



# LIVING IN AUSTRALIA



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|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Household ID                             |  |  |  |  |  | <b>HOUSEHOLD QUESTIONNAIRE (HQ)<br/>W9 M</b>                             |  |  |  |  |
| Full Address at Household Structure Date |  |  |  |  |  | Date of interview (dd/mm/yy)   |  |  |  |  |
| Suburb                                   |  |  |  |  |  | Name of person providing most of the information for this form           |  |  |  |  |
| State                                    |  |  |  |  |  | Name of 1 <sup>st</sup> other person providing information for this form |  |  |  |  |
| Postcode                                 |  |  |  |  |  | Name of 2 <sup>nd</sup> other person providing information for this form |  |  |  |  |

## IN-CONFIDENCE

**INTERVIEWER NOTE:** All work conducted by Roy Morgan Research is confidential. Under the Code of Professional Behaviour of the Australian Market and Social Research Society you cannot disclose any information about respondents to any third party.

### Q. CHILD CARE AND HEALTH

**Q1 CONFIRM WITH RESPONDENT: Are there any children less than 15 years of age living in the household?**

Yes ..... 1  
No ..... 2 → Q27

**Q2 We begin with some questions about any child care arrangements your household may have, and the costs involved. Are you able to answer these sorts of questions or should we speak to someone else?**

*If the person you are interviewing cannot provide the required details about childcare, skip to R1 and leave this part of the form until you can interview the person needed.*

If person not available, record name for future reference \_\_\_\_\_

**Q3 TIMESTAMP**

Record time now   :   am / pm

**Q4 Looking at SHOWCARD Q4, at any time in the last 12 months have you used, or thought about using, any of these forms of child care so you (or your partner) could undertake paid work?**

**You only need to answer “yes” or no”.**  
**(Paid work includes both working for yourself – that is, self-employed in your own business – and working for an employer.)**

Yes ..... 1  
No ..... 2 → Q6a

**Q5 Using the scale on SHOWCARD Q5, pick a number between 0 and 10 to indicate how much of a difficulty each of the following have been for you in the last 12 months.**

|   | N/A                     | DK                      |
|---|-------------------------|-------------------------|
| a Finding good quality child care                         | <input type="text"/> 97 | <input type="text"/> 99 |
| b Finding the right person to take care of your child     | <input type="text"/> 97 | <input type="text"/> 99 |
| c Getting care for the hours you need                     | <input type="text"/> 97 | <input type="text"/> 99 |
| d Finding care for a sick child                           | <input type="text"/> 97 | <input type="text"/> 99 |
| e Finding care during school holidays                     | <input type="text"/> 97 | <input type="text"/> 99 |
| f The cost of child care                                  | <input type="text"/> 97 | <input type="text"/> 99 |
| g Juggling multiple child care arrangements               | <input type="text"/> 97 | <input type="text"/> 99 |
| h Finding care for a difficult or special needs child     | <input type="text"/> 97 | <input type="text"/> 99 |
| i Finding a place at the child care centre of your choice | <input type="text"/> 97 | <input type="text"/> 99 |
| j Finding a child care centre in the right location       | <input type="text"/> 97 | <input type="text"/> 99 |
| k Finding care your children are happy with               | <input type="text"/> 97 | <input type="text"/> 99 |
| l Finding care at short notice                            | <input type="text"/> 97 | <input type="text"/> 99 |

**Q6a The next showcard, SHOWCARD Q6a, contains a longer list of child care types. Do you actually use any of these forms of child care while you (and your partner) are undertaking paid work?**

Yes ..... 1 → Q7  
No ..... 2 → Q6b

**Q6b** What about child care while you are not undertaking paid work? Looking at SHOWCARD Q6b, and thinking of your usual week, do you use any of these forms of child care while you (or your partner) are not working?

Prompt: For example, use child care so you can study / exercise / look for work, or use child care for other reasons?

- Yes ..... 1 → Q13  
 No ..... 2 → Q17

**Child care for school-aged children**

**Q7** Are there any children in the household who attend school and who are less than 15 years of age?

- Yes - at least one child at school ..... 1 → Q8  
 No - there are no children at school ..... 2 → Q10

**Q8** LIST EVERY CHILD AT SCHOOL IN GRID BELOW (ONE CHILD PER COLUMN).

- a** Looking at SHOWCARD Q8, while you (and your partner) are working, who looks after [...name of child(ren) at school...] out of school hours during term time? ASK FOR EACH CHILD AND CIRCLE THE NUMBER CORRESPONDING TO TYPE OF CARE USED (MULTI RESPONSE).
- b** In a usual week, how many hours does [...name of child(ren) at school...] spend in that type of care while you (and your partner) are working? ASK FOR EACH CHILD If the respondent does not know write in 'DK'.
- c** For each type of child care used for your school-aged children during the school term, what is the usual total weekly cost after any regular child care benefit you may receive has been deducted?

FOR EACH TYPE OF CHILD CARE USED, ADD THE WEEKLY AMOUNT PAID FOR EACH CHILD & RECORD IN LAST COLUMN.

| <b>During term time care</b> (Type of care; Usual hours in a week while parents are working; Usual weekly cost) |       |       |       |       |       |                             |
|---|-------|-------|-------|-------|-------|-----------------------------|
| Names of at-school children →   |       |       |       |       |       | TOTAL WEEKLY COST           |
|   | Hours | Hours | Hours | Hours | Hours | If care is free, record "0" |
| Me or my partner.....   | 01    | 01    | 01    | 01    | 01    | 01                          |
| The child's brother or sister.....  | 02    | 02    | 02    | 02    | 02    | 02                          |
| Child looks after self.....   | 03    | 03    | 03    | 03    | 03    | 03                          |
| Child comes to my (or partner's) workplace...   | 04    | 04    | 04    | 04    | 04    | 04 \$                       |
| Child's grandparent who lives with us.....  | 05    | 05    | 05    | 05    | 05    | 05 \$                       |
| Child's grandparent who lives elsewhere.....  | 06    | 06    | 06    | 06    | 06    | 06 \$                       |
| Other relative who lives with us.....   | 07    | 07    | 07    | 07    | 07    | 07 \$                       |
| Other relative who lives elsewhere.....   | 08    | 08    | 08    | 08    | 08    | 08 \$                       |
| A friend or neighbour coming to <i>our</i> home.....  | 09    | 09    | 09    | 09    | 09    | 09 \$                       |
| A friend or neighbour in <i>their</i> home.....   | 10    | 10    | 10    | 10    | 10    | 10 \$                       |
| A paid sitter or nanny.....   | 11    | 11    | 11    | 11    | 11    | 11 \$                       |
| Family day care.....  | 12    | 12    | 12    | 12    | 12    | 12 \$                       |
| Formal outside of school hours care.....  | 13    | 13    | 13    | 13    | 13    | 13 \$                       |
| Other 1 (specify)   |       |       |       |       |       |                             |
| _____   | 21    | 21    | 21    | 21    | 21    | 21 \$                       |
| Other 2 (specify)   |       |       |       |       |       |                             |
| _____   | 22    | 22    | 22    | 22    | 22    | 22 \$                       |

**Child care for school-aged children during school holidays**

**Q9** COPY ACROSS NAMES OF AT-SCHOOL CHILDREN INTO GRID BELOW (IN SAME ORDER AS Q8), AND ASK:

- a Looking at SHOWCARD Q9, who looks after [...name of child(ren) at school...] during school holidays?**  
FOR EACH CHILD CIRCLE THE NUMBER CORRESPONDING TO EACH TYPE OF CARE USED (MULTI RESPONSE).
- b During school holidays, how many hours per week does [...name of child(ren) at school...] usually spend in that type of care?** If the child stays at carer's overnight, count these hours as well. For example, if the child goes to the grandparents for a week, hours recorded should be 168 (ie 7x24 hrs).  
If the respondent does not know write in 'DK'
- c For each type of child care used for your school-aged children during school holidays, what is the usual total weekly cost after any regular child care benefit you may receive has been deducted?**

FOR EACH TYPE OF CHILD CARE USED, ADD THE WEEKLY AMOUNT PAID FOR EACH CHILD & RECORD IN LAST COLUMN.

| <b>During school holidays</b> (Type of care; Usual hours in a week; Usual weekly cost) |                             |                             |                             |                             |                             |                                    |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|
| <i>Names of at-school children →</i>   |                             |                             |                             |                             |                             | <b>TOTAL WEEKLY COST</b>           |
|  | Hours                       | Hours                       | Hours                       | Hours                       | Hours                       | <i>If care is free, record "0"</i> |
| Me or my partner.....  | 01                          | 01                          | 01                          | 01                          | 01                          | 01                                 |
| The child's brother or sister.....   | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02                                 |
| Child looks after self.....  | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03                                 |
| Child comes to my (or partner's) workplace...  | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 \$ <input type="text"/>         |
| Child's grandparent who lives with us.....   | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 \$ <input type="text"/>         |
| Child's grandparent who lives elsewhere.....   | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 \$ <input type="text"/>         |
| Other relative who lives with us.....  | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 \$ <input type="text"/>         |
| Other relative who lives elsewhere.....  | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 \$ <input type="text"/>         |
| A friend or neighbour coming to <i>our</i> home.....                                   | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 \$ <input type="text"/>         |
| A friend or neighbour in <i>their</i> home.....  | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 \$ <input type="text"/>         |
| A paid sitter or nanny.....  | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 \$ <input type="text"/>         |
| Family day care.....   | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 \$ <input type="text"/>         |
| Vacation care.....   | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 \$ <input type="text"/>         |
| Other 1 (specify)  |                             |                             |                             |                             |                             |                                    |
| _____  | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 \$ <input type="text"/>         |
| Other 2 (specify)  |                             |                             |                             |                             |                             |                                    |
| _____  | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 \$ <input type="text"/>         |

**Child care for children not yet at school**

**Q10 Are there any children in the household not yet at school?**

Yes, has children not yet at school..... 1 →Q11

No, has no child who is not yet at school ..... 2 →Q12

**Q11 LIST EVERY CHILD WHO IS NOT YET AT SCHOOL IN GRID BELOW (ONE CHILD PER COLUMN).**

**a Looking at SHOWCARD Q11, while you (and your partner) are working, who looks after [...name of child(ren) not yet at school...]?**

ASK FOR EACH CHILD AND CIRCLE THE NUMBER CORRESPONDING TO EACH TYPE OF CARE USED (MULTI RESPONSE).

**b In a usual week, how many hours does [...name of child(ren) not yet at school...] spend in that type of care while you (and your partner) are working? ASK FOR EACH CHILD AND RECORD HOURS IN CARE.**

If the respondent does not know, write in 'DK'.

**c For each type of child care used for your children who are not yet at school, what is the usual total weekly cost after any regular child care benefit you may receive has been deducted?**

FOR EACH TYPE OF CHILD CARE USED, ADD THE WEEKLY AMOUNT PAID FOR EACH CHILD & RECORD IN LAST COLUMN.

**AFTER COMPLETING THE GRID, GO TO Q12 BELOW**

**Care for children who are not yet at school**

(Type of care; Usual hours in a week while parents are working; Usual weekly cost)

| Names of children not yet at school →           |                             |                             |                             |                             |                             | TOTAL WEEKLY COST           |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|   | Hours                       | Hours                       | Hours                       | Hours                       | Hours                       | If care is free, record "0" |
| Me or my partner .....                          | 01                          | 01                          | 01                          | 01                          | 01                          | 01                          |
| The child's brother or sister .....             | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02                          |
| Child's grandparent who lives with us.....      | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 \$ <input type="text"/>  |
| Child's grandparent who lives elsewhere .....   | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 \$ <input type="text"/>  |
| Other relative who lives with us .....          | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 \$ <input type="text"/>  |
| Other relative who lives elsewhere .....        | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 \$ <input type="text"/>  |
| A friend or neighbour coming to our home .....  | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 \$ <input type="text"/>  |
| A friend or neighbour in their home .....       | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 \$ <input type="text"/>  |
| A paid sitter or nanny.....                     | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 \$ <input type="text"/>  |
| Family day care .....                           | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 \$ <input type="text"/>  |
| Long day care centre at workplace.....          | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 \$ <input type="text"/>  |
| Private or community long day care centre ..... | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 \$ <input type="text"/>  |
| Kindergarten / pre-school .....                 | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 \$ <input type="text"/>  |
| Other 1 (specify)                               |                             |                             |                             |                             |                             |                             |
| _____   | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 \$ <input type="text"/>  |
| Other 2 (specify)                               |                             |                             |                             |                             |                             |                             |
| _____   | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 \$ <input type="text"/>  |

**Q12 Now think about child care when you (or your partner) are not at work. Looking at SHOWCARD Q12 and thinking about your usual week, do you use any of these forms of child care for non-work related reasons? We are interested in additional child care that you haven't yet mentioned.**

Prompt: For example, use child care so you (or your partner) can study / exercise / shop, or use child care for other reasons?

Yes ..... 1 →Q13

No..... 2 →Q17

**Q13 CHECK OR CONFIRM WITH RESPONDENT: AGE OF CHILDREN**

- Has children from both age groups (i.e., children not yet at school and school-aged children less than 15 years)..... 1 → Q14  
 Only has children who are not yet at school ..... 2 → Q16  
 Only has school-aged children (less than 15 years of age) ..... 3 → Q14

**Non-employment related child care for school-aged children**

**Q14** LIST EVERY SCHOOL-AGED CHILD IN GRID BELOW (ONE CHILD PER COLUMN).

**a** Looking at SHOWCARD Q14, in a usual week, what types of care do you use for [...name of child(ren) at school...] when you (or your partner) are not working?

ASK FOR EACH CHILD AND CIRCLE THE NUMBER CORRESPONDING TO EACH TYPE OF CARE USED (MULTI RESPONSE).

**b** In a usual week, how many hours does [...name of child(ren) at school...] spend in this type of care while you (or your partner) are not working? ASK FOR EACH CHILD AND RECORD HOURS IN CARE.

If the respondent does not know, write in 'DK'.

**c** What is the usual weekly cost of this type of care for your school-aged children after any regular child care benefit you may receive has been deducted?

FOR EACH TYPE OF CHILD CARE USED, ADD THE WEEKLY AMOUNT PAID FOR EACH CHILD & RECORD IN LAST COLUMN.

**Non-employment related child care** (Type of care; Usual hours in a week; Usual weekly cost)

| Names of at-school children →                        |                             |                             |                             |                             |                             | TOTAL WEEKLY COST           |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|  | Hours                       | Hours                       | Hours                       | Hours                       | Hours                       | If care is free, record "0" |
| The child's brother or sister.....                   | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01                          |
| Child's grandparent who lives with us.....           | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 \$ <input type="text"/>  |
| Child's grandparent who lives elsewhere.....         | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 \$ <input type="text"/>  |
| Other relative who lives with us.....                | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 \$ <input type="text"/>  |
| Other relative who lives elsewhere.....              | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 \$ <input type="text"/>  |
| A friend or neighbour coming to <i>our</i> home..... | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 \$ <input type="text"/>  |
| A friend or neighbour in <i>their</i> home.....      | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 \$ <input type="text"/>  |
| A paid sitter or nanny.....                          | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 \$ <input type="text"/>  |
| Family day care.....                                 | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 \$ <input type="text"/>  |
| Private / community long day care centre.....        | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 \$ <input type="text"/>  |
| Formal outside of school hours care.....             | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 \$ <input type="text"/>  |
| Other 1 (specify)                                    |                             |                             |                             |                             |                             |                             |
| _____  | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 \$ <input type="text"/>  |
| Other 2 (specify)                                    |                             |                             |                             |                             |                             |                             |
| _____  | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 \$ <input type="text"/>  |
| NONE.....  | 97                          | 97                          | 97                          | 97                          | 97                          | 97                          |

\*COSTS: If a school-aged child is in the same type of care as a child who is not yet at school, the total cost should be distributed between them. For example, if a respondent pays \$40 to a sitter to mind a 3 y.o. and a 10 y.o. for 2 hours, the cost should be split among the children.

**Q15 CHECK Q13: Any children not yet at school (Q13=1)?**

- Yes (Q13=1) ..... 1 → Q16  
 No (Q13=3) ..... 2 → Q17

**Non-employment related child care for children not yet at school**

**Q16** LIST EVERY CHILD WHO IS NOT YET AT SCHOOL IN GRID BELOW (ONE CHILD PER COLUMN).

**a** Looking at SHOWCARD Q16, in a usual week, what types of care do you use for [...name of child(ren) not yet at school...] when you (or your partner) are not working?

ASK FOR EACH CHILD AND CIRCLE THE NUMBER CORRESPONDING TO EACH TYPE OF CARE USED (MULTI RESPONSE).

**b** In a usual week, how many hours does [...name of child(ren) not yet at school...] spend in this type of care while you (or your partner) are not working? ASK FOR EACH CHILD AND RECORD HOURS IN CARE.

If the respondent does not know, write in 'DK'.

**c** What is the usual weekly cost of this type of care for these children (who are not yet at school) after any regular child care benefit you may receive has been deducted?

FOR EACH TYPE OF CHILD CARE USED, ADD THE WEEKLY AMOUNT PAID FOR EACH CHILD & RECORD IN LAST COLUMN.

| <b>Non-employment related child care</b> (Type of care; Usual hours in a week; Usual weekly cost) |                             |                             |                             |                             |                             |                             |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Names of children not yet at school →   |                             |                             |                             |                             |                             | TOTAL WEEKLY COST           |
|   | Hours                       | Hours                       | Hours                       | Hours                       | Hours                       | If care is free, record "0" |
| The child's brother or sister.....  | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01 <input type="checkbox"/> | 01                          |
| Child's grandparent who lives with us.....  | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> | 02 \$ <input type="text"/>  |
| Child's grandparent who lives elsewhere.....  | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> | 03 \$ <input type="text"/>  |
| Other relative who lives with us.....   | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> | 04 \$ <input type="text"/>  |
| Other relative who lives elsewhere.....   | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> | 05 \$ <input type="text"/>  |
| A friend or neighbour coming to <i>our</i> home.....  | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> | 06 \$ <input type="text"/>  |
| A friend or neighbour in <i>their</i> home.....   | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> | 07 \$ <input type="text"/>  |
| A paid sitter or nanny.....   | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> | 08 \$ <input type="text"/>  |
| Family day care.....  | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> | 09 \$ <input type="text"/>  |
| Private / community long day care centre.....   | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 \$ <input type="text"/>  |
| Kindergarten / pre-school.....  | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 \$ <input type="text"/>  |
| Other 1 (specify)   |                             |                             |                             |                             |                             |                             |
| _____   | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 \$ <input type="text"/>  |
| Other 2 (specify)   |                             |                             |                             |                             |                             |                             |
| _____   | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 \$ <input type="text"/>  |
| NONE.....   | 97                          | 97                          | 97                          | 97                          | 97                          | 97                          |

\*COSTS: If a school-aged child is in the same type of care as a child who is not yet at school, the total cost should be distributed between them. For example, if a respondent pays \$40 to a sitter to mind a 3 y.o. and a 10 y.o. for 2 hours, the cost should be split among the children.

## Child health and health care utilisation

LIST EVERY CHILD LESS THAN 15 IN COLUMNS BELOW FOR Q17 – 26 (ONE CHILD PER COLUMN).

USE SAME COLUMN FOR EACH CHILD ALL THE WAY DOWN THE PAGE.

ASK EACH QUESTION (OR SUBSET OF QUESTIONS) FOR EACH CHILD BEFORE MOVING TO THE NEXT QUESTION.

**Q17 I would now like to ask you about the general health of [name of child/those children].  
In general, would you say [name]'s health is excellent, very good, good, fair or poor?**

| Name of child(ren)<br>aged less than 15 → |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Excellent .....                           | 1 | 1 | 1 | 1 | 1 | 1 |
| Very good .....                           | 2 | 2 | 2 | 2 | 2 | 2 |
| Good .....                                | 3 | 3 | 3 | 3 | 3 | 3 |
| Fair .....                                | 4 | 4 | 4 | 4 | 4 | 4 |
| Poor .....                                | 5 | 5 | 5 | 5 | 5 | 5 |
| Don't know .....                          | 9 | 9 | 9 | 9 | 9 | 9 |

**Q18a How much did [name] weigh at birth?**

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| KILOGRAMS → Q19<br><br><b>OR</b><br>POUNDS and OUNCES → Q19<br><br>Don't know → Q18b | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 | <input type="text"/> kgs<br><br><input type="text"/> lb <input type="text"/> oz<br>999 |
|--|--|--|--|--|--|--|

**Q18b Do you think [name] weighed less than 2.5 kilograms (or less than 5 pounds 8 ounces) at birth?**

|                  |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|
| Yes.....         | 1 | 1 | 1 | 1 | 1 | 1 |
| No .....         | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know ..... | 9 | 9 | 9 | 9 | 9 | 9 |

**Q19 Looking at SHOWCARD Q19, how long has it been since [name] last saw a dentist?**

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| Less than 6 months.....         | 1 | 1 | 1 | 1 | 1 | 1 |
| Six to less than 12 months..... | 2 | 2 | 2 | 2 | 2 | 2 |
| One to less than 2 years .....  | 3 | 3 | 3 | 3 | 3 | 3 |
| Two to less than 5 years .....  | 4 | 4 | 4 | 4 | 4 | 4 |
| Five or more years .....        | 5 | 5 | 5 | 5 | 5 | 5 |
| Never been to the dentist.....  | 8 | 8 | 8 | 8 | 8 | 8 |
| Don't know .....                | 9 | 9 | 9 | 9 | 9 | 9 |

**Q20a Is there a particular doctor [name] usually sees if [he/she] is sick or if advice is needed about [his/her] health?**

|                                 |   |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|
| Yes..... → Q21a                 | 1 | 1 | 1 | 1 | 1 | 1 |
| No / More than one ..... → Q20b | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know ..... → Q20b         | 9 | 9 | 9 | 9 | 9 | 9 |

**Q20b Is there a particular clinic or health centre [name] usually goes to if [he/she] is sick or if advice is needed about [his/her] health?**

|                          |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|
| Yes.....                 | 1 | 1 | 1 | 1 | 1 | 1 |
| No / More than one ..... | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know .....         | 9 | 9 | 9 | 9 | 9 | 9 |

**Q21a During the last 12 months, has [name] seen a family doctor or another GP about [his / her] health?**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <i>Name of child(ren)<br/>aged less than 15 →</i> |   |   |   |   |   |   |
| Yes.....→ Q21b                                    | 1 | 1 | 1 | 1 | 1 | 1 |
| No .....→ Q23                                     | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know .....→ Q23                             | 9 | 9 | 9 | 9 | 9 | 9 |

**Q21b Approximately how many times has [name] seen a family doctor or another GP about [his / her] health in the last 12 months?**

|                             |                      |                      |                      |                      |                      |                      |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Record no. of visits</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Don't know .....→ Q23       | 99                   | 99                   | 99                   | 99                   | 99                   | 99                   |

**Q22 Thinking now about [name]'s most recent visit to a family doctor or other GP, did you or someone in your family have any out-of-pocket expenses for that consultation? Do not include medicines or tests prescribed by the doctor.**

*An out-of-pocket expense is sometimes known as a gap payment and is usually incurred if the consultation was not bulk billed.*

|                       |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|
| Yes.....              | 1 | 1 | 1 | 1 | 1 | 1 |
| No .....→ Q23         | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know .....→ Q23 | 9 | 9 | 9 | 9 | 9 | 9 |

**Q23 During the last 12 months, approximately how many times has [name] seen a medical practitioner other than a family doctor or GP about [his / her] health? Do not include visits to the dentist.**

*Other medical practitioner's include allied health providers such as psychologists, optometrists and physiotherapists, and alternative health care providers such as naturopaths and acupuncturists.*

|   |                      |                      |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Record no. of visits</b><br><i>Write "0" if none</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Don't know .....→ Q23                                   | 99                   | 99                   | 99                   | 99                   | 99                   | 99                   |

**Q24 During the last 12 months, has [name] ever been admitted as a patient to a hospital? Do not include visits to emergency, outpatients or outpatient clinics.**

*Visits to emergency / casualty that result in admissions should be included.*

|                       |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|
| Yes.....              | 1 | 1 | 1 | 1 | 1 | 1 |
| No .....→ Q27         | 2 | 2 | 2 | 2 | 2 | 2 |
| Don't know .....→ Q27 | 9 | 9 | 9 | 9 | 9 | 9 |

**Q25 On how many different occasions was [name] admitted as a patient to a hospital during the last 12 months?**

|                                 |                      |                      |                      |                      |                      |                      |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Record no. of admissions</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Don't know .....→ Q27           | 999                  | 999                  | 999                  | 999                  | 999                  | 999                  |

**Q26 Altogether, in the last 12 months, how many nights did [name] stay in hospital?**

|   |                      |                      |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Record no. of nights</b><br><i>Write "0" if none</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Don't know .....→ Q27                                   | 999                  | 999                  | 999                  | 999                  | 999                  | 999                  |



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**Q27 Does anyone in this household currently receive the Family Tax Benefit?**

*READ OUT IF NECESSARY: The Family Tax Benefit is a Government payment paid to parents of dependent children. Eligibility depends on the age of the children, the amount of household income and whether or not there is more than one income earner. It can be paid as a fortnightly payment or as a lump sum payment paid at the end of the financial year.*

- Yes ..... 1  
No ..... 2 → Q29  
Don't know ..... 9 → Q29

---

**Q28 Is this benefit received as a fortnightly payment or as a lump sum payment at the end of the financial year?**

*MULTI RESP*

- Fortnightly payment ..... 1  
Lump sum payment at end of financial year ..... 2  
Don't know ..... 9

---

**Q29 TIMESTAMP**

Record time now  :  am / pm

**R. HOUSING**

**R1 TIMESTAMP**

Record time now   :   am / pm

**R2 We now have some questions on housing. How many bedrooms are there [here / in the home in which you live]? Count all bedrooms even if they are not currently used as a bedroom (e.g., a study).**

*If a bed sit, studio or single room caravan, then the answer should be zero.*

*Only count those rooms belonging to household members; do not count those belonging to any other household in the same dwelling.*

Record whole number

**R3 Do you (or any other members of this household) own this home, rent it, or do you live here rent free?**

*If they do have some equity in the dwelling, then it should be coded as 'own'.*

- Own / currently paying off mortgage..... 1 →R7
- Rent (or pay board) ..... 2
- Involved in a rent-buy scheme..... 3
- Live here rent free / Life Tenure ..... 4 →R21

*'Life Tenure' refers to households or individuals who have a life tenure contract to live in the dwelling but usually do not have any equity in the dwelling.*

**R4 Who does this household rent from (or pay board to)?**

- A private landlord or real estate agent..... 1
- Caravan park owner or manager..... 2
- A Government housing authority..... 3
- A Community or Co-operative housing group ..... 4
- An employer ..... 5
- Someone else (not included above) (specify) ..... 6

**R5a How much does this household usually pay in rent or board?**

Record whole dollars \$  →R5b

Don't know..... 99999 →R6

**R5b And what period does that payment cover?**

- Per Week..... 1
- Fortnight..... 2
- 4 weeks..... 3
- Calendar month..... 4
- Quarter..... 5
- Other (specify)..... 6

**R6 CHECK R3 (for renters only): Is respondent involved in a rent-buy arrangement?**

- Yes (R3=3) ..... 1 →R7
- No (R3=2) ..... 2 →R23

**Home owners and Rent-buyers only**

**R7 Do any of the members of this household pay board to another member of the household?**

*Include here any children who pay board to their parents.*

- Yes ..... 1
- No ..... 2 →R9

**R8 Which members of this household pay board to another member of the household?**

*Write in ID numbers of the household members paying board.*

**R9 What is the approximate value of your home today? I mean, how much would it bring if you sold it today? Include land, home improvements, and fixtures (such as curtains and light fittings) usually sold with a home. Exclude home contents.**

*If respondent does not know, probe for an estimate. If range given, write in lowest figure.*

Record whole dollars \$

Don't know..... 9999999

**R10 Did you (or other members of this household) take out mortgages or home loans from a bank, (credit union, or some other financial institution) to help pay for your home?**

- Yes ..... 1
- No ..... 2 →R16

**R11 Has this household paid off [this loan / these loans] completely now?**

- Yes ..... 1 →R16
- No ..... 2

**R12 How much is left to pay on [this loan / these loans]?**

'Best guess' is okay.

We are after the total amount of the home loan – even if this covers items other than their home.

If they have an offset account, ask them to calculate the amount still owing by subtracting the positive balance in the offset account from the remaining value of the loan. Record this amount only if it is positive.

Do not include any loans the respondent (or other members of the household) may have borrowed to fund a business, even if the home was used as security.

Record whole dollars \$

Don't know ..... 9999999

**R13 How much is the usual repayment on [this loan / these loans]?**

If no specific payments are usually made (e.g., line of credit), then record zero dollars and 'no payment required' option.

(a) Record whole dollars \$

Don't know ..... 99999 → R14

(b) Record frequency of payment amount

- Per Week ..... 1
- Fortnight ..... 2
- 4 weeks ..... 3
- Calendar month ..... 4
- Quarter ..... 5
- No payment required ..... 6
- Other (specify) ..... 7

**R14 And would you say you are paying [this loan / these loans] off ahead of the required schedule, behind schedule or about on schedule?**

- Ahead of schedule ..... 1
- Behind schedule ..... 2
- About on schedule ..... 3
- Not applicable ..... 7
- Don't know ..... 9

**R15 In what year do you expect [this loan / these loans] will be fully paid off?**

'Best guess' is okay.

Record year

Not applicable ..... 9997

Don't know ..... 9999

**R16 Did you (or any other members of this household) borrow from anyone else, such as a friend, relative, solicitor or community organisation, to help pay for this home?**

Yes ..... 1

No ..... 2 → R18

**R17 How much of [this loan is / these loans are] still owed?**

Record whole dollars \$

None ..... 9999997

Don't know ..... 9999999

**R18 Do you (or any other members of this household) have any other home loans secured against this property? For example, you might have a second mortgage as well as the first one, or you might have a home equity loan.**

Do not include any loans the respondent (or other members of the household) may have borrowed to fund a business, even if the home was used as security.

Yes ..... 1

No ..... 2 → R23

**R19 How much is left to pay on [this loan / these loans] against your property?**

Record whole dollars \$

None ..... 9999997 → R23

Don't know ..... 9999999

**R20 How much are the usual repayments on [this loan / these loans]?**

If no specific payments are usually made (e.g., line of credit), then record zero dollars and 'no payment required' option.

(a) Record whole dollars \$

Don't know ..... 99999 → R23

(b) Record frequency of payment amount

- Per Week ..... 1
- Fortnight ..... 2
- 4 weeks ..... 3
- Calendar month ..... 4
- Quarter ..... 5
- No payment required ..... 6
- Other (specify) ..... 7

**NOW SKIP TO R23**  
(R21 & R22 are for free housing households only.)

**Free housing households only**

**R21 If your household doesn't own this home and doesn't rent it, how is your housing provided?**

- Housing is part of job compensation .....01
- Home owned by a relative not living here.....02
- Home owned by someone else (not a relative) / household received housing as a gift from owner.....03
- Sold home but have not moved yet.....04
- Public housing .....05
- Staying with friends or relatives rent-free .....06
- Home owned by a trust or company that is owned by a household member or other relative.....07
- Life Tenure contract.....08
- Other (*specify*) .....98

**R22 And if your household had to pay rent for this property, about how much do you think it would have to pay each week?**

*We are interested in the respondent's assessment of what this property would fetch in the private rental market.*

Record whole dollars \$

Don't know..... 9999

**All households join back in here**

**Household income**

**R23 Looking at SHOWCARD R23, which of these categories contains the combined income of everyone in this household, before tax and other deductions are taken out, during the last financial year. That is, July 2008 to June 2009. Please include income from all sources, including wages, investments and government pensions and benefits.**

| <u>PER YEAR</u>               | <u>PER WEEK</u>         |    |
|-------------------------------|-------------------------|----|
| Negative or Zero Income ..... |                         | 01 |
| \$1 - \$9,999 .....           | (\$1 - \$189) .....     | 02 |
| \$10,000 - \$19,999 .....     | (\$190 - \$379) .....   | 03 |
| \$20,000 - \$29,999 .....     | (\$380 - \$579) .....   | 04 |
| \$30,000 - \$39,999 .....     | (\$580 - \$769) .....   | 05 |
| \$40,000 - \$49,999 .....     | (\$770 - \$959) .....   | 06 |
| \$50,000 - \$59,999 .....     | (\$960 - \$1149) .....  | 07 |
| \$60,000 - \$79,999 .....     | (\$1150 - \$1529) ..... | 08 |
| \$80,000 - \$99,999 .....     | (\$1530 - \$1919) ..... | 09 |
| \$100,000 - \$124,999 .....   | (\$1920 - \$2399) ..... | 10 |
| \$125,000 - \$149,999 .....   | (\$2400 - \$2879) ..... | 11 |
| \$150,000 - \$199,999 .....   | (\$2880 - \$3839) ..... | 12 |
| \$200,000 or more .....       | (\$3840 or more) .....  | 13 |
| Refused .....                 |                         | 98 |
| Don't Know .....              |                         | 99 |

## Household details

**R24 IF THE DWELLING STRUCTURE TYPE IS OBVIOUS, COMPLETE R24 WITHOUT ASKING. OTHERWISE ASK:**

**(What type of dwelling do you live in? Is it a separate house, a semi-detached house, a flat or home unit, or what?)**

Non-private dwellings:

Nursing Homes.....01 →R26

Others (e.g., boarding house, hostel).....02 →R26

Private dwellings:

Separate house .....03

Separate house with attached shop, office, etc.....04

Semi-detached house / row or terrace house /  
townhouse etc:

with one storey .....05

with 2 or more storeys .....06

attached to a shop, office etc.....07

Flat / unit / apartment:

in a one-storey block .....08

in a two-storey block.....09

in a three-storey block .....10

in a four to nine-storey block .....11

in a 10 or more storey block .....12

attached to a house (e.g., granny flat).....13

attached to a shop, office etc.....14

Caravan / Tent / Cabin / Houseboat .....15

Other private dwelling (*specify*) .....98

**R26 CONFIRM POSTAL ADDRESS:**

*You may have asked this question when completing the HF. If so, do not re-ask; just skip to R27.*

**Thank you for all the information you have given us.**

**Can I just confirm that this is the best postal address for this household, or is there a PO Box number or some other preferred postal address?**

*RECORD RESPONSE REGARDING POSTAL ADDRESS AT HF31*

**R27 Could I also record the household phone number please?**

Home 

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

<sup>Area code</sup>

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

Does not have a landline telephone .....6

Refused .....9

**R28 TIMESTAMP**

**Record time now**

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

 : 

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

 am / pm

*You now need to conduct a PQ interview with all eligible (and willing) members of the household.*

*Use a Continuing Person Questionnaire (CPQ) for respondents who have previously completed a PQ*

*OR*

*a New Person Questionnaire (NPQ) for new respondents (including those who have just turned 15 years old).*

**R25 INTERVIEWER RECORD:**

Excluding those people that belong to the respondent's household, how many other people usually live in this dwelling?

*You should have discovered the answer to this question when completing the HF.*

*If there are no such people, record zero.*

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

**IF YOU DO NOT KNOW, OR ARE UNSURE, ASK:**

**Excluding those people that belong to your household, how many other people usually live in this dwelling?** (*Record the answer in the box above.*)

**REMEMBER TO COMPLETE THE INTERVIEWER DECLARATION.**

**INTERVIEWER DECLARATION**

I certify that this is a true, accurate and complete interview, conducted in accordance with the AMSRS Code of Professional Behaviour (ICC/ESOMAR). I will not disclose to any other person the content of this questionnaire or any other information relating to this project.

Interviewer's Name: .....

Interviewer's Signature: .....

Interviewer's ID

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

Date: ...../ ...../ .....

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