Did you feel tired? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

A10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

(Cross **ONE** box)

| | |
|---------------------------------------|----------------------|
| <input type="checkbox"/> ₁ | All of the time |
| <input type="checkbox"/> ₂ | Most of the time |
| <input type="checkbox"/> ₃ | Some of the time |
| <input type="checkbox"/> ₄ | A little of the time |
| <input type="checkbox"/> ₅ | None of the time |

A11 How **TRUE** or **FALSE** is each of the following statements for you?

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

| | | <i>Definitely True</i> | <i>Mostly True</i> | <i>Don't know</i> | <i>Mostly False</i> | <i>Definitely False</i> |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a | I seem to get sick a little easier than other people | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b | I am as healthy as anybody I know | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c | I expect my health to get worse | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d | My health is excellent | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

PART B: YOU, YOUR LIFESTYLE AND YOUR LIVING SITUATION

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

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

- Not at all
- Less than once a week
- 1 to 2 times a week
- 3 times a week
- More than 3 times a week (but not every day)
- Every day

B2 Do you smoke cigarettes or any other tobacco products? (Cross ONE box)

- No, I have never smoked ➡ **GO TO B4**
- No, I no longer smoke ➡ **GO TO B4**
- Yes, I smoke daily ➡ **GO TO B3**
- Yes, I smoke at least weekly (but not daily) ➡ **GO TO B3**
- Yes, I smoke less often than weekly ➡ **GO TO B3**

B3 How many cigarettes do you usually smoke each week?

Please convert cigar/pipe/loose tobacco to a number of cigarettes: per week

B4 Do you drink alcohol? (Cross ONE box)

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

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

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

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

B6 How tall are you (without shoes)?

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

centimetres

OR

feet inches

(Note: There are 12 inches in a foot)

B7 What is your current weight?

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

kgs

OR

stones pounds

(Note: There are 14 pounds in a stone)

B8 How often do you feel rushed or pressed for time? (Cross ONE box)

- Almost always
- Often
- Sometimes
- Rarely
- Never

B9 How often do you feel you have spare time that you don't know what to do with?

(Cross **ONE** box)

Almost always

Often

Sometimes

Rarely

Never

B10 Now think about the local area in which you live. How strong is your preference to continue living in this area?

(Cross **ONE** box)

Strong preference to stay

Moderate preference to stay

Unsure / No strong preference to stay or leave

Moderate preference to leave

Strong preference to leave

B11 How common are the following things in your local neighbourhood?

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

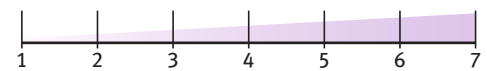
| | <i>Never happens</i> | <i>Very rare</i> | <i>Not common</i> | <i>Fairly common</i> | <i>Very common</i> | <i>Don't know</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| a Neighbours helping each other out? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| b Neighbours doing things together? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| c Loud traffic noise? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| d Noise from airplanes, trains or industry? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| e Homes and gardens in bad condition? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| f Rubbish and litter lying around? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| g Teenagers hanging around on the streets? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| h People being hostile and aggressive? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| i Vandalism and deliberate damage to property? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |
| j Burglary and theft? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> |

B12 To what extent do you agree or disagree with the following statements about your neighbourhood?

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

Strongly disagree

Strongly agree



| | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a This is a close-knit neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| b People around here are willing to help their neighbours | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| c People in this neighbourhood can be trusted | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| d People in this neighbourhood generally do not get along with each other | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| e People in this neighbourhood generally do not share the same values | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |



B13 Now some questions about family life.

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

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

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

B14 And how satisfied are you with the following aspects of family life?

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

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

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





B15 Do you think you do your fair share around the house?

(Cross **ONE** box)

I do much more than my fair share

I do a bit more than my fair share

I do my fair share

I do a bit less than my fair share

I do much less than my fair share

Go to B16 ➡

B16 In general, about how often do you get together socially with friends or relatives not living with you?

(Cross **ONE** box)

Every day

Several times a week

About once a week

2 or 3 times a month

About once a month

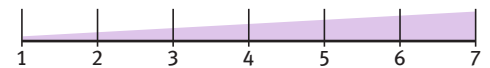
Once or twice every 3 months

Less often than once every 3 months

B17 The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each? The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

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

Strongly disagree Strongly agree



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



B18 Are you currently an active member of a sporting, hobby or community-based club or association?

(Cross **ONE** box)

Yes ➡ **Go to B19**

No ➡ **Go to B20**

B19 How many of these groups are you currently an active member of?

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

B20 In general, how often do you do the following things:

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

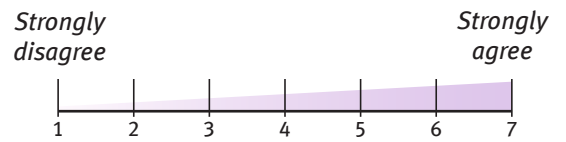
| | | Never | Rarely | Occasionally | Sometimes | Often | Very Often |
|---|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a | Have telephone, email or mail contact with friends or relatives not living with you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b | Chat with your neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c | Attend events that bring people together such as fetes, shows, festivals or other community events | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d | Get involved in activities for a union, political party, or group that is for or against something | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e | Make time to attend services at a place of worship | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f | Encourage others to get involved with a group that's trying to make a difference in the community | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g | Talk about current affairs with friends, family or neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h | Make time to keep in touch with friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i | Volunteer your spare time to work on <u>boards</u> or organising <u>committees</u> of clubs, community groups or other non-profit organisations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| j | See members of your extended family (or relatives not living with you) in person | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| k | Get in touch with a local politician or councillor about issues that concern you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| l | Give money to charity if asked | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |



| |
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| |
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B21 To what extent do you agree or disagree with the following statements?



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

| | | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a | Most people would try to take advantage of you if they got a chance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Most people you meet keep their word | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Most people you meet succeed by stepping on other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Most people you meet make agreements honestly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e | Most of the time people try to be helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f | People mostly look out for themselves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g | Generally speaking, most people can be trusted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B22 How much time would you spend on each of the following activities in a typical week?

IMPORTANT: • Please do not count any activity twice
• If you do not do an activity, write "0" in the hours box

| | | Hours per week | Minutes (if applicable) |
|---|---|----------------------|---------------------------------------|
| a | Paid employment | <input type="text"/> | <input type="text"/> |
| b | Travelling to and from a place of paid employment | <input type="text"/> | <input type="text"/> |
| c | Household errands, such as shopping, banking, paying bills, and keeping financial records (but do not include driving children to school and to other activities) | <input type="text"/> | <input type="text"/> |
| d | Housework, such as preparing meals, washing dishes, cleaning house, washing clothes, ironing and sewing | <input type="text"/> | <input type="text"/> |
| e | Outdoor tasks, including home maintenance (repairs, improvements, painting, etc.), car maintenance or repairs and gardening | <input type="text"/> | <input type="text"/> |
| f | Playing with <u>your</u> children, helping them with personal care, teaching, coaching or actively supervising them, or getting them to child care, school and other activities | <input type="text"/> | <input type="text"/> |
| g | Looking after <u>other people's</u> children (aged under 12 years) on a regular, unpaid basis | <input type="text"/> | <input type="text"/> |
| h | Volunteer or charity work (for example, canteen work at the local school, unpaid work for a community club or organisation) | <input type="text"/> | <input type="text"/> |
| i | Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law | <input type="text"/> | <input type="text"/> |
| <p>TOTAL: This <u>cannot</u> exceed 168 hours and typically will not be greater than 120. If it is, please <u>re-think</u> your answers.</p> | | <input type="text"/> | Add total hours (whole hours only) |

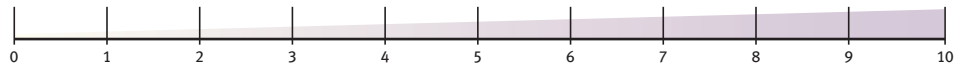
B23 We now would like you to think about major events that have happened in your life over the past 12 months.

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

| Did any of these happen to you in the past 12 months? | | YES | NO | If “YES” indicate how many months ago it happened | | | |
|---|--|--------------------------|--------------------------|---|---|---|---|
| | | | | 0 to 3 months ago | 4 to 6 months ago | 7 to 9 months ago | 10 to 12 months ago |
| a | Got married | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| b | Separated from spouse or long-term partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| c | Got back together with spouse or long-term partner after a separation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| d | Pregnancy / pregnancy of partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| e | Partner or I gave birth to, or adopted, a new child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| f | Serious personal injury or illness to self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| g | Serious personal injury or illness to a close relative / family member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| h | Death of spouse or child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| i | Death of other close relative / family member (e.g., parent or sibling) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| j | Death of a close friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| k | Victim of physical violence (e.g., assault) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| l | Victim of a property crime (e.g., theft, housebreaking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| m | Detained in a jail / correctional facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| n | Close family member detained in a jail / correctional facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| o | Retired from the workforce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| p | Fired or made redundant by an employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| q | Changed jobs (i.e., employers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| r | Promoted at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| s | Major improvement in financial situation (e.g., won lottery, received an inheritance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| t | Major worsening in financial situation (e.g., went bankrupt) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| u | Changed residence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |
| v | A weather-related disaster (e.g., flood, bushfire, cyclone) damaged or destroyed your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ₀₋₃ | <input type="checkbox"/> ₄₋₆ | <input type="checkbox"/> ₇₋₉ | <input type="checkbox"/> ₁₀₋₁₂ |

B24 On a scale from 0 to 10, how important is religion in your life? The more important it is, the higher the number of the box you should cross. The less important it is, the lower the number of the box you should cross.

One of the least important things in my life *The most important thing in my life*



(Cross ONE box)

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

B25 Which of the following best describes your religion?

(Cross ONE box)

No religion

Christian religions:

- | | |
|---|---|
| <input type="checkbox"/> Anglican (Church of England) | <input type="checkbox"/> Greek Orthodox |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Other Orthodox |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Presbyterian / Reformed |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Uniting Church |
| | <input type="checkbox"/> Other Christian religion (Please specify in the box below): |

Other religions:

- Buddhism
 Hinduism
 Islam
 Judaism
 Other non-Christian religion
 (Please specify in the box below):

B26 How often do you attend religious services? Please do not include ceremonies like weddings or funerals.

(Cross ONE box)

- | | |
|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> 2 or 3 times a month |
| <input type="checkbox"/> Less than once a year | <input type="checkbox"/> About once a week |
| <input type="checkbox"/> About once a year | <input type="checkbox"/> Several times a week |
| <input type="checkbox"/> Several times a year | <input type="checkbox"/> Every day |
| <input type="checkbox"/> About once a month | |

B27 Are you generally a person who is willing to take risks or are you unwilling to take risks? Please indicate by crossing one box below. The more willing you are to take risks the higher the number of the box you should cross. The less willing you are to take risks, the lower the number of the box you should cross.

Unwilling to take risks *Very willing to take risks*



(Cross ONE box)

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

B28 Do you have any pets?

(Cross **ALL** boxes that apply)

No pets

Yes, Dog Yes, Bird Yes, Horse

Yes, Cat Yes, Fish Yes, Other

(Please specify in the box below):

PART C: PERSONAL AND HOUSEHOLD FINANCES

C1 Given your current needs and financial responsibilities, would you say that you and your family are ...

(Cross **ONE** box)

Prosperous

Very comfortable

Reasonably comfortable

Just getting along

Poor

Very poor

Go to C2 ➡

C2 Since January 2018 did any of the following happen to you because of a shortage of money?

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

| | | YES | NO |
|---|---|--------------------------|--------------------------|
| a | Could not pay electricity, gas or telephone bills on time | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Could not pay the mortgage or rent on time | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Pawned or sold something | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Went without meals | <input type="checkbox"/> | <input type="checkbox"/> |
| e | Was unable to heat home | <input type="checkbox"/> | <input type="checkbox"/> |
| f | Asked for financial help from friends or family | <input type="checkbox"/> | <input type="checkbox"/> |
| g | Asked for help from welfare / community organisations | <input type="checkbox"/> | <input type="checkbox"/> |

C3a Suppose you had only one week to raise \$3000 for an emergency. Which of the following best describes how hard it would be for you to get that money?

(Cross **ONE** box)

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

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

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

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

C3b And how would you obtain that money?

(Cross **ALL** boxes that apply)

Use savings

Borrow from a relative who lives with you

Borrow from a relative who lives elsewhere

Borrow from a friend

Borrow from a financial institution or use credit

Sell an asset

Use some other method to find the money

C4 Which of the following statements comes closest to describing your (and your family's) savings habits?

(Cross **ONE** box)

- Don't save: usually spend more than income
- Don't save: usually spend about as much as income
- Save whatever is left over at the end of the month — no regular plan
- Spend regular income, save other income
- Save regularly by putting money aside each month

C5 In planning your saving and spending, which of the following time periods is most important to you?

(Cross **ONE** box)

- The next week
- The next few months
- The next year
- The next 2 to 4 years
- The next 5 to 10 years
- More than 10 years ahead

C6 Who makes the decisions about the following issues in your household? (Cross **ONE box on **EACH** line)**

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



C7 In a typical month, roughly how much do you spend on the following activities? This includes money spent on-line (on a computer, mobile/smart phone, iPad, etc.).

If you are unsure please make your best guess.

| | | Any expenditure in a typical month? | | | HOW MUCH PER MONTH? (on average) | |
|---|---|-------------------------------------|--------------------------|---|----------------------------------|------------------------------------|
| | | NO | YES | | | |
| a | Instant scratch tickets ("scratchies") | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| b | Bingo | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| c | Lotto or lottery games, like Powerball or Oz Lotto | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| d | Keno | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| e | Private betting (e.g., playing cards or mah-jong with friends and family) | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| f | Poker | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| g | Casino table games (e.g., blackjack, roulette) | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| h | Poker machines ("pokies") or slot machines | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| i | Betting on horse or dog races (but <u>not</u> sweeps) | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |
| j | Betting on sports | <input type="checkbox"/> | <input type="checkbox"/> | ➔ | \$ | <input type="text"/> 00 |

DO NOT SHOW CENTS

| C8 Now thinking about the last 12 months ... | | Never | Some-times | Most of the time | Almost always |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <i>(Cross <input checked="" type="checkbox"/> ONE box on EACH line)</i> | | | | | |
| a | Have you bet more than you could really afford to lose? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b | Have you needed to gamble with larger amounts of money to get the same feeling of excitement? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c | When you gambled, did you go back another day to try to win back the money you lost? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d | Have you borrowed money or sold anything to get money to gamble? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e | Have you felt that you might have a problem with gambling? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f | Has gambling caused you any health problems, including stress or anxiety? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g | Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h | Has your gambling caused any financial problems for you or your household? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i | Have you felt guilty about the way you gamble or what happens when you gamble? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |



C9a Which of the following statements comes closest to describing the amount of financial risk that you are willing to take with your spare cash? That is, cash used for savings or investment. (Cross ONE box)

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

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

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

HOUSEHOLD SPENDING

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

(Cross ONE box)

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

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

If you are unsure please make your best guess.

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

Weekly Expenses

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

DO NOT SHOW CENTS



Monthly Expenses

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

DO NOT SHOW CENTS

Annual Expenses

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

DO NOT SHOW CENTS



PART D: YOUR JOB AND THE WORKPLACE

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

Yes ➔ PLEASE GO TO D2 AND COMPLETE THE REST OF PART D

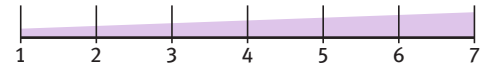
No ➔ GO TO PART E ON PAGE 19

D2 The following statements are about your current (main) job. Please indicate, by crossing one box on each line, how strongly you agree or disagree with each. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

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

Strongly
disagree

Strongly
agree



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



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

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

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

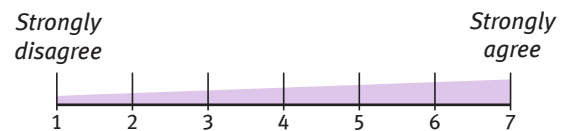
PART E: PARENTING

E1 Do you have parenting responsibilities for any children aged 17 years or less?

Yes ➔ PLEASE GO TO E2 AND COMPLETE THE REST OF PART E

No ➔ GO TO PART F ON PAGE 20

E2 The following statements are about raising children. Thinking about the children aged 17 years or less that you have parenting responsibility for, please indicate, by crossing one box on each line, how strongly you agree or disagree with each statement. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.



| | | | | | | | | |
|---|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a | Being a parent is harder than I thought it would be | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b | I often feel tired, worn out, or exhausted from meeting the needs of my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c | I feel trapped by my responsibilities as a parent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d | I find that taking care of my child/children is much more work than pleasure | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

E3 Do you think you do your fair share of looking after the children?

(Cross **ONE** box)

- I do much more than my fair share
- I do a bit more than my fair share
- I do my fair share
- I do a bit less than my fair share
- I do much less than my fair share



PART F

F1 What is your sex?

(Cross ONE box)

Male Female Other (please specify)

F2 Which age group do you belong to?

(Cross ONE box)

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

F3 What is today's date?

day month year
 / / 2 0

F4 Is there anything else that you would like to tell us about life in Australia?

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

RETURNING YOUR COMPLETED QUESTIONNAIRE

Complete and return this questionnaire and you will have the chance to win 1 of 8 prizes (a \$500 gift card). A prize draw will be held on: August 31, 2018; September 27, 2018; October 19, 2018; November 16, 2018; December 14, 2018; January 18, 2019; February 15, 2019; March 22, 2019.

For prize draw terms and conditions, please go to www.livinginaustralia.org/scqprizedraw

NSW Permit number: LTPM/18/03038. ACT Permit number: ACT TP 18/00765.

When you complete and return this questionnaire you will automatically go into the prize draw.

If you do not wish to be entered into the prize draw, please cross

Once again, Thank You for your cooperation and participation.



ROY MORGAN